



Applied Behavior Analysis (ABA) Services Preauthorization Form

Please Print. Please provide the information below. PRINT your answers, attach the required supporting documentation, sign, date, and return to Regence BlueShield (contact information on following page) as soon as possible. **Without this information, the request may be denied.**

New Request

Extension

SUBSCRIBER'S NAME	PATIENT'S NAME	UMP ID NUMBER (INCLUDE ALPHA CHARACTERS)
PROVIDER'S NAME		PROVIDER'S NPI NUMBER
PROVIDER'S TELEPHONE NUMBER	PROVIDER'S FAX NUMBER	DIAGNOSIS CODE:

Symptom Severity Checklist. Instructions: For each item, choose the number that best describes the child's current behavior over the past 2 weeks taking into account all available information. 0=No impairment; 1=mild impairment; 2=moderate impairment; 3=severe impairment (see key below)

Domain	Social Communication and Interaction	0, 1, 2 or 3
1a	Impairments in the use of eye contact during social interactions	
1a	Deficits in the use of facial expressions to communicate	
1a	Lack or reduced use of gestures to communicate	
1b	Impairments in back and forth conversation (appropriate to language level)	
1b	Lack of, reduced, or impaired responses to social initiations of others (e.g., responding to name, acknowledging others)	
1b	Lack of, reduced, or impaired initiations of interactions with others	
1c	Lack of, or reduced interest in, peers (appropriate to developmental level)	
1c	Reduced preference for some peers over others/impaired friendships	
1c	Delays in, or lack of, varied, age-appropriate play with peers	
	Social Communication Subtotal: Sum of scores:	
Domain	Restricted, repetitive patterns of behavior, interests, and activities	0, 1, 2 or 3
2a	Has atypical speech characteristics (e.g., echoing, jargon, unusual rhythm or volume)	
2a	Has repetitive body mannerisms	
2a	Uses objects in a repetitive or rigid manner	
2b	Reacts negatively to changes in schedule/Insists on sameness	
2b	Has behavioral rituals	
2b	Has verbal rituals (e.g., has to say things, or have others say things, in a particular way)	
2c	Has specific interests that are unusual in focus (e.g., traffic lights, street signs)	
2c	Has specific interests that are unusual in intensity (e.g., hobby of unusual intensity)	
2c	Engages in a limited range of activities/Has a limited behavioral repertoire	
2d	Shows hyper-reactivity to sensory input	
2d	Shows hypo-reactivity to sensory input	
2d	Shows unusual sensory interests and preferences	
	Behavioral Subtotal: Sum of scores	
Domain	Disruptive behavior	0, 1, 2 or 3
3	Engages in aggressive and/or destructive behaviors toward self, others, or objects <i>If score > 0, please list behaviors below (e.g. self-injury, elopement, property destruction):</i>	

Overall Severity Assessment	
Overall Severity Level. For each domain, please indicate the level of severity, by circling the number corresponding to the most appropriate descriptor. Level 0 = requiring no support; Level 1 = Requiring minimal support, Level 2 = Requiring substantial support, Level 3 = Requiring very substantial support	
Social communication	Support level required (circle one)
Behaviors in this area do not require specific supports at this time.	0
Without supports in place, deficits in social communication cause noticeable impairments. Has difficulty initiating social interactions and demonstrates clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions.	1
Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions and reduced or abnormal response to social overtures from others	2
Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning; very limited initiation of social interactions and minimal response to social overtures from others	3
Restricted interests & repetitive behavior (RRBs)	Support level required (circle one)
Behaviors in this area do not require specific supports at this time.	0
Rituals and repetitive behaviors (RRB's) cause significant interference with functioning in one or more contexts. Resists attempts by others to interrupt RRB's or to be redirected from fixated interest.	1
RRBs and/or preoccupations or fixated interests appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress or frustration is apparent when RRBs are interrupted; difficult to redirect from fixated interest.	2
Preoccupations, sensory fixated rituals and/or repetitive behaviors markedly interfere with functioning in all spheres. Marked distress when rituals or routines are interrupted; very difficult to redirect from fixated interest or returns to it quickly.	3

<p>1. What is the confirmation date for the diagnosis?</p> <p>2. The client may have tried and failed other therapies. What other therapy/ies have been tried? What were the outcomes?</p> <p>3. If no other treatments have been tried, please explain why not if ABA is to be used in conjunction.</p> <p>4. Age of client:</p> <p>Additional information:</p>		
PROVIDER SIGNATURE	PROVIDER SPECIALTY	DATE

A copy of the evaluation, the prescription for ABA services, the BCBA's assessment with the functional analysis, and the BCBA's treatment plan must be attached to this request.

Fax to Regence BlueShield: **1-888-496-1540**

Or by mail to: Regence BlueShield
 PO Box 1271
 MS E9H
 Portland, OR 97207-1271

Key for Symptom Severity Checklist.

0: No impairment = age appropriate or typical behavior

1: Mild impairment = behavior that is occasionally disruptive to everyday functioning

2: Moderate impairment = behavior that is frequently disruptive to everyday functioning

3: Severe impairment = behavior that is consistently disruptive to everyday functioning

Scoring Directions:

Calculate social communication subtotal: Sum the 9 questions in domain 1.

Calculate behavioral subtotal: Sum the 12 questions in domain 2.