

## PEIA ABA SERVICES PRE-AUTHORIZATION REQUEST FORM

Date of Request://	_	From:	To:
Pre-Authorization Request: Initial (or An	nual) ABA Plan	/	/
6 month Pro	gress Review	//	/
Annual Sum	mary Progress Report	/	//
Member's Name:			
Last		First	MI
Date of Birth://	Age:	Years Mon	ths
Member's Insurer ID Number:			
Member's Qualifying Primary Diagnosis:	Date	of Initial Diagnosis:	//
Request Must Include <u>Legible Copies</u> of the fo	sert Codes only ollowing clinical docum	entation:	
Qualifying Diagnostic Evaluation (Copy Attached)			//
Current Diagnostic Evaluation b (Required if the qualifying Diagnostic As (Must include DSM 5 with specifiers of s	ssessment or Evaluation is m	ached) ore than 24 months old)	//
ABAS-III (Initial or annually thereafter) (	Copy Attached)	<u>_</u>	//
Current IEP or Parent/School H	omeschool Agreement	Letter	///
Additional Assessments:			
	(Cop	by Attached)	///
	(Сор	y Attached)	///
Initial (or Annual) ABA Treatment F	Plan		
Ву:	BCBA / BC (Copy Attached	CaBA	//
ABA Plan listing: Goals, Objective	es, Targeted Behaviors, St (Copy Attached		//
ABA Treatment Plan Progress F	Review (3 or 6 month review	ew)	
Ву:	, BCBA / BO	CaBA	//
Progress Review with Revised A Revised Goals, Objectives, Targeted	ABA Treatment Plan:		
By:	BCBA/BC	aBA	//

It may take up to <u>seven (7) days to complete the review for medical necessity</u>. The pre-authorization start date will be provided to you in the UMR PA Approval Letter, therefore <u>you should NOT schedule services</u> <u>until the PA approval is received</u>.

PA's are NOT backdated.