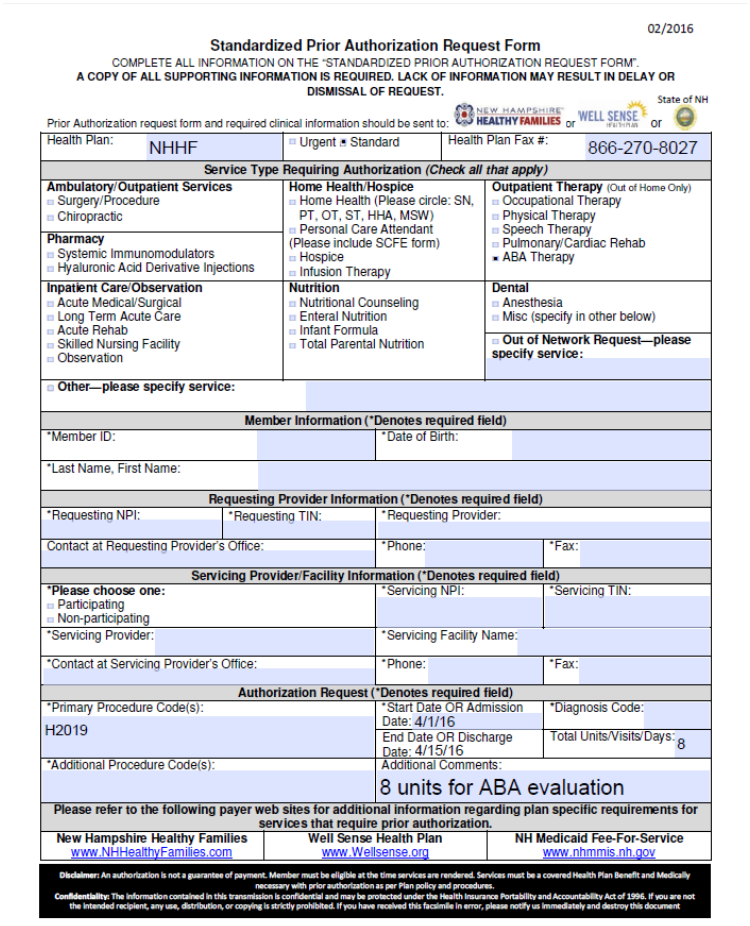
Requesting ABA services

To request ABA services:

- Providers **must** be contracted with the NH DHHS. We are unable to process any requests for services if the provider is not contracted with the state.

  To inquire on contracting with the state, providers should contact Dan Rinden at drinden@dhhs.state.nh.us or 603-271-9530.

For NH state contracted providers to request ABA evaluations:



02/2016

Standardized Prior Authorization Request Form

COMPLETE ALL INFORMATION ON THE "STANDARDIZED PRIOR AUTHORIZATION REQUEST FORM".
A COPY OF ALL SUPPORTING INFORMATION IS REQUIRED. LACK OF INFORMATION MAY RESULT IN DELAY OR DISMISSAL OF REQUEST.

Prior Authorization request form and required clinical information should be sent to: NEW HAMPSHIRE HEALTHY FAMILIES or WELL SENSE or State of NH

Health Plan: NHHF	▫ Urgent ▪ Standard	Health Plan Fax #: 866-270-8027

Service Type Requiring Authorization ***(Check all that apply)***

Ambulatory/Outpatient Services ▫ Surgery/Procedure ▫ Chiropractic	**Home Health/Hospice** ▫ Home Health (Please circle: SN, PT, OT, ST, HHA, MSW) ▫ Personal Care Attendant (Please include SCFE form) ▫ Hospice ▫ Infusion Therapy	**Outpatient Therapy** (Out of Home Only) ▫ Occupational Therapy ▫ Physical Therapy ▫ Speech Therapy ▫ Pulmonary/Cardiac Rehab ▪ ABA Therapy
Pharmacy ▫ Systemic Immunomodulators ▫ Hyaluronic Acid Derivative Injections		
Inpatient Care/Observation ▫ Acute Medical/Surgical ▫ Long Term Acute Care ▫ Acute Rehab ▫ Skilled Nursing Facility ▫ Observation	**Nutrition** ▫ Nutritional Counseling ▫ Enteral Nutrition ▫ Infant Formula ▫ Total Parental Nutrition	**Dental** ▫ Anesthesia ▫ Misc (specify in other below) ▫ **Out of Network Request—please specify service:**
▫ **Other—please specify service:**		

Member Information (*Denotes required field)

*Member ID:	*Date of Birth:
*Last Name, First Name:	

Requesting Provider Information (*Denotes required field)

*Requesting NPI:	*Requesting TIN:	*Requesting Provider:
Contact at Requesting Provider's Office:	*Phone:	*Fax:

Servicing Provider/Facility Information (*Denotes required field)

***Please choose one:** ▫ Participating ▫ Non-participating	*Servicing NPI:	*Servicing TIN:
*Servicing Provider:	*Servicing Facility Name:	
*Contact at Servicing Provider's Office:	*Phone:	*Fax:

Authorization Request (*Denotes required field)

*Primary Procedure Code(s): H2019	*Start Date OR Admission Date: 4/1/16 End Date OR Discharge Date: 4/15/16	*Diagnosis Code: Total Units/Visits/Days: 8
*Additional Procedure Code(s):	Additional Comments: 8 units for ABA evaluation	

Please refer to the following payer web sites for additional information regarding plan specific requirements for services that require prior authorization.

New Hampshire Healthy Families	Well Sense Health Plan	NH Medicaid Fee-For-Service
www.NHHealthyFamilies.com	www.Wellsense.org	www.nhmmis.nh.gov

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and Medically necessary with prior authorization as per Plan policy and procedures.
Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient, any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document

1. Provider will complete the NH standard outpatient treatment request form located on NHHF website marking ABA therapy.

2. Providers will complete form with member information, provider information, and request procedure code H2019 without a modifier for 8 units** for an evaluation.

3. Providers will fax OTR to NHHF (866-270-8027)along with physician orders for ABA services.

**8 units is the maximum allowed for an evaluation as this is an all-inclusive rate and one time encounter

http://www.nhhealthyfamilies.com/files/2016/03/MCM-Standard-Prior-Authorization-Form-20160311_writeable.pdf

For NH state contracted providers to request ABA treatment:

1. Provider will complete the NH standard outpatient treatment request form located on NHHF website marking ABA therapy.
2. Providers will complete OTR form and submit to NHHF (866-270-8027) with the following clinical documentation for review:

Required

1) MD or psych assessment of Autism diagnosis
2) Orders for ABA therapy
3) Clear plan of coordination with school and OP therapy services, if applicable
4) Clear schedule of when and where hours will be provided
5) Transition plan for d/c
6) Plan for parent involvement. If plan is for parent involvement in less than 50% of sessions, an explanation of this will be needed.

Please submit if applicable

1) Most recent, *full* IEP
2) OP therapy services (speech, occupational, physical)—most recent progress note and plan of care
3) Behavioral Health therapy – most recent progress note and plan of care

Provider should clearly mark frequency and duration on the OTR and use specific procedure code H2019.

Current state contracted ABA providers:

- ABA 4 Autism
- Applied Behavioral Associates, LLC
- Community Partners
- Compass Innovative Behavior Strategies
- Constellation Behavioral Therapies
- Crotched Mountain ATECH Services
- Easter Seals
- Gateways
- Educational and Behavioral Counseling Services Inc.
- Recreational Education Center of NH

(subject to change as additional providers are contracted)