



FREQUENTLY ASKED QUESTIONS

Autism/Applied Behavior Analysis Using HCPCS Codes

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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 **1-866-830-0325**, or
 - **Indiana providers only**, faxing treatment plan to **1-888-541-6691**, or
 - **Indiana, Ohio, Washington, Tennessee, New Mexico and Arizona providers only**, submitting treatment plan online at
optumpeeraccess.secure.force.com/ABAtreatment/
 - ✓ Authorization status can be viewed online at providerexpress.com

Q2. What if the member has a DX 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. Acceptable diagnosis would 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 (ABLLS), 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. Optum's ABA Policy was updated in January 2018. How do we handle existing members who do not have a comprehensive assessment?**
- A7. We would recommend that the family work towards getting a comprehensive diagnostic assessment while continuing with services in order to ensure that all of the patient's needs are identified and necessary services are put in place. While we will not typically require this assessment for patients receiving treatment prior to January 2018, if we identify clinical concerns regarding a patient's diagnosis, we may request the comprehensive assessment to occur as part of the next clinical review.
- Q8. What is a complete developmental history and education assessment?**
- A8. This would likely be included in the comprehensive diagnostic assessment
- Q9. 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?**
- A9. Document the request for the IEP and the parent/guardian response to that request
- Q10. For our daily session notes do we need to have a hard copy or is a computerized version acceptable?**
- A10. 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, interventions that occurred during the session, barriers to progress, and response to interventions.
- Q11. Are provider signature and parent/guardian signatures required on progress notes?**
- A11. Provider signature is required on progress notes. Parent/guardian signatures are not required on progress notes.
- Q12. What clinical information is required to request treatment?**
- A12. Please see the "**Treatment Request Guidelines**" form on **Provider Express** > *Clinical Resources* > *Autism/Applied Behavior Analysis*.
- Q13. How do I request future assessments?**
- A13. Please include hours for assessment in your treatment request when you call in.

Q14. How do I request hours for supervision of BCaBA's[®] and other paraprofessionals?

A14. Please request hours for supervision and treatment planning when calling in to request treatment. You can use the **Treatment Request Guidelines** for reference as to the codes that are billed.

Q15. How many hours of supervision are allowed? Is there a minimum requirement?

A15. A minimum of 1 hour of supervision per month is required for each case. The maximum number of hours approved is based on the direct number of hours the member is receiving.

Q16. Is it possible to bill for supervision and the paraprofessionals time at the same time?

A16. No. When supervision is provided, you are reimbursed for the service provided not the people present.

Q17. Is it possible to bill for team meetings?

A17. Team meetings are covered only as supervision if the member, the supervisor and the paraprofessional are present. When supervision is provided, you are reimbursed for the service provided, not for the people present, so the entire team would not be covered individually in the billing. Only the supervision code would be billed for the entire time spent instead of the number of people in the meeting.

Q18. Is treatment planning covered? Required? Is there a minimum or maximum number of hours?

A18. A minimum of one hour of treatment planning per month is required for each case. The maximum hours approved are based on the direct number of hours the member is receiving.

This is in line with the BACB guidelines and is considered indirect supervision.

Q19. What code is billed when collaborating with paraprofessionals and staff on behalf of their clients?

A19. Coordination of care, direct work by the BCBA with the member, and parent training by the BCBA is all billable under H2012. Member does not have to be present to bill H2012 but either the member or caregiver **must** be present. This could also include attending Individualized Education Plan (IEP) meetings with member and/or caregiver present.

Q20. How do we bill for a BCBA who is not the supervising BCBA on a specific child's team to work with a member?

A20. Any BCBA who is credentialed under the group or facility contract can see a member. They would bill as H2012. The purpose of having a second BCBA can be for the following: transition period – for one BCBA to eventually take over for another, second set of eyes/expertise to solve a particular problem, newly hired BCBA learning company's process, etc.

Q21. Can any services be delivered in a school?

A21. 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. Typical school services

we would expect to see include coordination of care, attending IEP meetings, working to train teachers or school staff in the behavior plans or skill management, or assessing the member's behaviors across environments.

Q22. Is parent training covered?

A22. Parent training is required. Bill **H2012** or **H2019** depending on who is providing the service.

Q23. What if only one caregiver is participating in treatment?

A23. If both of the 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.

Q24. What is the difference between parent training and supervision?

A24. Supervision is billed for the supervision of paraprofessionals. A paraprofessional is anyone who is not a BCBA® or a licensed mental health clinician such as a Psychologist or Social Worker. The exception to this is a BSL/BSC for certain cases in the state of Pennsylvania. To determine which cases, please talk to the Autism Care Advocate/Navigator.

Caregiver training is billed when providing direct services to the parents.

Q25. Is Skype or other tele-supervision services allowed?

