



FREQUENTLY ASKED QUESTIONS

Autism/Applied Behavior Analysis (ABA) Using CPT Codes

Board Certified Behavior Analyst[®], BCBA[®], Board Certified Behavior Analyst-Doctoral[™], BCBA-D[™], Board Certified Assistant Behavior Analyst[™], BCaBA[®], Registered Behavior Technician[™], RBT[™] and BACB[®] are registered trademarks of the Behavior Analyst Certification Board, Inc. [®]. All Rights Reserved.

CLINICAL

Q1. How do I request any services for ABA?

A1. All services require prior approval.

- Verify benefits/eligibility online at providerexpress.com or call the Behavioral Health number located on the back of the member's ID card.
- Assessments can be requested online at: optumpeeraccess.secure.force.com/ABAassessment/
- Prior authorization can be obtained by:
 - Calling the ABA-dedicated clinical team at the Behavioral Health number on the back of member's card, or
 - **Indiana, Ohio, Washington, Tennessee, New Mexico and Arizona providers only:** submitting supporting clinical documentation online at optumpeeraccess.secure.force.com/ABAtreatment/
 - **Indiana providers only:** faxing supporting clinical documentation to 1-888-541-6691
- Authorization status can be viewed online at providerexpress.com

Q2. What if the member has a diagnosis of Asperger's, PDD-NOS under ICD-10/DSM-IV?

A2. Members need to have an updated DSM-5 diagnosis of Autism Spectrum Disorder to be eligible for ABA services unless state-specific mandates allow different diagnoses. The acceptable diagnosis will need to be confirmed by benefits or the clinical team when authorizing.

Q3. How often is an ABA assessment required?

A3. There is no required frequency at which an assessment must take place. At a minimum, most treatment reviews are required every 4-6 months depending on the account/state law.

Q4. What are examples of standardized functional assessments?

A4. Examples include: Verbal Behavior Milestone Assessment and Placement Program (VB- MAPP), Assessment of Basic Learning and Language Skills (ABLSS), and Vineland Adaptive Behavior Scale.

Q5. Documented Comprehensive Assessment - In the Optum Supplemental Clinical Criteria: Applied Behavior Analysis there is a requirement for a Comprehensive Assessment to be present. How do ABA providers ensure all components are present as they do not complete the assessments?

A5. The diagnostic evaluation must be comprehensive and include the 10 categories in order to fully determine the strengths and needs of a member. Updated evaluations may target specific skill deficits and are not required to be comprehensive unless there is a question about an individual's autism spectrum disorder diagnosis.

- Q6. Can an ABA provider create a standardized form for the diagnosing individual to fill out to ensure required components of the Comprehensive Assessment are present?**
A6. Yes, your agency can create a checklist to track components of the assessment.
- Q7. What is a complete developmental history and education assessment?**
A7. This information will likely be included in the comprehensive diagnostic assessment.
- Q8. What if a family is unwilling to share a copy of the child's Individualized Education Plan (IEP) and/or the school is unwilling to coordinate services?**
A8. Document the request for the IEP and the parent/guardian's response to that request.
- Q9. For our daily session notes do we need to have a hard copy or is a computerized version acceptable?**
A9. The requirement is that there is a daily session note that includes the following information: place of service, start and stop time, who rendered the service, the specific service (e.g., parenting training, supervision, direct service), who attended the session and interventions that occurred during the session.
- Q10. Are provider signature and parent/guardian signatures required on progress notes?**
A10. Provider signature is required on progress notes. Parent/guardian signatures are not required on progress notes.
- Q11. What clinical information is required to request treatment?**
A11. Please see the "**Treatment Request Guidelines**" or the "**ABA Treatment Approvals Via Phone**" form(s) on **Provider Express** > *Clinical Resources* > *Autism/Applied Behavior Analysis*.
- Q12. How do I request future assessments?**
A12. Please include hours for assessment in your treatment request when you call in.
- Q13. I now get authorizations that cover multiple codes, how do I know how many units of each code I have?**
A13: For the new CPT codes we have 4 clusters: ABA Behavior Identification Assessments (97151, 97152), ABA Direct Care Codes (97153, 97154), ABA Multi-Staff Treatment (0362T, 0373T), ABA Qualified Health Professional Services (97155, 97156, 97157, 97158). When approvals are given the units will cover all of those codes. You can shift codes around within the cluster as clinically appropriate.
- Q14. How do I request hours for supervision of Behavior Technicians?**
A14. Please request hours for supervision when calling in to request treatment.
- Q15. How many hours of supervision are allowed? Is there a minimum requirement?**
A15. The CPT code (97155) allows for adaptive behavior treatment with protocol modification, which may include simultaneous direction of a technician. In general, we see 2 hours for every 10 hours of direct Behavior Technician hours being provided. If you request more hours than the 2:10 ratio, please be prepared to provide a clinical rationale when you call in to request treatment.
- Q16. Is it possible to bill for supervision and the Behavior Technician's services at the same time?**
A16. Yes. When supervision is provided, you may bill concurrently for both Supervisors and Behavior Technicians, billing with 97153 and 97155. Please refer to abacodes.org for guidance on coding and billing for the new codes.

