

IHCP Applied Behavioral Analysis (ABA) Prior Authorization Checklist

IHCP Universal Prior Authorization Form

- Is all of the patient information completed?
- Is all of the provider information completed?
- Have you included an appropriate diagnosis per IHCP policy?
- Have you included all of the appropriate procedure codes, modifiers and units?
- Has a Qualified Practitioner signed and dated the form?

Diagnostic Assessment

- Is documentation of a completed screening/diagnostic evaluation attached?
Accepted screening instruments include but are not limited to: STAT, CARS, GARS, SCQ
Accepted diagnostic evaluations include but are not limited to: ADOS, ADI, DISCO
- Has the diagnostic/screening evaluation been signed by one of the following?
 - Licensed physician
 - Licensed Health Service Provider in Psychology (HSPP)
 - Licensed pediatrician
 - Licensed psychiatrist
 - Other behavioral health specialist (i.e., Advanced Practice Nurse, Physician Assistant) with training and experience in the diagnosis and treatment of autism spectrum disorder
- Is there documentation of patient's current symptoms meeting the criteria for ASD in the past year?
- Does the assessment include a referral for ABA services?
- Is there documentation of type, duration and response to previous treatment, including ABA?

Treatment Plan – Initial and Continuation

- Does the treatment plan identify **ALL** of the below?
 - Behaviors to be targeted
 - Psychological concerns
 - Medical concerns
 - Family issues affecting patient or affected by patient condition
 - Hours spent in school (includes home school)
 - Current therapies such as OT, PT, Speech that are occurring separate from ABA
 - Location of service
- Is the assessment/evaluation documentation supporting the treatment plan attached?
- Measurable Goals: (applies to **ALL** treatment plan goals)
 - Has a baseline measurement been performed and documented for this goal?
 - Has a timeline been established for ameliorating this behavior in a measurable way?
 - Are goals/interventions modified if there is lack of progress?
 - Has the provider performing therapy been identified? (RBT, BCBA, HSPP, etc.)
 - Have the hours requested for each goal been substantiated?
- Parental Training:
 - Are there sessions with both the caregiver and the child present?
 - Has the modality (video review, role-playing, lecture, etc.) been clearly identified?
 - Has the frequency (times per week/month) been identified and substantiated?
 - Has the duration (hours per session) been identified and demonstrated?
 - Has the provider performing parental training been identified? (RBT, BCBA, HSPP, etc.)
- Has a school transition plan been developed (either short- or long-term) and included in the overall treatment plan?