El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

ABA Authorization requests must include all elements as specified in TMPPM (most current version). Please refer to TMPPM for complete requirements

ABA Request Checklist

Required for ABA EVALUATION/RE-EVALUATION/90 DAY EXTENSION REQUESTS

Providers: Please provide supporting clinical documentation for the items indicated below. Effective 02/01/2022; revised 10/2026

☐ **Initial Evaluation Request** – *1st time for an ABA evaluation. Initial evaluation code CPT 97151 and limited to 6 hours (24 units) with the HO modifier ONLY.*

To request prior authorization for an **INITIAL 90-Day ABA Initial Evaluation**, LBAs or prescribing providers must submit the following:

Obtained from ABA Provider:

- ☐ A signed and dated referral from the prescribing provider for an evaluation for ABA services.
- ☐ Documentation of comprehensive diagnostic assessment (i.e. PCP, APRN, or PA) or reconfirmation of diagnosis of ASD signed and dated by the diagnosing physician, dated within 3 years prior to the date the PA request for ABA initial evaluation is received by the MCO, including member age, year of initial ASD diagnosis, co-morbid behavioral health and/or physical conditions, **Level of Symptom severity as per DSM criteria under ASD**
- ☐ A completed Texas Prior Standard Prior Authorization Request Form OR a CCP Prior Authorization Request Form, signed and dated by a prescribing provider within 60 calendar days prior to the or on the anticipated evaluation date requested.
  - The authorization for the initial ABA Evaluation (CPT 97151) is valid for 60 days from the requested evaluation date
  - When the request for prior authorization is signed and dated after the requested evaluation date, dates of service prior to the prescribing provider's signature will be denied.

☐ **Initial 90-day ABA Treatment Request** – *To request prior authorization for an **Initial 90-day ABA Treatment**, providers must submit the following:*

Obtained from ABA Provider:

- ☐ Completed ABA evaluation and treatment plan signed and dated by the LBA and the parent/caregiver. *An ABA evaluation is considered current when it is performed within 60 days prior to the start of care date on the prior authorization request form.*
- ☐ A completed Texas Standard Prior Authorization Request Form OR a CCP Prior Authorization Request Form, signed and dated by a prescribing provider within 60 calendar days prior to the requested ABA treatment start date, **including procedure codes and units.**
- ☐ A **signed and dated** referral from a physician outlining the **frequency and duration of treatment** based on recommendations made in the ABA evaluation as well as the prescribing providers own clinical judgment. *LATE SUBMISSIONS:* requests for initial 90-day ABA treatment submitted 60 days after the completed ABA evaluation date and within 180 days after the evaluation date will require a progress summary signed and dated by the LBA. Longer than 180 days, a re-evaluation will need to be completed.
- ☐ Documentation must include. ***(Provide ALL of the following):***
  - ☐ relevant co-morbid conditions, trauma history, family history, primary language, previous ABA.
  - ☐ Short and Long-term treatment goals in SMART format, including baselines and parent goals. Include all settings where treatment will occur.
  - ☐ Vision and Hearing screens (Texas Healthsteps required screenings are acceptable)
  - ☐ Prognosis with clearly established discharge criteria.
  - ☐ Validated assessment of cognitive abilities and adaptive behaviors, NOT screens.
  - ☐ Functional behavior assessment, related to specific behaviors of concern, as clinically indicated.
  - ☐ Planned frequency and duration
  - ☐ If group treatment is planned, the treatment plan must include clearly defined, measurable goals for the group therapy that are specific to the member and his/her targeted behavior/skills.
  - ☐ A clear plan to coordinate with other providers.

☐ **90-day Extension of Initial ABA Authorization Request** – *All of the following elements must be submitted with the authorization request:*

Obtained from ABA Provider:

- ☐ Attendance log for child/youth
- ☐ Attendance log for parent/cargiver
- ☐ Progress summary from LBA: CPT 97155, signed and dated by LBA and parent/caregiver

Attendance Logs: must include percentage of scheduled sessions successfully completed. These logs must be submitted with any future request for extension or recertification.

☐ **ABA 180-DAY Recertification Request** – *Prior Authorization for recertification requests may be considered for increments up to 180 days for each request following the initial total of 180 days (two- 90 days) authorization period(s). All of the following elements must be submitted with the authorization request:*

Obtained from ABA Provider:

- ☐ Completed ABA Re-Evaluation and treatment plan signed and dated by LBA and parent *(CPT 97151 for up to 6 hours/24 units)*; Re-Evaluation does not require prior auth, will be reviewed upon submission
- ☐ Attendance log for member, and parent/ caregiver log with percentage of participation of both
- ☐ A completed Texas Prior Standard Prior Authorization Request Form OR a CCP Prior Authorization Request Form, signed and dated by a prescribing provider within 60 calendar days (minimum 85%) prior to the requested ABA treatment recertifications start date, **including procedure codes and number of units.**
- ☐ A complete request must be received no earlier than 60 days before the current authorization period expires.
- ☐ If gap in service is defined as not receiving ABA treatment or Re-Evaluation for 180 days or more, the provider must submit the request as an initial request and all documentation related to an initial request is required.

Revision is based on the most current edition of the TMPPM (Texas Medicaid Provider Procedures Manual). Manual subject to change, please refer to new editions as available.

ABA Authorization requests must include all elements as specified in TMPPM (most current version). Please refer to TMPPM for complete requirements