

# 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?