



ABA:  
Diagnosis Verification  
Required Documentation

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2024

# Identifying Information

Member	Physician	Guardian (Optional)
Name	Name	Name
Date of Birth	Address	Address
Medicaid ID	Phone Number	Phone Number
Address	Medicaid ID	
Phone Number		

# Information required on DMS-693

- ✓ Prescription/Treatment box checked
- ✓ Beneficiary name
- ✓ Beneficiary Medicaid ID
- ✓ Date of last physical exam (Well Child Check up)
- ✓ Diagnosis (at least one of Medical, Developmental, or other must be Autism/ASD/F840)
- ✓ Prescription/Treatment line to read ABA Assessment/Treatment or ABA Therapy
- ✓ PCP Printed Name
- ✓ PCP Medicaid ID
- ✓ PCP Signature
- ✓ Date PCP signed document

# Clinical Documentation

- ✓ Well Child Checkup dated no more than 12 months prior to PA submission
- ✓ Documentation of Autism Spectrum Disorder (ASD) diagnosed by two of the three qualified professionals who both conclude that a child fully meets the diagnostic criteria under the most recent edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders to include the forementioned documentation
  - ✓ Licensed Physician
  - ✓ Licensed Psychologist
  - ✓ Licensed Speech Language Pathologist

# Acentra Contact Information

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**PHONE: 888-660-3831**

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**FAX: 855-997-3707**

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**PROVIDER WEBSITE: AR.ACENRA.COM**

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**PROVIDER RELATIONS EMAIL: ARKANSASPR@ACENRA.COM**

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