

Outpatient Behavioral Health (BH) – ABA Treatment Request: Required Information for Precertification

About this form – Do not use for Maryland and Massachusetts

You can't use this form to initiate a precertification request. To initiate a request, you have to call the number on the member's card. Or you can submit your request electronically.

Effective, **March 1, 2018**, this form replaces all other Applied Behavioral Health Analysis (ABA) precertification information request documents and forms.

This form will help you supply the right information with your precertification request. You don't have to use the form. But it will help us adjudicate your request more quickly.

How to fill out this form

As the patient's attending physician, you must complete all sections of the form.

You can use this form with all Aetna health plans, except Aetna's Medicare Advantage plans. You can also use this form with health plans for which Aetna provides certain management services. This includes Innovation Health Plan, Inc. and Innovation Health Insurance Company. You can't use the form with Traditional Choice/Indemnity plans.

When you're done

Once you've filled out the form, submit it and all requested supportive documentation to our Autism Care Team. You can send it via confidential fax to **1-860-607-7406**.

What happens next?

Once we receive the requested documentation, we will perform a clinical review. Then we'll make a coverage determination and let you know our decision. Your administrative reference number will be on the electronic precertification response.

How we make coverage determinations

We encourage you to review **Clinical Policy Bulletin #648: Autism Spectrum Disorders, and Applied Behavior Analysis Medical Necessity Guide**, before you complete this form. You can find the policy by visiting the website on the back of the member's ID card. The Applied Behavior Analysis Medical Necessity Guide can be found by visiting: <http://www.aetna.com/healthcare-professionals/documents-forms/applied-behavioral-analysis.pdf>

Questions?

If you have any questions about how to fill out the form or our precertification process, call us at **1-800-424-4047**.

Section 2 – Provide the following patient-specific information

1. Referral Provider for ABA service	Credentials										
2. Who will be directly providing the service (working with the child)?	Credential/Certification										
3. Check box to ensure the following essential elements are met <input type="checkbox"/> <table border="0" style="width: 100%;"> <tr> <td>Diagnosis on the Autism Spectrum</td> <td>Time limited, individualized treatment plan</td> </tr> <tr> <td>There are identifiable target behaviors</td> <td>Involvement of community resources</td> </tr> <tr> <td>Parents/Guardians involved in treatment</td> <td>Service providers are appropriately licensed/certified</td> </tr> </table>		Diagnosis on the Autism Spectrum	Time limited, individualized treatment plan	There are identifiable target behaviors	Involvement of community resources	Parents/Guardians involved in treatment	Service providers are appropriately licensed/certified				
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4. The patient displays impairment in the following areas (attach supporting data that demonstrates current status) select all that apply: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Self-injurious behavior</td> <td><input type="checkbox"/> Socialization skills</td> </tr> <tr> <td><input type="checkbox"/> Destructive behavior</td> <td><input type="checkbox"/> Poor general development skills (ex: imitation, identifying objects, sharing skills)</td> </tr> <tr> <td><input type="checkbox"/> Aggressive behavior</td> <td><input type="checkbox"/> Self-stimulatory behavior</td> </tr> <tr> <td><input type="checkbox"/> Elopement</td> <td><input type="checkbox"/> Verbal outbursts</td> </tr> <tr> <td><input type="checkbox"/> Communication skills</td> <td><input type="checkbox"/> Tantrum behavior/verbal outbursts</td> </tr> </table>		<input type="checkbox"/> Self-injurious behavior	<input type="checkbox"/> Socialization skills	<input type="checkbox"/> Destructive behavior	<input type="checkbox"/> Poor general development skills (ex: imitation, identifying objects, sharing skills)	<input type="checkbox"/> Aggressive behavior	<input type="checkbox"/> Self-stimulatory behavior	<input type="checkbox"/> Elopement	<input type="checkbox"/> Verbal outbursts	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Tantrum behavior/verbal outbursts
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5. Please include the following supporting documentation with your request, where applicable <ul style="list-style-type: none"> • How was the diagnosis of Autism made? What is the member’s IQ? Current medications? • Documentation that Essential Elements are met • A functional behavioral assessment is planned to be completed within the first 60 days where specific target behaviors are clearly defined. Re-evaluation has been performed (every 6 months) to assess the need for ongoing ABA; OR, validated assessments (such as IQ, communication level, an autism scale) have been done every 12 months • Treatment plan, when applicable, includes the frequency, rate, symptom intensity or duration, or other objective measure of baseline levels of each target behavior, along with quantifiable criteria for progress established. Specific type, duration and frequency of interventions are tied to the function served by the specific target behaviors. Treatment plan documents a gradual tapering of higher intensities of intervention and a shifting to supports from other sources (schools as an example) as progress occurs. Collaboration with any other treatment providers should be documented. • Supporting data that demonstrates the level/severity of impairment that justifies the number of hours requested • Documentation that supports parent(s) or guardian(s) are/will be trained and required to provide specific additional interventions. • Any additional details to be considered for this request 											

Section 3 – Read this important information

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Section 4 – Sign the form

Just remember: You can’t use this form to initiate a precertification request. To initiate a request, call the number on the member’s card. Or you can submit your request electronically.

Form completed by	Title
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