Q17. Is it possible to bill for supervision and group services at the same time?

A17. Yes, when supervision is provided, you may bill concurrently for both Supervisors and Behavior Technicians, billing with 97153 and 97154. Please refer to [abacodes.org](https://www.abacodes.org) for guidance on coding and billing for the new codes.

Q18. Who can bill with the HN modifier?

A18. Under industry standards, the HN modifier is defined as a bachelor's level provider. Under the Optum ABA program, the approved bachelor's level provider is a BCaBA.

Q19. Who can bill with the HM modifier?

A19. Under industry standards, the HM modifier is defined as less than a bachelor's degree. Under the Optum ABA program, the approved provider for this modifier is a Behavior Technician.

Q20. How do we bill for an ABA Supervisor?

A20. Billable services for an ABA Supervisor (Behavior Analyst or licensed BH clinician on staff providing program oversight) should be billed with the applicable CPT code(s) with the HO modifier for the BCBA or the HP modifier for the BCBA-D.

Q21. Can direct services (97153) and parent training (97156) be billed concurrently?

A21. Yes, those are separate and distinct services delivered to different family members by different providers and may be billed concurrently. Please refer to [abacodes.org](https://www.abacodes.org) for guidance on coding and billing for the new codes.

Q22. Is it possible to bill for team meetings?

A22. Team meetings are covered only as supervision if the member, the Supervisor and the Behavior Technician are present. When supervision is provided, you may bill under 97153 and 97155 following applicable Current Procedural Terminology (CPT®) guidelines. Team meetings, without the child/parent present, are not a covered service.

Q23. Is treatment planning covered? Required? Are there a minimum or maximum number of hours?

A23. Treatment planning (no longer a separate billable service), that is part of an initial or concurrent assessment, is covered under 97151. Ongoing treatment planning is bundled within the Codes for direct service (e.g., 97153) and is not a separately billable service.

Q24. What code is billed when collaborating with other professionals and staff on behalf of their clients?

A24. Coordination of care and caregiver training by the Behavior Analysts/Specialists are billable under 97156. The member does not have to be present to bill 97156 but either the parent or caregiver must be present. This could also include attending Individualized Education Plan (IEP) meetings with member and/or caregiver present.

Q25. How do we bill for an ABA Supervisor who is not the assigned Supervisor on a specific child's team, to work with a member?

A25. Any ABA Supervisor who is credentialed under the group or facility contract can see a member, billing with the applicable CPT code(s).

Q26. Can any services be delivered in a school?

A26. School-based services are reviewed for medical necessity; however, school-based ABA services or services that are otherwise covered under the Individuals with Disabilities Education Act (IDEA) are not covered (e.g., a 1:1 aid in the school setting). School ABA services do allow for coordination of services and would cover services such as, teacher training, meetings with school personnel, and observations in the school setting.

Q27. Is parent training covered?

A27. Parent training is required. Bill 97156 or 97157 depending on the format of parent training, i.e., one family (97156) or a group of families (97157).

Q28. What if only one caregiver is participating in treatment?

A28. If both member's parents have custodial rights, it is expected that both parents have some involvement in treatment. If that is not occurring, it is expected that barriers to parent training are removed, such as time of day, location, etc. If, after multiple documented attempts, one parent is not engaged in parent training, documentation should include why, potential impacts, and how potential impacts are being mitigated.

Q29. Is Skype or other tele-supervision services allowed?

