



Behavioral Health Preauthorization Request Form for ABA Services

Please note:

- Requests received after 3:00 p.m. will be processed the next business day.
- Complete all fields on the form. Missing information will delay the preauthorization process.
- You can expect to receive a response within two business days.
- We will mail or fax a determination notice to the requesting provider or facility and the patient.

Participating providers submit online through InTouch. Go to **PacificSource.com/aboutproviderintouch** for information.

If you have any questions, please feel free to contact the Health Services Team at **(541) 684-5584** or toll-free at **(888) 691-8209**.

Patient

Last name _____ First name _____
 Date of birth ____/____/____ Member ID number _____

Services

ICD 10 diagnosis code and description **(required)** _____

A current treatment plan and verification of diagnosis is required with submission of this form.

Requested timeframe _____ *Note: Request for maximum of **six-month** timeframe.*

Frequency = days/weeks/hours. Units should reflect **total units** for requested timeframe.

CPT Code _____	Frequency _____	Units _____	CPT Code _____	Frequency _____	Units _____
CPT Code _____	Frequency _____	Units _____	CPT Code _____	Frequency _____	Units _____
CPT Code _____	Frequency _____	Units _____	CPT Code _____	Frequency _____	Units _____
CPT Code _____	Frequency _____	Units _____	CPT Code _____	Frequency _____	Units _____
CPT Code _____	Frequency _____	Units _____	CPT Code _____	Frequency _____	Units _____
CPT Code _____	Frequency _____	Units _____	CPT Code _____	Frequency _____	Units _____

Provider Contact Information

Contact Person:

Name _____ Date _____
 Phone _____ Fax _____

Treating Provider:

Name _____ Phone _____ Fax _____
 Address _____ City _____ State _____ Zip _____
 TIN _____ NPI _____

Facility/Place of Service:

Name _____ Phone _____ Fax _____
 Address _____ City _____ State _____ Zip _____
 TIN _____ NPI _____

Please return to:

PacificSource Health Plans, ATTN: Health Services Dept., PO Box 7068, Springfield OR 97475-0068 | Fax: (541) 225-3667