

Appendix F
Required Cover Sheet for Documentation Submission for PA

The below form must be printed out and submitted when providers are requesting preauthorization for assessment and treatment hours. Please complete all necessary fields and submit it as instructed.

Member's Name: _____ Member's DOB: _____ Gender: M F

Diagnosis: _____

Diagnosed by Whom: _____

Date of Diagnosis: _____ Date of Letter of Medical Necessity: _____

Is this member currently enrolled in school? Y N

Name of School: _____

Private and/or School related services (Circle service(s) and/or specify "other"):
Occupational Therapy Speech Therapy Physical Therapy Other: _____

Does this member have an IEP or IFSP? (submission of document is **optional**) Y N
(If no, provide rationale for why there is no educational placement. Include family's plan to have the member enrolled in school. Specify school/classroom information.)

*Diagnostic Evaluation **Requires** One (1) Clinician Tool and One (1) Caregiver Tool from the Acceptable Tools List

Clinician Tool:

- ADOS-2 (Autism Diagnostic Observation Schedule)
- GARS-3 (Gilliam Autism Rating Scale)
- CARS 2 ST/HF (Childhood Autism Rating Scale)
- STAT (Screening Tool for Autism)
- CSBS (Communication and Symbolic Behavior Scales)
- TELE-ASD-PEDS
- NODA (Naturalistic Observational Diagnostic Assessment)
- DISCO (Diagnostic Interview for Social and Communication Disorders)
- RITA-T (Rapid Interactive Screening Test for Autism in Toddlers)
- ADEC (Autism Detection in Early Childhood)
- EarliPoint

Caregiver Tool:

- ADI-R (Autism Diagnostic Interview)
- DISCO (Diagnostic Interview for Social and Communication Disorders)
- CARS QPC (Childhood Autism Rating Scale-Parent Questionnaire)
- GARS3 (Gilliam Autism Rating Scale)
- SCQ (Social Communication Questionnaire)
- MCHAT (Modified Childhood Checklist for Autism in Toddlers)
- SRS-2 (Social Responsiveness Scale)
- ASRS (Autism Spectrum Rating Scale)
- ABC (Autism Behavior Checklist)
- TASI (Toddler Autism Symptom Inventory)
- BASC (Behavior Assessment System for Children)
- PDD-BI (PDD-Behavior Inventory)
- PEDS-DM (Parents' Evaluation of Developmental Status)
- ASQ-3 (Ages and Stages Questionnaire)
- ASQ:SE2 (Ages and Stages Questionnaire: Social Emotional)
- CBRS (Conners Behavior Rating Scale)
- CDI (Childhood Development Inventory)
- CSBS DP Infant Toddler Checklist

**** Authorization Date Range for Behavioral Assessment or Treatment: _____ ****

Proposed Service Schedule		
Service and Time	Location	People Present
<i>(Example) Direct Service: MWF 2 - 5pm</i>	Home, Clinic	Client, Parent, RBT, BCBA (1x/wk)
<i>(Example): Protocol Modification Wed 2-3pm</i>	Home, Clinic	BCBA, Client
<i>(Example) Parent Training: Every other Wed. from 2 – 3pm</i>	Home	BCBA, Mother, Father

Note: The BACB requires ongoing supervision at a minimum of five percent of the hours that the RBT spends providing behavior-analytic services each calendar month. Supervision rates are built into direct service rates and cannot be billed separately.

CPT Code:	# of hours/week	# of units/week	# of units/3 mths (13 wks) # of units/6 mths (26 wks)
97151			
97152			
0362T			
97153			
97154			
97155*			
97156			
97157			
97158*			
0373T			

***Note:** 97155 and 97158 are Protocol Modification codes and should not be used to bill for supervision. Supervision rates are built into direct service rates.

Parent/Caregiver Training Goals: According to the BACB, goals must be specific and include baseline data, behavior that is expected to be demonstrated and mastery criteria, date introduced, date mastered, etc.

Parents/caregivers being present during the session is **not** sufficient for a parent/caregiver training goal. You are required to document and track 2 – 4 goals. **Please note that training for school personnel is not reimbursable.**

Assessment Results: Summarize findings from the initial and/or most recent behavioral assessment (e.g., FBA, VB-MAPP, etc.). Include visual representations (graphs, tables, grids) as appropriate.

Skill Acquisition Goals: These goals will be related to the core deficits of autism. Goals should be based on assessment performance or data from other providers. Baseline data and progress summary (if goal is in treatment) must be included. Visual representations (graphs, tables, grids) as appropriate.

Behavior Reduction Goals: Graphs are **required** and must include initial baseline, and graphic display of progress since the intervention was initiated. Interventions over long periods of time should be consolidated to weekly/monthly/etc. units of measurement or otherwise adjusted to be all inclusive of data collected.

Graph Requirements:

- All graphs must be legible with the x axis (horizontal) of the line graph labeled with session dates and the y axis (vertical) of the line graph providing the quantifiable measurement of the behavior that was recorded.
- The line graph should be in a ratio of 2:3 (i.e., if the y axis is 4 inches, the x axis should be 6 inches).
- Condition labels and legends should be utilized when more than one behavior is being graphed.
- Maximum number of three (3) behaviors or targets on a single graph.

Graph date format:

- The behavior assessment graph should include the member initials as well as the date in a month/day/year format and must have been conducted/dated no more than two (2) months prior to the Treatment Services PA request effective date.

Baseline data: Baseline is a data measurement that is collected prior to intervention that provides a starting point for comparison. This data must be measurable and indicate the member’s present level of responding directly related to

treatment plan goals. Phase change lines or other indicators should be used to separate baseline data from intervention data as well as any changes to the intervention and/or varying levels of service.

School Plan: A school plan is required for all educational settings to include both public and private schools with exception only to a daycare or an after-school setting. If ABA therapy is being provided in the school setting, the plan of care must outline a separate school plan that clearly defines the behaviors that are being targeted for reduction specific to this setting, lists behavior reduction goals and include line graphs that meet ASD policy guidelines. Skill acquisition goals should not be implemented in this setting as the primary objective should be reducing maladaptive behaviors that impede the member's ability to engage in academic tasks. **Please note that training for school personnel is not reimbursable.**

0373T: The request for 0373T units is for severe destructive maladaptive behavior and therefore **must** be accompanied by the following information: a) Detailed plan on the method in which the additional behavior technician(s) are assisting in the implementation of the behavioral interventions outlined in the treatment plan. b) Environmental configurations that will be in place specific to each behavior that has been targeted for reduction. c) Titration plan that includes the reduction of 0373T units and utilization of 97153 units as the goal should be to transition the member to a less intensive model of intervention. *The use of this code must include a BCBA who is **onsite and immediately** available to join the session.*

Checklist: Are the following attached?

Diagnostic Evaluation

Letter of Medical Necessity

Plan of Care (Initial Treatment Plan or Progress Report) including the following:

- Brief background information including demographics, diagnostic history, medical history, living situation, school information (grade, IEP (**optional**), services receiving, etc.), previous ABA services, current ABA services, etc.
- Current medications
- Parent/caregiver concerns
- Assessment procedures and results (graphs, tables, grids)
- Skill Acquisition Goals including baseline data, mastery criteria, progress summary
- Behavior Reduction Goals (if appropriate) including baseline data, operational definition/topography of behavior, treatment strategies, behavior reduction goal, progress summary, graphs
- Caregiver Training Goals including baseline data, mastery criteria, etc.
- Coordination of Care
- Transition Plan
- Discharge Criteria
- Crisis Plan

Supervising BCBA/BCBA-D Signature: _____

Date: _____