A29. In order to provide supervision and family training services virtually, you must be an approved Optum virtual visits provider who has attested to meeting the requirements specific to providing virtual services. You can complete and submit a virtual visits attestation on our [virtual visits page of Provider Express](#). Please be sure to alert the Optum ABA Care Advocate that the training services will be provided virtually when completing the authorization process. After receiving authorizations, to bill for the virtual ABA Supervision of Behavior Technicians and Family Training and Guidance, simply include the same procedure code you use for an in-person service, 97155 or 97156, on your claim with the "02" place of service code to let us know the service was provided via telemedicine.

Please Note: Skype is not an acceptable HIPAA technology.

Q30. What if more services are needed during a current approval period?

A30. If you need additional approvals, please call the ABA/Autism team and provide clinical rationale during that discussion as to why you need more services than were previously approved.

Q31. When do I request treatment for ongoing/continued services?

A31. You should call into the ABA/Autism queue to request treatment no more than 30 days prior to the current approvals on file expiring. You will need to have all the necessary clinical information at the time you call in. Please see the [Treatment Request Guidelines](#) to determine the clinical information that will be needed. *Note: Please ensure these calls are made only by someone qualified and authorized to give clinical information and negotiate care.*

Q32. What is appropriate coordination of care with the diagnosing individual (i.e., MD or psychologist)?

A32. We expect the ABA provider to attempt to update the diagnosing individual on progress, as well as review any potential impacts each treating providers' interventions could have on the other. For example, if the child is currently on medication there should be consultation between the ABA provider and prescribing physician to review any potential behavioral impacts.

Q33. What is appropriate coordination of care with other treating clinicians (speech/OT/PT, IEP, psych, etc.?)

A33. The ABA providers should know the other therapies in which the child is involved, how often those therapies occur, and the main goals and progress of those therapies. It is expected that ongoing communication or communication attempts are documented throughout treatment.

CLAIMS & BILLING

Q34. Can I submit autism claims electronically?

A34. Yes, claims can be submitted on [providerexpress.com](#) or [uhcprovider.com](#) depending on

the program, (e.g., commercial or Medicaid) and your contract/system set-up.

Q35. There are new CPT codes for ABA issued by the AMA. Will these codes be adopted at some point in time?

A35. Optum has adopted the new ABA CPT Codes for dates of service on and after March 30, 2020. Please refer to [abacodes.org](https://www.abacodes.org) for guidance on coding and billing for the new codes.

Q36. The new commercial ABA Fee Schedules may have included a footer noting: “1. All services are to be billed in 15-minute units; 10 minutes or more of services must be provided to bill for the unit of service.” Is that a requirement that will be enforced?

A36. It is a recommendation for record-keeping purposes, and not a formal requirement. Providers should submit claims consistent with CMS billing and coding guidelines.

Q37. What forms do I use to submit claims?

A37. Participating ABA groups and individual Behavior Analysts/Specialists should bill on the standard Form 1500 claim form with the billing codes indicated on your contracted fee schedule. You can see a sample Form 1500 and required fields on [Provider Express > Claim Tips > Outpatient Claims >](#)

- What form should I use to submit paper claims? > [Form 1500 claim form](#)
- What fields on the Form 1500 does Optum require? > [Form 1500 Required Fields](#)

If you are out-of-network and have the capacity to generate a Form 1500, please do so. If you are interested in using Form 1500, you may get more information at [cms.gov](https://www.cms.gov).

Q38. Where can I get a blank CMS Form 1500 form?

A38. Blank CMS forms can be found on our member website, [Live and Work Well](#). Use the Guest Access Code “*Clinician*” to enter the site. Then go to Find a Resource > Forms > Download, print and mail in your claim. (See Q37 for more information on completing Form 1500.)

Q39. Can I see my autism claims processed through Provider Express?

A39. Claims submitted through [Provider Express](#) can be viewed online through secure Transactions. If claims are submitted on paper through fax or mail, they cannot be viewed on [Provider Express](#).

Q40. What codes can I use for service locations?

A40. Place of service codes frequently utilized are:

- 12 = Home
- 11 = Clinic
- 99 = Community
- 03 = School
- 10 = Telehealth (member located in home while receiving services)
- 02 = Telehealth (member located outside of home while receiving services)

For additional place of service codes, please reference: [cms.gov/medicare/coding-billing/place-of-service-codes/code-sets](https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets)

Q41. I have a member that does not have the ABA benefit under their policy, however I need a denial for each service in order to submit to secondary carrier. What should I do?