A25. 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 would use for an in-person service, **H0032 or H2012**, on your claim with the "02" place of service code to let us know the service was provided via telemedicine. When the new 2019 CPT code for this service is launched by Optum later this year, you will use this new code with the "02" place of service on your claims instead of the current H0032 and H2012 code.

* **Please Note:** Skype is not an acceptable HIPAA technology

Q26. What if more services are needed during a current approval period?

A26. 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.

Q27. When do I request treatment for ongoing/continued services?

A27. 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.

Q28. What is appropriate coordination of care with the diagnosing individual (i.e. MD or psychologist)?

A28. We expect the ABA provider to attempt to update the diagnosing individual on progress, as well as review any potential impacts each treating provider's 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.

Q29. What is appropriate coordination of care with other treating clinicians (speech/OT/PT, IEP, psych, etc.?)

A29. 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

Q30. Can I submit autism claims electronically?

A30. It depends on the program, (e.g., commercial or Medicaid) and your contract/system set-up. Please contact our Provider Service Line at **877-614-0484** if you have not attended an orientation or have questions on how to submit claims.

Q31. There are new CPT codes for ABA issued by the AMA. Will these codes be adopted at some point in time?

A31. Optum has transitioned all ABA Groups and solo BCBA's to the new codes. If you are still loaded as an Agency, you will need to be transitioned to a Group model in our system before we can administer/pay the new ABA CPT codes for your practice. Please contact us to begin that process.

Q32. What forms do I use to submit claims?

A32. Participating ABA groups and individual BCBA's 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).

Q33. What codes can I use for service locations?

A33. Place of service codes: 12 = Home
11 = Clinic
99 = Community
02 = Telehealth (Only allowed for supervision and caregiver training; please make sure you are approved for virtual visits via telehealth before billing. See Question 25)

Q34. 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?

A34. Call the number on the back of the member's insurance card to request a denial.

Q35. Is there a minimum or maximum of what can be billed for parent training?

A35. It is based on the treatment plan and goals provided. Please call our live queue 1-866- 830-0325 to discuss what is clinically appropriate.

Q36. Do autism services require copays?

A36. Plans vary. Verify benefits on **Provider Express** or call the number on the back of the member's insurance ID card for benefit information.

Q37. How many copays per day?

A37. Only one copay, per date of service, should be allowed.

Q38. How do I bill for hours worked at home on such things as data analysis, graphs, program and change, etc.?

A38. You can bill these hours under **H0031** – assessment/treatment planning, if approved. Ensure you have enough hours approved prior to billing.

Q39. Can services be provided to the member by two tutors on the same day?

A39. If two different tutors provide services to the same member on the same day but at different times, units for **H2019** can be combined into one date of service line on the claim form.

Q40. Can we bill for diagnostic testing by the psychologists through the autism network contract?

A40. Diagnostic testing is required to be billed under the traditional behavioral health network (UBH general).

Q41. Where can I get a blank CMS Form 1500 form?

A41. 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 Q32 for more information on completing Form 1500.)

Q42. I am a contracted provider. What procedure codes should I use to bill services for commercial members?

- A42. *FOR COMMERCIAL MEMBERS*, you should bill your contracted billing codes, as outlined below, and customary charges after receiving appropriate authorization. You will be reimbursed based on your contracted rate.

Direct Services for ABA Assessment and Treatment Planning – H0031 (1 hour)

This code covers 2 services rendered by a BCBA, or licensed clinician, assigned to a member. First, this code covers any ABA assessment for a member. This would include the initial ABA assessment and any ongoing assessments for concurrent reviews or other needed assessments. Types of covered assessments include functional behavior assessments, skills based assessments (such as the Verbal Behavior – Milestones Assessment and Placement Program or Assessment of Basic Learning and Language Skills), and standardized assessments (such as Vineland adaptive behavior assessment). In addition to the assessment time it includes write up time. The second service this code covers is Treatment Planning. Treatment Planning includes activities such as assessment write up, treatment plan development, summarizing and analyzing data, creation of new goals, updating goals, and graphing data. This code is subject to a clinical review and requires prior authorization.

Case Supervision – H0032 (1 hour)

This code covers the supervision (BCBA, licensed clinician) being present with the front line staff AND the child. The purpose of this code is to provide in vivo supervision to the front line staff, giving feedback on how treatment protocols are being rendered, and adjusting the staff's performance. The supervisor should be directly observing treatment implementation for potential program revision, and monitoring treatment integrity (per BACB Direct Supervision Activities). This code is not meant to cover initial training of front line staff. Video conferencing for supervision is allowable if the provider has approval from the network manager (see question 25 for instructions), the reason for video conferencing is clinically appropriate, AND it is done live. This code is the only code that can be billed during a treating hour. This code is subject to a clinical review and requires prior authorization.

