



Comprehensive Autism Partnership

ABA Insurance Authorization Checklist

➤ Step 1 - Verify Eligibility of Benefits

Please contact Melissa Foss at (540) 424-4093 or Insurance@capaba.com. A copy of the New Patient information sheet and front and back of member's insurance ID card/s will be needed.

➤ Step 2 – Documentation

Once eligibility has been determined, the documentation listed below needs to be submitted to Melissa or the appropriate organization in order for an authorization to be issued.

- **All Plans**

- Families will receive a copy of a claim form, and financial responsibility agreement via mail, email, or fax. These forms need to be filled out, signed, and sent back.

- **BCBS and Aetna**

- Initial Assessment authorization: Please submit a copy of the patient's diagnostic evaluation and referral for ABA to Melissa along with other documents listed above.
- Ongoing Treatment: Once the assessment and Treatment Plan have been completed, an authorization to begin services will be requested.
- Authorizations are typically issued as soon as one week later and can take as long as three weeks to be obtained. Authorizations are valid for one year. A new referral will need to be obtained for each authorization period.

- **Medicaid**

- Obtain a Letter of Medical Necessity from referring or diagnosing physician and submit to Melissa. An authorization cannot be requested without this letter. This letter should contain the following basic information on the physician's letterhead:
 - Child's name, date of birth, and diagnosis
 - Statement ordering/recommending ABA therapy as medically necessary
 - Signature of physician including professional credentials.
- An assessment will be completed and a treatment plan developed prior to requesting an authorization for Ongoing Treatment.
- Ongoing Treatment: Once the assessment and Treatment Plan have been completed, an authorization to begin services will be requested.
- Authorizations are typically issued within one week and will need to be renewed semi-annually with a new Letter of Medical Necessity.

- **Tricare**

- Initial Assessment authorization: Patient should have referral for ABA, submitted by PCM or other qualified provider, which has included ASD diagnosis with severity level and a copy of an IEP. If active duty and diagnosis is new, EFMP and ECHO registration are required (*See Enrolling in ECHO* document for guidance). **Note**: Unlike most Tricare referrals, a referral for ABA does not mean there is an authorization for services in most cases. If we have not already received an authorization, one will be requested.
- Ongoing Treatment: Once the assessment and Treatment Plan have been completed, an authorization to begin services will be requested.
- Authorizations are typically issued as soon as one week later and can take as long as three weeks to be obtained.
- In order to continue receiving services, new referrals from the ordering physician need to be obtained semi-annually.

Questions? Contact Melissa Foss at (540) 424-4093 or Insurance@capaba.com