



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: 405.530.7560

P: 800.522.0114 option 6 option 2 option 2



ADDRESS

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WEBSITES

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