

MEDICAID COVERAGE AND PRIOR AUTHORIZATION OF APPLIED BEHAVIOR ANALYSIS FOR CHILDREN UNDER 21 WITH AUTISM SPECTRUM DISORDER

Dear Doctor,

Please follow the steps below in order to assist in the approval for Autism therapy to be paid by Medicaid.

1. Complete the attached Request for Medicaid State Plan Coverage of Applied Behavior Analysis for a child under age 21.
2. Gather the required supporting documentation, showing a need for Autism therapy to include with the request form. (Progress Notes, Intake Notes, Chart Notes, etc.). The documentation, must include an Autism Diagnosis. 299.01, 299.1, 299.10, 299.11, 299.8, 299.80, 299.81, 299.9, 299.90 or 299.91.
3. Fax Request form and documentation to Medicaid, Attention 2-Strive Office Manager. For follow up, please call (321) 436-8445.
4. Medicaid will send the family and the doctor an approval or denial letter.
5. If approved, please fax the approval letter to (407) 298-9166.
6. The Office Manager will assign a Behavior Analyst to the child upon receipt of the approval letter.

Thank you,

2-Strive Office Manager