



ABA SERVICES PRE-AUTHORIZATION REQUEST FORM



For Member of: _____ WVCHIP _____ WVPEIA

Date of Request: ____ / ____ / _____ **From:** _____ **To:** _____

Pre-Authorization Request: _____ Initial (or Annual) ABA Plan _____ / ____ / ____ _____ / ____ / ____

_____ 3 month Progress Review (WVCHIP) _____ / ____ / ____ _____ / ____ / ____

_____ 6 month Progress Review (WVPEIA) _____ / ____ / ____ _____ / ____ / ____

_____ Annual Summary Progress Report _____ / ____ / ____ _____ / ____ / ____

Member's Name: _____
Last First MI

Date of Birth: ____ / ____ / _____ Age: _____ Years _____ Months

Member's Insurer ID/PIN Number: _____

Member's Qualifying Primary Diagnosis: _____ Date of Initial Diagnosis: ____ / ____ / ____
Insert Codes only

Request Must Include **Legible Copies** of the following clinical documentation:

_____ Qualifying Diagnostic Evaluation (Copy Attached) _____ / ____ / ____

_____ Current Diagnostic Evaluation by Qualified MD (Copy Attached)
(DSM 5 with specifiers of severity level) If the qualifying Diagnostic Assessment
or Evaluation is more than 24 months old _____ / ____ / ____

_____ ABAS-II (Initial or annually thereafter) (Copy Attached) _____ / ____ / ____

_____ Current IEP or Parent/School Homeschool Agreement Letter _____ / ____ / ____

Additional Assessments:

_____ _____ (Copy Attached) _____ / ____ / ____

_____ _____ (Copy Attached) _____ / ____ / ____

_____ Initial (or Annual) ABA Treatment Plan

By: _____, BCBA / BCaBA _____ / ____ / ____
(Copy Attached)

_____ ABA Plan listing: **Goals, Objectives, Targeted Behaviors, Strategies and Activities** _____ / ____ / ____
(Copy Attached)

_____ ABA Treatment Plan Progress Review (3 or 6 month review)

By: _____, BCBA / BCaBA _____ / ____ / ____
(Copy Attached)

_____ Progress Review with Revised ABA Treatment Plan:
Revised Goals, Objectives, Targeted Behaviors, Strategies and Activities

By: _____, BCBA/BCaBA _____ / ____ / ____
(Copy Attached)

It may take up to 15 days to complete the review for medical necessity. The pre-authorization start date will be provided to you in the HealthSmart PA Approval Letter, therefore you should not schedule services until the PA approval is received. PA's are not backdated.