

# Autism Spectrum Disorder (ASD) Provider Checklist for Treatment Authorization Requests

## Initial Requests

- Completed Select Health Autism Spectrum Disorder (ASD) Treatment Request Form with **current clinical information**. Form is located on our website at: <https://www.selecthealthofsc.com/pdf/provider/forms/autism-spectrum-disorder-treatment-request-form.pdf>.
- Diagnostic evaluation/report must be completed by a qualified Licensed Practitioner of the Healing Arts (LPHA) within the last year, signed by the LPHA, and meet the content requirements outlined in the ASD Services Provider Manual.
- Full behavior support plan/treatment plan (including symptoms/behaviors requiring treatment, specific treatment interventions, and that these were indicated by the assessment tool).\*
- Applied Behavioral Analysis (ABA) therapy progress summary, including cumulative graphs of progress/standard celeration charts.\*
- Sample schedule of treatment.\*
- Documentation of caregiver goals, involvement in treatment, and progress in skill development.\*
- Summary of contact with member's other providers/school.\*

**\*Only necessary if the member was in treatment with you prior to request.**

## Continued Stay Requests

- Completed Select Health Autism Spectrum Disorder (ASD) Treatment Request Form with **current clinical information**.
- Full behavior support plan/treatment plan (including symptoms/behaviors requiring treatment, specific treatment interventions, and that these were indicated by the assessment tool).
- ABA therapy progress summary, including cumulative graphs of progress/standard celeration charts.
- Sample schedule of treatment.
- Documentation of caregiver goals, involvement in treatment, and progress in skill development.
- Summary of contact with the member's other providers/school.

For assistance, contact Behavioral Health Utilization Management at **1-866-341-8765**.