



Applied Behavior Analysis Treatment Request Form

IMPORTANT NOTE: ABA approvals follow the policy posted under the Clinical Resources tab on providerexpress.com. This form can only be used when requesting ABA treatment for certain Medicaid accounts and certain Indiana policies. Please ensure you have called the number on the back of the card to confirm eligibility for ABA and use of this portal.

Professionals completing the ABA Treatment Request form should consider the following information:

- 1) Prior authorization/notification must be obtained for coverage of ABA services when required by the member's benefit plan.
- 2) Notification/Authorization is based on the member's eligibility, terms of the benefits plan, Federal/State regulations, Our Policies & Procedures, and the Optum ABA Clinical Policy.
- 3) It is in your best interest to confirm the member has benefits for ABA services ([here](#)) prior to submitting the request.

Member Information: ! = Required Information

Member First Name Member Last Name
Member's DOB [5/24/2019] Member Age
Member ID # Is the member eligible for ABA per their benefit plan? Yes No
What type of plan does the member have?

Provider Information:

Provider Facility/Group Name Tax ID
NPI Address 1
Address 2 Address City

Address State Address Zip
Phone Fax
Supervisor Name Supervisor Phone
Supervisor License level Preferred Contact Times

Member History:

Current Primary DSM-5 Diagnosis and Code Number
Secondary DSM-5 Diagnosis and Code Number
Who gave the diagnosis
Medications
Proposed Start date of Authorization/Notification [5/24/2019]
This case is eligible for to request an approval online by attaching the treatment plan and pressing submit. Would you like to submit your request online?

Other Medical or Mental Health Diagnosis
When was the diagnosis given [5/24/2019]
Location of Services
Proposed End date of Authorization/Notification [5/24/2019]

| Codes Needed | Televideo Services | Modifier | No. of Units | Action |
|---|----------------------|---|----------------------|--|
| <input type="text" value="-- None --"/> | <input type="text"/> | <input type="text" value="-- None --"/> | <input type="text"/> | <input type="button" value="Add New Row"/> |

Acknowledge and Submit

"I Herby attest that all of the information above is true and accurate to the best of my knowledge."
Attesting Individual's Name (Submitter)*

Documents To Be Attached

Before submission of the form Please [Click here](#) to upload the documents. Include the ABA Assessment, ABA Treatment plan, confirmation of diagnosis and psychological evaluation, if available