



NEW HAMPSHIRE MEDICAID

REQUEST FOR SERVICE AUTHORIZATION
FOR ABA SERVICES

For State use only. APPROVED
Date: _____ By: _____
Dates of Service: _____
EPSDT: _____ SA #: _____

272A FFS
07/2023

(Fee-for-Service (FFS) Program Only - Not for Managed Care program use)

PLEASE PRINT OR TYPE ALL INFORMATION (all fields are required)
Must use a separate request form for each discipline

RECIPIENT INFORMATION

RECIPIENT NAME: _____ DATE OF BIRTH: _____

RECIPIENT MEDICAID ID #: _____ DIAGNOSIS (NOT CODES): _____

ALTERNATE INSURANCE: NAME OF PLAN: _____

Providers are expected to follow all third party payors requirements for payment and all third party obligations shall be exhausted before billing Medicaid, in accordance with 42 CFR 433.139.

PROVIDER INFORMATION

CONTACT PERSON: _____ EMAIL: _____

TELEPHONE #: _____ Ext: _____ FAX #: _____

PERFORMING THERAPIST: _____ THERAPIST MEDICAID ID #: _____

REQUESTING FACILITY: _____ REQUESTING FACILITY MEDICAID ID #: _____

Table with 7 columns: TYPE OF TREATMENT, PROCEDURE CODE, # HOURS PER WEEK, TOTAL # OF VISITS NEEDED, TOTAL # OF UNITS NEEDED, DATES OF SERVICE (START, END)

FOR STATE USE ONLY:

*** must be included with submission ***

CLINICAL INFORMATION Pursuant to He-W 568.06: Please attach physician's order and clinical notes supporting the medical necessity for the requested services, including but not limited to the following: Therapy Care Plan, and progress notes, Face to Face PCP visit note within one year. Specify goals and objectives. LETTER OF MEDICAL NECESSITY Pursuant to He-W 530.07(g) attach supporting clinical documentation that addresses how the requested additional services meet the definition of medical necessity.

I certify that the requested treatments and/or therapies are medically necessary and cost effective in obtaining measurable, realistic goals for the above-named recipient.

Signature of ABA Provider

Date

Printed Name

Title

Approval is a determination that the services requested are medically necessary and not a guarantee of payment.