



## ABA Authorizations

### GOBHI Utilization Management Update – July 2017:

UM protocol for ABA services is as follows:

#### **Admission notification:**

ABA practitioners/providers should send notification requesting services for a GOBHI member to GOBHI's Utilization Management Dept. by fax to 541-298-7996 (or via secured email to [ac@gobhi.net](mailto:ac@gobhi.net)) within the timeframes listed below.

#### **Authorization Timeframes:**

Note: Authorizations maybe denied if required documentation is not submitted and reviewed within the timelines listed below.

- Nonurgent Preservice Requests:
  - Timeframe: For all nonurgent prior authorization requests, GOBHI makes a decision and provides written or electronic notification of the decision to the practitioner within **14 calendar days** of receipt of the request.
  - Extensions: If the request lacks clinical information, GOBHI may extend the time frame up to 14 calendar days, under the following conditions: GOBHI asks the member or the member's representative for the specific information necessary to make the decision within the decision time frame. The extension period, within which GOBHI must make a decision, begins: On the date when GOBHI receives the member's response (even if not all of the information is provided), or; at the end of the time period given to the member to supply the information, if no response is received from the member or the member's authorized representative.

#### **Documentation requirements:**

The following **must** be submitted at the time service authorization request:

- **Authorization Cover Sheet (which includes the following):**
  - Name, DOB, and date of admission
  - Diagnosis and/or (presenting problem)
  - OHP or CCO ID #
  - CPT Code + number of days requested (units)

All authorization requests **must** include:

➤ **Required Documentation**

- ☑ Authorization cover sheet (1x upon admission; not required for extensions)
- ☑ Prior to receiving services, individuals receiving ABA shall have an evaluation by a physician or psychologist experienced in the diagnosis and treatment of autism using the current DSM criteria that includes:
  - A Diagnosis of an Autism spectrum disorder or stereotypy with self-abusive behavior due to neurological dysfunction;
  - Documentation of and results from a standardized tool that has been used to substantiate the autism disorder or questionnaires or observation that have been used to substantiate a diagnosis of stereotypy with self-abusive behavior due to neurological dysfunction;
  - Documentation of behaviors that are considered to have an adverse impact on the individual's development or communication;
  - Documentation of behavior that is injurious to themselves or others or that interferes with everyday functions or activities;
  - Documentation that less intensive treatment or other therapy has been considered or found insufficient;
  - Any other documentation that would substantiate the diagnosis of autism or stereotypy with self-abusive behavior due to a neurological dysfunction including but not limited to:
    - Notes from well-child visits or other medical professionals;
    - Results from any additional assessments such as IQ tests, speech and language tests, or tests of auditory function.
  - A referral for ABA treatment shall include:
    - A diagnosis of autism or stereotypy with self-abusive behavior due to a neurological dysfunction;
    - A copy of the evaluation described above;
    - A referral for ABA treatment without specifying hours or intensity