ABA PRIOR AUTHORIZATION SUBMISSION CHECKLIST
(USE AS COVERSHEET)

Required Items for Initial/Extension Requests:

OHCA ABA Initial/Extension Template

Functional Behavior Assessment

Treatment Plan

Most Recent Comprehensive Psychological Evaluation
Note: this should be submitted with the Initial request only unless there
has been an updated evaluation since the Initial request.

Important Reminder!

All fields on the request templates including the "coordination of services with
other providers" and "behaviors targeted for reduction" must be filled out
completely on each template. Failure to complete the request in its entirety
and to include the above attachments will result in a determination that the
submission is incomplete. Failure to provide the missing items within seven
days from the original submission date will result in a technical denial.

F: 405.708.7181
P: 800.522.0114 option 6 option 2 option 2

ADDRESS
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

WEBSITES
oklahoma.gov/ohca
mysoonercare.org

PHONE
Admin: 405-522-7300
Helpline: 800-987-7767