



# ABA SERVICES PRECERTIFICATION FORM

For Member of \_\_\_\_\_ PEIA \_\_\_\_\_ AccessWV \_\_\_\_\_ WVCHIP

Date of Request: \_\_\_ / \_\_\_ / \_\_\_

Dates of Service

From:

To:

This precertification is for: \_\_\_\_\_ starting a new service \_\_\_\_\_ / \_\_\_ / \_\_\_ \_\_\_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_ a 3 month service review \_\_\_\_\_ / \_\_\_ / \_\_\_ \_\_\_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_ a 6 month service review \_\_\_\_\_ / \_\_\_ / \_\_\_ \_\_\_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_ an annual review \_\_\_\_\_ / \_\_\_ / \_\_\_ \_\_\_\_\_ / \_\_\_ / \_\_\_

(reassessments every 12 months)

Member's Name: \_\_\_\_\_  
*Last First MI*

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Years \_\_\_\_\_ Months

Member's Insurer ID Number: \_\_\_\_\_

Member's Primary Diagnosis: \_\_\_\_\_ Date of Initial Diagnosis: \_\_\_ / \_\_\_ / \_\_\_

Request Includes Legible Copies of the Following Clinical Information:

\_\_\_\_\_ Diagnostic Evaluations by Qualified MD

\_\_\_\_\_ ABA Diagnostic Assessments

Please list all assessments and evaluations included:

\_\_\_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_ Adaptive Behavior Assessment System, 2<sup>nd</sup> Edition \_\_\_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_ ABA Starting Services Plan

By \_\_\_\_\_, Certified Analyst Name \_\_\_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_ ABA Current Services Plan (within last 6 months)

By \_\_\_\_\_, Certified Analyst Name \_\_\_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_ ABA Proposed Plan Change

By \_\_\_\_\_, Certified Analyst Name \_\_\_\_\_ / \_\_\_ / \_\_\_

**\*All requests with completed legible documentation are reviewed with 15 days.**

**Dates of Service Requested:**

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

CODE	Description	Unit of Service	Maximum Units	Requested units
<b>H0031 BCBA Only Does not require precertification</b>	Services provided by the BCBA (Analyst) that includes behavioral assessment or objective evaluation consisting of activities such as functional assessment of targeted behavior and analysis of behavioral data	Event	1	
<b>H0032 BCBA Only</b>	Services provided, by the BCBA (Analyst) that includes development of the initial ABA treatment plan; development of behavioral protocols, guidelines, methodology for intervention; collaboration with treatment team including therapeutic consultants to ensure that ABA strategies are consistently applied within all training strategies; training and supervision of the BCaBA (Assistant), front line service workers and family members to implement the plan by model training strategies; and, observation of staff and family to ensure proper implementation; re-assessment; evaluation and monitoring effectiveness of the ABA plan	30 minutes	40 units/week	
<b>H2012 BCBA</b>	Direct, individual ABA intervention services by the BCBA (Analyst) 1:1	15 minutes	*32 units units/day-160 units/ week in combination with H2019, H2014, H2014U4	
<b>H2019 BCaBA</b>	Direct, individual ABA intervention services by the BCaBA (Assistant) 1:1	15 minutes	*32 units units/day-160 units/ week in combination with H2012,H2014,H2014U4	
<b>H2014 BCaBA</b>	Direct, group ABA intervention services by the BCaBA (Assistant) 1:2-4	15 minutes	*32 units units/day-160 units/ week in combination with H2012,H2019,H2014U4	
<b>H2014U4 BCBA bills for this service</b>	Skills Training and Development, 1:1 by non-certified, non-licensed individuals for ABA plan implementation	15 minutes	*32 units units/day-160 units/ week in combination with H2012 H2019,H2014,H2014U5	
<b>H2014U5 BCBA bills for this service</b>	Skills Training and Development, 1:2 by non-certified, non-licensed individuals for ABA plan implementation	15 minutes	*32 units units/day-160 units/ week in combination with H2012 H2019,H2014,H2014U4	

BCBA Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_