A41. Call the number on the back of the member’s insurance card to request a denial.

Q42. Is there a minimum or maximum of what can be billed for parent training?

A42. It is based on the treatment plan and goals provided. Please call our live queue using the

Behavioral Health number on the back of member's ID card to discuss what is clinically appropriate.

Q43. Do autism services require copays?

A43. Plans vary. Verify benefits on **Provider Express** or call the number on the back of the member's insurance ID card for benefit information.

Q44. How many copays are to be collected per day?

A44. Only one copay per date of service should be allowed.

Q45. How do I bill for hours considered treatment planning for example, time spent on data analysis, graphs, program and changes, etc.?

A45. Treatment planning is no longer a separate billable service; it is bundled within the codes for direct services. When associated with an initial or concurrent assessment it is bundled within 97151. Ongoing treatment planning activities are now bundled within the Codes for direct service (e.g., 97153).

Q46. Can services be provided to the member by two Behavior Technicians on the same day?

A46. If two different Behavior Technicians provide services to the same member on the same day but at different times, units for 97153 can be combined into one date of service line on the claim form.

Q47. Can we bill for diagnostic testing by the psychologists through the autism network contract?

A47. Diagnostic testing is required to be billed under the traditional behavioral health network (UBH General).

Q48. I am a contracted provider. What procedure codes should I use to bill services for commercial members?

A48. FOR COMMERCIAL MEMBERS, you should bill your contracted billing codes and customary charges as outlined on your Fee Schedule after receiving appropriate authorization. You will be reimbursed based on your contracted rate. For any questions regarding use of the 2019 CPT Codes for ABA, please reference the AMA's CPT codebook.

Q49. I am not yet a contracted provider. What procedure codes should I use to bill services?

A49. As a non-contracted provider, you should contact the autism/ABA team using the Behavioral Health number on the back of member's ID card to obtain approvals.

Q50. Does Optum follow current Medically Unlikely Edits (MUE) guidelines/limitations?

A50. For our commercial ABA program MUE's apply.

Q51. What are the MUE guidelines/limitations for ABA Services?

A51. For our commercial ABA program MUE's apply, per the CMS guidelines at [cms.gov/](https://www.cms.gov/). Please note, Optum allows 32 units per day of 97151 to allow for assessments to be completed in longer sessions.

NETWORK

Q52. How do I apply to join the Optum or OptumHealth Behavioral Solutions of California (Optum) Autism Applied Behavior Analysis Network? What are the requirements to be a contracted provider?

A52. Optum has developed credentialing/contracting criteria for Applied Behavior Analysis (ABA) Providers as outlined below:

Individual Practicing Behavioral Analyst/Specialist

- ✓ Board Certified Behavior Analyst (BCBA) with active certification from the BACB
- ✓ State licensure in those states that license behavior analysts
- ✓ State certification in those states that certify behavior analysts
- ✓ **PA ONLY** – Board Certified Behavior Analyst (BCBA) with active certification from the BACB **and/or** PA State licensure as a Behavior Specialist
- ✓ Compliance with all state/autism mandate requirements as applicable to behavior analysts
- ✓ A minimum of six (6) months of supervised experience or training in applied behavioral analysis/ intensive behavior therapies
- ✓ Minimum professional liability coverage of \$1 million per occurrence/\$1 million aggregate

ABA Group Provider

- ✓ Behavior Analysts/Specialists must meet standards above and have supervisory certification from the BACB if applicable
- ✓ Licensed Behavior Health clinicians (Psychologists, Social Workers, etc.) must have appropriate state licensure and six (6) months of supervised experience or training in applied behavior analysis/intensive behavior therapies
- ✓ Behavior Analyst/Specialist or licensed BH clinician on staff providing program oversight
- ✓ Behavior Analyst/Specialist/BCaBA or licensed BH clinician performs skills assessments and provides direct supervision of Behavior Technicians in joint sessions with client and family
- ✓ Board Certified Assistant Behavior Analysts (BCaBAs) and Behavior Technicians receive appropriate training and supervision by Behavior Analyst/Specialist or licensed BH clinician and hold applicable state licensure or certification
- ✓ Minimum \$1 million per occurrence and \$3 million aggregate of professional liability and
- ✓ \$1million/\$1million of general liability if services are provided in a clinic setting
- ✓ Minimum \$1 million per occurrence and \$3 million aggregate of professional liability and
- ✓ \$1million/\$1million of supplemental insurance if the agency only provides services in the patient's home

If you meet these criteria and wish to apply, please refer to the [Autism/Applied Behavior Analysis](#) page on [Provider Express](#) and see the “[Join Our Autism/ABA Network](#)” section.

