APPLIED BEHAVIORAL ANALYSIS (ABA)

ABA Provider Training

7/27/2026

MEDICAL NECESSITY CRITERIA

- Applied Behavioral Analysis (ABA) is a covered benefit for members up to age 20.
- All members must have an ASD diagnosis by any of the providers identified in 317:30-5-313.
- All ABA services must have prior authorization.
- Services are prior authorized up to 6 months.
- Services are based on medical necessity criteria.

MEDICAL NECESSITY CRITERIA

- It must be determined that there are no lesser levels of care that the member can benefit from.
- The ABA CPT codes are to be rendered as 1:1 direct treatment services, except for family training in which the child may or may not be present with the guardian while working on ABA treatment techniques.
- ABA services are not allowed in a school setting, except for a time limited basis of 3 months or less and must be prior authorized by the Oklahoma Health Care Authority (OHCA).

PRIOR AUTHORIZATION

The following documentation should be submitted for prior authorization, at minimum:

- OHCA prior authorization template.
- A comprehensive psychological evaluation or clinical assessment if it's the member's first-time receiving ABA services.
- Progress notes, including descriptions of progress or regression towards treatment plan goals, modifications made to treatment, date(s), the signature of the rendering provider, and start and stop times.
- Treatment plans must include goals that are measurable and objective.
- Documentation of parent training or efforts the provider is making to engage parents. Must include dates.
- A transition plan.

DISCHARGE NOTIFICATION

- A discharge notification is required when members titrate from services or are no longer receiving services at a clinic.
- Discharge notifications should be faxed to the Behavioral Health Unit at 405-708-7181.
- Upon a member's discharge or cessation of services, providers must cease all billing activity for any dates of service following the member's last day of care.
- The discharge template can be found on the Child Health/EPSDT webpage under Forms.

ABA BILLING

All staff providing ABA services must be contracted with OHCA and the actual rendering providers must show on claims.

317:30-3-1 Creation and implementation of rules; applicability

> (b) Payment to practitioners under Medicaid is made for services clearly identifiable as personally rendered services performed on behalf of a specific member. There are no exceptions to personally rendered services unless specifically set out in coverage guidelines.

TELEHEALTH

ABA TELEHEALTH SERVICES

- Telehealth services should be billed using the GT modifier.
- All telehealth services must align with 317:30-3-27.

WHO CAN CONTRACT AND BILL FOR ABA SERVICES?

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Board certified behavior analyst® (BCBA®): A master's or doctoral level independent practitioner certified by the national accrediting Behavior Analyst Certification Board, Inc. ® (BACB®) and licensed by the Oklahoma Human Services (OHS)' Developmental Disabilities Services Division (DDS) to provide behavior analysis services.

WHO CAN CONTRACT AND BILL FOR ABA SERVICES?

Board-certified assistant behavior analyst® (BCaBA®): A bachelor's level practitioner certified by the national accrediting BACB and certified by OHS DDS to provide behavior analysis services under the supervision of a BCBA.

WHO CAN CONTRACT AND BILL FOR ABA SERVICES?

Registered behavior technician (RBT®): A high school level or higher paraprofessional certified by the national accrediting BACB who practices under the close and ongoing supervision of a BCBA. The RBT works under the license number of a BCBA and is primarily responsible for the direct implementation of BCBA designed and prescribed behavior-analytic services. RBTs must obtain ongoing supervision for a minimum of five percent (5%) of the hours they spend providing behavioral-analytic services each calendar month.

WHO CAN CONTRACT AND BILL FOR ABA SERVICES?

Licensed psychologist: An individual licensed and in good standing with the Oklahoma State Board of Examiners of Psychologists and with professional experience in the use of ABA therapy may render behavior analysis services.

WHO CAN CONTRACT AND BILL FOR ABA SERVICES?

Human services professional: A practitioner licensed by the state of Oklahoma pursuant to (a) - (g) and certified by the national accrediting BACB, and who works within the scope of his or her practice, including:

a) A licensed physical therapist;

b) A licensed occupational therapist;

c) A licensed clinical social worker or social worker candidate under the supervision of a licensed clinical social worker;

d) A licensed speech-language pathologist or licensed audiologist;

e) A licensed professional counselor or professional counselor candidate under the supervision of a licensed professional counselor;

f) A licensed marital and family therapist or marital and family therapist candidate under the supervision of a licensed marital and family therapist; or

g) A licensed behavioral practitioner or behavioral practitioner candidate under the supervision of a licensed behavioral practitioner.

PROVIDER CREDENTIALING

- All RBTs and BCaBAs must reside within Oklahoma or within 50 miles of the Oklahoma border.
- All BCBAs must reside in Oklahoma, be within 50 miles of the Oklahoma border or have an approved exception from OHCA.
- It is the responsibility of each provider to maintain up-to-date BACB or state licensure/certification on file with OHCA for services to be considered reimbursable.

PROVIDER CREDENTIALING

- Only providers with a fully executed contract with OHCA may render ABA services.
- Rendering services without an active contract may result in billing retractions, financial penalties or a referral to Program Integrity.
- Claims cannot be submitted under another provider's credentials if that provider did not directly render the service.

