

Insurance Pre-Authorization Checklist

ABA Therapy Coverage in Dubai (Parent Guide)

By Small Steps Learning Difficulties Center

Purpose of This Checklist

- ✓ Help you prepare the correct documents
- ✓ Reduce delays in insurance approval
- ✓ Improve the likelihood of successful pre-authorization
- ✓ Minimize back-and-forth with insurers

Important Note

Insurance requirements vary by provider and policy.

This checklist is a general guide for parents and does not guarantee approval.

1. Basic Information

Before starting, ensure you have:

- Insurance card (front and back)
- Emirates ID (parent and child)
- Table of Benefits (key document)
- Policy number and member ID

2. Diagnosis Requirements

Pre-authorization typically requires:

- Diagnosis from a licensed specialist
(e.g., Developmental Pediatrician, Neurologist, Psychiatrist, or other qualified clinician accepted by your insurer)

- Diagnosis clearly states the condition (e.g., Autism Spectrum Disorder)
- ICD-10 code included (e.g., F84.0)
- Report is signed and stamped
- Recent diagnostic report (requirements vary by insurer, often within 1–2 years)

👉 Without appropriate documentation, approval is unlikely with most insurers.

3. Physician Referral

- Referral explicitly recommends ABA therapy
- Issued by diagnosing doctor or general physician (as required by insurer)
- Includes clear medical necessity
- Signed and stamped

4. Therapy Assessment & Treatment Plan

(Usually prepared by your therapy provider)

- Comprehensive assessment (skills and areas of need)
- Defined therapy goals
- Recommended therapy hours per week
- Clinical justification of medical necessity
- Prepared by a qualified professional (e.g., BCBA or licensed professional, depending on insurer requirements)

5. Submission Checklist (Final Review)

Before submitting, confirm:

- Emirates ID copies included
- Diagnostic report attached
- Referral letter attached

- Treatment plan included
- Insurance forms completed (if required)

👉 Missing documents may delay approval.

6. Timeline Expectations

- Submission completed
- Typical response time varies by insurer (often 5–15 working days)
- Plan a follow-up if no response within 7–10 days

7. If Your Request is Denied

If your request is declined:

- Request a written explanation
- Identify the reason (e.g., “educational” vs “medical”)
- Share feedback with your therapy provider
- Consider submitting an appeal with additional clinical documentation

👉 in some cases, approvals may be granted after appeal with further justification.

8. How to Strengthen Your Approval Chances

- Confirm your policy covers:
 - Developmental disorders
 - Behavioral therapy
- Check for exclusions (e.g., autism-specific exclusions)
- Understand your plan type:
 - Direct billing vs reimbursement

- Track your annual coverage limits

9. Re-Authorization (Ongoing Therapy)

- Monitor authorization expiry (commonly 3–6 months)
- Begin renewal process at least 30 days in advance
- Update progress reports
- Submit continuation request as required

10. Common Mistakes to Avoid

- ⊖ Submitting incomplete documentation
- ⊖ Using outdated reports
- ⊖ Not reviewing policy exclusions
- ⊖ Delaying re-authorization
- ⊖ Assuming a denial is final

Parent Reminder

- ✓ The process can feel complex — this is normal
- ✓ Requirements vary, and approvals may take time
- ✓ Each step helps you access the right support for your child

Need Support with Insurance?

Small Steps Big Dreams – Dubai

We support families with:

- ✓ Document preparation
- ✓ Pre-authorization submissions
- ✓ Appeals and follow-ups

- 👉 Book a consultation
- 👉 Get help reviewing your policy

Quick Final Check (1-Minute Review)

Before submitting:

- Do I have a valid diagnosis with ICD code?
- Is my referral clear and signed?
- Is the treatment plan detailed?
- Have I included all required documents?

✓ If yes, you are ready to submit

📞 **Need Help with Insurance?**

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