



UMR Behavioral Health

**ABA Therapy Documentation Requirements**

**(Please disregard any prior UMR ABA documents and utilize this form only)**

\*UMR is a Third-Party Administrator (TPA) representing all self-insured groups. Not all plans require Prior Authorization for ABA therapy; however, a Pre-Determination Medical necessity review for ABA Therapy is recommended even if Prior Authorization is not needed. Please call **1-800-808-4424** and when prompted select Behavioral Health option. Behavioral Health Intake Team will then help set up ABA case as appropriate for review. **ALL** ABA therapy clinical and required information can be submitted for review to the **Outpatient Behavioral Fax Line: 1-844-881-7053**.

***On ALL faxes, please indicate the following information:***

1. **Facility Name and Address**
2. **Supervising BCBA Name and credentials** (and address if different from facility)
3. **Member's Name/ DOB/UMR ID Number/UMR Case Reference Number**
4. **Codes/Hours/Dates of Service** requested (Please use the chart on page 2)
5. **Contact Person** at the facility with a **VALID Phone Number**

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**Initial Evaluations** for ABA therapy **OR** if this is a new member with UMR receiving ongoing services, you must submit proof of an autism diagnosis via the diagnostic evaluation (or if not available a written referral from diagnosing Physician with diagnosis on it). **\*\*IEPs and school evaluations are NOT acceptable as the sole proof of diagnosis.**

If the diagnostic report is more than 4 years old, please submit current documentation, reflecting the child's current behaviors and deficits. (*Examples:* IEP; Physician's progress note/well-visit exam; mental health therapy note)

\*Once the member is assessed and the treatment plan is developed, you can submit a request for treatment to the same fax number of **1-844-881-7053**.

***All Treatment Plans Require Following Information:***

1. **Member's individualized Goals** with target dates
2. **ABA Evaluation/Functional Assessment**
3. **\*\*Concurrent Reviews\*\*** require documentation of progress
4. **Parent Training/Goals**
5. **Transition/Discharge Plan**
6. **Other Services** the member is receiving (including school); **Documentation** of coordination of care with other service providers

**Please List All Units/Hours Requested Below**

**Start Date:** \_\_\_\_\_

97151	Behavior identification assessment, by professional	Hours/6 Months
97152	Behavior identification supporting assessment, by one technician, under direction of professional (QHP may substitute for the technician)	Hours/6 Months
0362T	Behavior identification supporting assessment, by technician, requiring: administration by professional on site, with assistance of two or more technicians, for patient w/destructive behavior, in customized environment	Hours/6 Months
97153	Adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	Hours/Week
0373T	Adaptive behavior treatment with protocol modification, by technician, requiring: administration by professional on site, with assistance of two or more technicians, for patient w/destructive behavior, in customized environment	Hours/Week
97154	Group adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	___ Hours/week ___ Hours/month
97155	Adaptive behavior treatment with <b>protocol modification</b> , by professional	___ Hours/Week ___ Hours/Month
97156	Family adaptive behavior treatment guidance, by professional (with or without patient present)	___ Hours/Week ___ Hours/Month
97157	Multiple-family group adaptive behavior treatment guidance, by professional (without patient present)	___ Hours/Week ___ Hours/Month
97158	Group adaptive treatment with protocol modification, by professional	___ Hours/Week ___ Hours/Month

**\*\*Pre-Authorizations Determinations** will be notified via phone call/mailed letters

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**\*\*ABA Pre-Authorization reviews have up to 15 days for rendered determination: no timeframe for Pre-Determinations. ABA cases are not considered Urgent or Expedited\*\***