

ABA Stage 3 services require prior authorization every six (6) months and must include the following information to substantiate medical necessity for Stage 3 services.

Fax to: 888-515-2067

- Completed Applied Behavior Analysis (ABA) Clinical Review Form
- Comprehensive Diagnostic Evaluation (CDE) and Individual Service Plan (ISP) for Autism Spectrum Disorder (ASD) report from the approved Stage 1 practitioner with an initial prior authorization request, if completed
Treatment plan alignment to the ISP is required.

or

- Assessment and recommendation for ABA services from a medical practitioner if the Stage 1 service has not been completed
- Completed assessments, results, and recommendations for treatment
- Stage 2 treatment plan

Required Supporting Information and Documentation:

- Start date of services
- CDE and ISP if completed **or** date of scheduled Stage 1 service
- Stage 1 report (CDE and ISP) from an approved ABA practitioner with initial prior authorization or any updated Stage 1 reports with concurrent prior authorizations
- Requested number of hours per week of services and units
- All services to be delivered for next six (6) months

- Parent training — scheduled hours and progress (with concurrent)
- Service delivery time of day
- Location of services — clinic and/or home
- Functional Analytic Assessment or Behavior Analytic Assessment
- Treatment plan that supports the results of the CDE and ISP
- Type of treatment — focused or comprehensive
- Treatment effectiveness/results of the past six months of service — concurrent prior authorization request only
- Targeted goals or targeted behaviors
- Discharge information
- Other services (e.g., IEP, Speech therapy, Physical therapy)
- History
- Supports
- Cultural considerations
- Barriers to treatment
- Previous services data, goals and outcomes with another provider — initial prior authorization only
- Modification of treatment plan when needed
- Specialty care provider services