



BEHAVIORAL HEALTH/ABA SERVICES

How is a BCaBA supposed to provide supervision to RBTS as allowed by the board if 97155 cannot be billed?

BCaBAs can provide 97155, all documentation must be signed off by a BCBA for supervision purposes.

How is a BCaBA supposed to provide supervision to RBTS as allowed by the board if they cannot bill 97155? Can you bill 97153 simultaneously as the RBT the BCaBA is overseeing?

BCaBAs can provide 97155, all documentation must be signed off by a BCBA. Concurrent billing of 97153, 97155, and 97156 is now available effective Sept. 1, 2022. Please see OHCA rules 317:30-5-316. Reimbursement methodology.

Providers may only concurrently bill current Procedural Terminology (CPT) codes when they outline in the prior authorization the following criteria:

The BCBA or licensed psychologist met with the member and/or parent or guardian and directed the RBT through one (1) or more of the following:

- i. Monitoring treatment integrity to ensure satisfactory implementation of treatment protocols.*
- ii. Directing RBT staff and/or caregivers in the implementation of new or revised treatment protocols.*
- iii. Selection and development of treatment goals, protocols, and data collection systems.*
- iv. Collaboration with family members and other stakeholders.*
- v. Creating materials, gathering materials.*
- vi. Reviewing data to make adjustments to treatment protocols; and/or*
- vii. Development and oversight of transition and discharge planning.*



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

oklahoma.gov/ohca
mysoonerCare.org



PHONE

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



If the BCBA is still directly working with our clients utilizing 97155, then how is a BCaBA to be utilized within this 97155?

It would need to either be the BCBA working with the client or the BCaBA, both cannot bill for the same service. If it is the BCaBA then all documentation must be signed off by a BCBA for supervision purposes.

Who is allowed to bill the CPT code 97151?

Only the BCBA is allowed to bill the 97151 code.

Can a provider appeal on behalf of the member?

The appeal process must be initiated by the member, not the provider. OHCA policy regarding member appeals is 317:2-1-2 (a) and (b). OHCA policy outlining provider appeals can be found in 317:2-1-2 (c) and (d)(2).



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