Q53. What is an NPI number and how do I obtain one?

A53. The National Provider Identifier (NPI) is a required identification number set forth in the Health Insurance Portability and Accountability Act (HIPAA) regulations. HIPAA requires that covered entities (e.g., health plans, health care clearinghouses, and those health care providers who transmit any health information in electronic form in connection with a transaction for which the Secretary of Health and Human Services has adopted a standard) use NPIs in standard transactions. Visit the [National Plan and Provider Enumeration System \(NPPES\)](#) site for information on obtaining an NPI.

Q54. How do I verify a member's benefits, copay, or coinsurance?

A54. You can verify benefits/eligibility online at providerexpress.com or call the Behavioral Health number located on the back of the member's ID card.

Q55. What services are covered for Autism ABA services?

A55. Coverage is dependent upon the member's certificate of coverage. Services that are typically covered for ABA treatment include:

- ✓ Skills or Behavior Assessment Supervision of Behavior Technicians with clients present
- ✓ Direct ABA services by Behavior Analyst/Specialist or licensed BH clinician

- ✓ Direct ABA services by a Behavior Technician or BCaBA (if appropriately supervised)
- ✓ Social Skills Group

Q56. What if Customer Service tells me I am out of network and I know, from working with Optum, that I am a network provider?

A56. Please contact our Provider Service Line at **1-877-614-0484**. The Provider Service Line is available from 8 a.m. – 8 p.m. ET Monday through Friday and can assist and/or triage on your network needs.

Q57. How long is the credentialing process for both solo Behavior Analysts/Specialists and Agency Models?

A57. Solo Behavior Analysts/Specialists and Group credentialing can take from 45 to 120 days after submission of all materials to the credentialing team.

Q58. Within an ABA Agency/Group, does Optum consider a BCaBA the same as a Behavior Technician?

A58. No. With the adoption of the new CPT Codes, a BCaBA can serve as a BCBA extender for services outlined on your fee schedule and billed with modifiers.

Q59. Can a BCaBA provide supervision of a Behavior Technician?

A59. Yes. Under the new CPT coding structure, you may utilize your BCaBAs as BCBA extenders, billing with the outlined modifiers under your group model.

Q60. Are Behavior Technicians required to be RBTs?

A60. All Behavior Technicians or therapists working directly with children in a 1:1 setting are required to be a Registered Behavior Technician (RBT), a Board-Certified Autism Technician (BCAT), and certified Applied Behavior Analysis Technician (ABAT), or hold an alternative certification (if alternative certification is approved by Network management). Please note: State regulatory requirements may supplement, modify, or supersede this policy.

Q61. How do I update my practice information or add locations and Providers?

A61. Please contact our Provider Service Line at **1-877-614-0484**. The Provider Service Line is available from 8 a.m. – 8 p.m. ET Monday through Friday and can assist and/or triage on your network needs.

Q62. What is the process for an ABA Audit and how long does it take?

A62. An audit is required for all new ABA Agencies and normally it can take up to 90 days to schedule and coordinate with the Optum audit team. You can review the audit tools in the *ABA Agency Site Audit and Record Review Tools* section of the [Autism/Applied Behavior Analysis \(ABA\)](#) page on [Provider Express](#).

Q63. Can I get an accommodation/Single Case Agreement (SCA) during the process of credentialing?

A63. Not automatically. In exception cases, based on clinical need, new business implementations, or other gaps in the network, a SCA may be approved after review with the clinical team. Q63. I was formally receiving authorizations under a SCA and now am a contracted provider. Do I need to contact the clinical department to update my authorizations?

Q64. I was formally receiving authorizations under a SCA and now am a contracted provider. Do I need to contact the clinical department to update my authorizations?

A64. Once you are notified that you are an in-network contracted provider, please send a list of your current members to your Network Manager who will coordinate with the clinical team to update your authorizations.