Services by the BCBA or Licensed Clinician - H2012 (1 hour)

This code covers direct work by the supervisor (BCBA, licensed clinician). This includes activities such as direct intervention with the client, directing caregivers in the implementation of treatment protocols, teaching caregivers ABA principles, and live coordination of care with other professionals (such as Individualized Education Plan meetings). Member does not have to be present to bill H2012, but either the member or caregiver **must** be present. This service must be face-to-face to be billed. Video conferencing for caregiver training is allowable if the provider has approval from the network manager (see question 25 for instructions), the reason for video conferencing is clinically appropriate, AND it is done live. This code does not cover phone calls or emails. This code is subject to a clinical review and requires prior authorization.

Services by ABA paraprofessional - H2019 (15 min)

This code covers direct work by the front line staff (registered behavior technician, Board Certified Assistant Behavior Analyst, tutor). This would include direct intervention with the member and any caregiver training the front line staff completes. This code is subject to a clinical review and requires prior authorization.

Group ABA therapy Services - H2014 HA (15 min)

This code covers a service rather than a particular clinician type. This code covers any ABA services rendered in a group setting where the provider is working with more than one individual. This could include social skills groups or other group based ABA services. If there is a 1:1 aide during group based services the code requested would be H2019. There is not a specified ratio of interventionist to clients; that is up to the provider's clinical expertise. This code is subject to a clinical review and requires prior authorization.

Q43. I am not yet a contracted provider. What procedure codes should I use to bill services?

A43. As a non-contracted provider, you should please contact the autism/ABA team at 1-866-830-0325 for approvals.

NETWORK

Q44. How do I apply to join the Optum or OptumHealth Behavioral Solutions of California (Optum) Autism Applied Behavior Analysis Network?

A44. Optum has developed credentialing/contracting criteria for Applied Behavior Analysis (ABA) Providers as outlined below:

Individual BCBA

- ✓ 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

- ✓ BCBA's must meet standards above and have supervisory certification from the BACB
- ✓ Licensed clinicians must have appropriate state licensure and six (6)

months of supervised experience or training in applied behavior analysis/intensive behavior therapies

- ✓ BCBA or licensed clinician on staff providing program oversight
- ✓ BCBA or licensed clinician performs skills assessments and provides direct supervision of Behavior Technicians in joint sessions with client and family
- ✓ Board Certified Assistant Behavior Analysts (BCaBA's) and Behavior Technicians receive appropriate training and supervision by BCBA's or licensed 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.

Q45. What is an NPI number and how do I obtain one?

A45. 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.

Q46. How do I verify a member's benefits, copay, or coinsurance?

A46. 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.

Q47. What services are covered for Autism ABA services?

A47. Coverage is dependent upon the member's certificate of coverage. Services that are typically covered for ABA treatment include:

- ✓ Skills or Behavior Assessment by BCBA or qualified licensed clinician
- ✓ Conjoint Treatment Planning and Supervision of Behavior Technicians by BCBA(or qualified licensed clinician) with clients present
- ✓ Direct ABA services by a BCBA or licensed clinician
- ✓ Direct ABA services by a Behavior Technician or BCaBA (if appropriately supervised)
- ✓ Social Skills Group

Q48. What if I, as a provider, am told I am out of network by Customer Service? I know from working with Optum that I'm a network provider.

A48. Please contact our Provider Service Line at **877-614-0484**

The Provider Service Line is available from 8:00 am – 8:00 pm EST Monday through Friday and can assist and/or triage on your network needs.

Q49. How long is the credentialing process for both solo BCBA and Agency Models?

A49. Solo BCBA and group credentialing can take from 45 to 120 days after submission to the credentialing team. Agency Models can take up to 120 days to complete.

Q50. Within an ABA Agency/Group, does Optum consider a BCaBA the same as a Behavior Technician?

A50. Yes, BCaBA's and Behavior Technicians are considered the same and should bill with autism code H2019.

Q51. Can a BCaBA provide supervision of Behavior Technician?

A51. No. Only BCBA's or licensed mental health clinicians such as a Social Worker can provide supervision services.

Q52. Are Behavior Technicians required to be RBT's?

A52. At this time, for all new ABA Agencies being credentialed and contracted, paras or therapists working directly with children in a 1:1 setting are required to be a Registered Behavior Technician (RBT), a Behavior Analysis Technician (ABAT), or hold an alternative certification (if alternative certification is approved by network management).

Q53. How do I update my practice information or add locations and BCBA's?

A53. Please contact our Provider Service Line at **877-614-0484**

The Provider Service Line is available from 8:00 am – 8:00 pm EST Monday through Friday, and can assist and/or triage on your network needs.

Q54. What is the process for an ABA Audit and how long does it take?

A54. An audit is required for all new ABA Agencies and normally can take up to 90 days to schedule and coordinate with Optum's 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](#).

Q55. Can I get an accommodation/Single Case Agreement (SCAs) during the process of credentialing?

A55. Not automatically. In exception cases, based on clinical need, new business implementations, or other gaps in the network, SCAs may be approved after review with the clinical team.

Q56. 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?

A56. 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.