

Behavioral Health Utilization Management Autism Spectrum Disorder Quick-Reference Guide

First Choice by Select Health of South Carolina (Select Health) requires prior authorization for all autism spectrum disorder (ASD) services for initial requests and continued stays.

The Autism Spectrum Disorder (ASD) Treatment Request Form is required to initiate a request for services. This form is available on the Select Health website at www.selecthealthofsc.com. Navigate to **Providers > Behavioral health > Autism spectrum disorder**. The form should be faxed to Select Health Behavioral Health Utilization Management (BH UM) at **1-888-796-5521**.

An Autism Spectrum Disorder (ASD) Treatment Request Form can be completed by the referring or requesting provider. If you have any questions regarding a member receiving ASD services, please contact Select Health BH UM at **1-866-341-8765** and ask to speak to a licensed clinician regarding ASD services.

Requesting prior authorization to provide ASD services

Prior to providing ASD services, the following must occur:

1. The member is referred to the service by the referring or requesting provider, and the request is received by the BH UM department.
 2. The request must include the following clinical documentation:
 - a. Diagnostic evaluation/report (initial requests only).
 - b. Full behavior support plan/treatment plan (including symptoms/behaviors requiring treatment, specific treatment interventions, and that these were indicated by the assessment tool).
 - c. Applied behavior analysis therapy progress summary, including cumulative graphs of progress/standard celebration charts.
 - d. Sample schedule of treatment.
 - e. Documentation of caregiver goals, involvement in treatment, and progress in skill development.
 3. BH UM will review the request and all submitted clinical documentation. All requests for ASD services will be reviewed by a licensed psychologist.
 4. A medical necessity determination will be made after a review of all required clinical information, and within 14 calendar days of Select Health BH UM receiving all required clinical documentation.
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ASD continued stay requests:

ASD continued stay requests are required to be submitted by the ASD provider via fax. The Autism Spectrum Disorder (ASD) Treatment Request Form should be completed and faxed to **1-888-796-5521**. The ASD provider will submit continued stay requests no sooner than 14 calendar days of the last covered day and no later than the last covered day of the ASD authorization.

For continued stay requests, the “treatment start date” on page 2 of the Autism Spectrum Disorder (ASD) Treatment Request Form should indicate the **date the next authorization period should begin** (not the original treatment start date).

A medical necessity determination will be made after a review of all required clinical information, and within 14 calendar days of Select Health BH UM receiving all required clinical information.