Comagine Health

New Mexico Medicaid Checklist
Applied Behavior Analysis (ABA)

ABA Stage 3 services require prior authorization every six (6) months and must include the following information to substantiate medical necessity for Stage 3 services.
Fax to 888-515-2067.

- ☐ Completed Applied Behavior Analysis (ABA) Clinical Review Form
- ☐ Comprehensive Diagnostic Evaluation (CDE) and Individual Service Plan (ISP) for Autism Spectrum Disorder (ASD) report from the approved Stage 1 practitioner with an initial prior authorization request, if completed. **Treatment plan alignment to the ISP is required.**

OR

- ☐ Assessment and recommendation for ABA services from a medical practitioner if the Stage 1 service has not been completed
- ☐ Completed assessments, results and recommendations for treatment
- ☐ Stage 2 treatment plan

Required supporting information and documentation:

- ☐ Start date of services
- ☐ CDE and ISP if completed or date of scheduled Stage 1 service
- ☐ Stage 1 report (CDE and ISP) from an approved ABA practitioner with initial prior authorization or any updated Stage 1 reports with concurrent prior authorizations
- ☐ Requested number of hours per week of services and units
- ☐ All services to be delivered for next six (6) months
- ☐ Parent training: Scheduled hours and progress (with concurrent)
- ☐ Service delivery time of day
- ☐ Location of services: Clinic and/or home
- ☐ Functional Analytic Assessment or Behavior Analytic Assessment
- ☐ Treatment plan that supports the results of the CDE and ISP
- ☐ Type of treatment: Focused or comprehensive
- ☐ Treatment effectiveness/results of the past six months of service — concurrent prior authorization request only
- ☐ Targeted goals or targeted behaviors
- ☐ Discharge information
- ☐ Other services (e.g., IEP, speech therapy, physical therapy)
- ☐ History
- ☐ Supports
- ☐ Cultural considerations
- ☐ Barriers to treatment
- ☐ Previous services data, goals and outcomes with another provider — initial prior authorization only
- ☐ Modification of treatment plan when needed
- ☐ Specialty care provider services

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