RECORD RETENTION

- In accordance with OAC 317:30-3-15, federal regulations and OHCA board rules require providers to retain, for a period of six years, all records necessary to disclose the extent of services furnished to recipients. Upon request, providers must furnish these records to the Secretary of the Department of Health and Human Services.
  - Records in a provider's office must contain adequate documentation of services rendered.

WHAT ABA CODES ARE REIMBURSABLE AND WHO CAN RENDER THOSE SERVICES?

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- OHCA follows AMA CPT coding.
- 97151 - Behavior identification assessment by professional, billed in 15-minute increments. Contracted BCBA or psychologist only. This code is telehealth allowed.
- 97155 - Adaptive behavior treatment with protocol modification administered by a physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient. Billed in increments of 15 minutes. Contracted BCBA, BCaBA or psychologist only. This code is telehealth allowed.
    - Treatment plan modification must occur for this CPT code to be reimbursable. It must clearly be identified in the member record and can not be used solely for supervision.
    - When this CPT code is rendered by a BCaBA, all documentation must have a co-signature from the BCBA.

WHAT ABA CODES ARE REIMBURSABLE AND WHO CAN RENDER THOSE SERVICE?

- 97156 - Adaptive behavior treatment by a professional with family using an established plan. Billed in 15-minute increments. Contracted BCBA, BCaBA or psychologist only. This code is telehealth allowed.
    - When this CPT code is rendered by a BCaBA, all documentation must have a co-signature from the BCBA.
- 97153 - Adaptive behavior treatment by technician using an established plan. Billed in 15-minute increments. Contracted BCBA, BCaBA, psychologist or RBT only. This code is not telehealth allowed.
    - This code is reimbursable for 1:1 direct treatment services only.
- You can bill a combination of 97153, 97155, 97151 and 97156 on the same day for a member.

ABA BILLING GUIDANCE

BILLING 97153

- The max units that can be billed for a member each day is 32 units (8 hours). If multiple RBTs rendered services for a member on the same day, each rendering provider will need to be listed as the rendering provider on their own claim or claim detail line that lists the procedure code billed along with the units.
- Example: The member received 32 units (8 hours) of 97153 in one day by three different providers. Use one claim with three separate claim detail lines or three separate claims with one claim detail line each.

If billed on one claim for the member:

- Claim detail line 1 - Jane rendered 12 units of 97153 and she will be listed as the rendering.
- Claim detail line 2- John rendered 17 units of 97153 and he will be listed as the rendering.
- Claim detail line 3 - Smith rendered 3 units of 97153 and he will be listed as the rendering.

BILLING 97151, 97155 AND 97156

- The system allows one provider per day per member on procedure codes 97151, 97155 and 97156.
- If two different providers render one of these procedure codes on the same day, at different times, with the same member, list the rendering provider that provided the most units on the claim detail line with the total units provided to the member that day. Document the two different providers along with the two separate time encounters in the medical chart.
- All services provided to the member must be provided by SoonerCare contracted providers.

DUPLICATE BILLING ERROR

- You can only bill a member once per day for the same procedure code with the same rendering provider. If a RBT renders services at two different times in a day, then only one claim can be filed for that day by that rendering provider.
- List all units billed for that day on one claim. Your progress notes/documentation that you keep with the member's chart will need to indicate the different times spent that day with the member to account for the units billed.
- ABA services can not be billed while other therapies are being provided (e.g., OT, PT, speech, etc.).

TIMELY FILING

- OHCA requires providers to submit all claims no later than 12 months from the date of service.
- The timely limit for SoonerCare reimbursement is 6 months from the date of service.
- Payment will not be made on claims when more than 6 months have elapsed between the date the service was provided and the date of receipt of the claim by the fiscal agent.

RESOLUTION OF CLAIM PAYMENT

If a provider submits a claim and it's been adjudicated by OHCA, a provider may resubmit the claim under the following rules:

- The provider must have submitted the claim initially under the timely filing requirements found at OAC 317:30-3-11.
- For dates of service provided on or after July 1, 2015, the provider's resubmission of the claim must be received by OHCA no later than 12 months from the date of service. The only exceptions to the 12-month resubmission claim deadline are the following:

  (1) Administrative agency corrective action or agency actions taken to resolve a dispute; or

  (2) Reversal of the eligibility determination; or

  (3) Investigation for fraud or abuse of the provider; or

  (4) Court order or hearing decision.

REFERENCES

- Applied behavioral analysis services: OHCA policies and rules.
- ABA network adequacy questionnaire located under Forms.
- OHCA policy on telehealth.
- OHCA policy on timely filing.
- OHCA policy on resolution of claim payment.
- OHCA policy on record retention.
- ABA forms and CPT codes located on the EPSDT webpage under Forms.

OKLAHOMA
Health Care Authority

GET IN TOUCH

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oklahoma.gov/ohca
mysoonercare.org

Agency: 405-522-7300
Helpline: 800-987-7767