



California ABA BCBA Superbills

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8135 Painter Ave Suite 200
Whittier, CA 90602
Tax ID

P: 562-698-6600
F: 562-698-6613
30-0160513

Submit to: caABAbilling@achievebeyondusa.com

Insurance:

Aetna

Patient Name: _____

ABA SERVICES	CODES	UNITS	
Behavior Identification Assessment	0359T		Date of Service: _____ Start Time: _____ AM / PM (Circle One) End Time: _____ AM / PM (Circle One) Location: HOME / OFFICE / SCHOOL / COMMUNITY (Circle One)
Follow-up Assessment-observational	0360T/0361T		
Follow-up Assessment-servere PB	0362T/0363T		
Direct ABA by BCBA	0364T/0365T		
Direct Supervision-adaptive behavior	0368T/0369T		
Direct Supervision-severe PB	0373T/0374T		
Family Training (per visit)	0370T		
Social Skills Group (per visit)	0372T		
Cancelled by Parent/Provider (please list reason below)	CA		
*1 unit=30 minutes example: 3 hours would be equivalent to 6 units			

Session Activities	
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Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Board Certified Behavior Analyst Name: _____

Board Certified Behavior Analyst Signature + Credentials: _____

Authorized Provider Name: _____

Authorized Provider Signature + Credentials: _____



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Insurance:

Anthem Blue Cross

Patient Name: _____

ABA SERVICES	CODES	UNITS	
Behavior Identification Assessment	0359T		Date of Service: _____ Start Time: _____ AM / PM (Circle One) End Time: _____ AM / PM (Circle One) Location: HOME / OFFICE / SCHOOL / COMMUNITY (Circle One)
Follow-up Assessment-observational	0360T/0361T		
Follow-up Assessment-servere PB	0362T/0363T		
Direct ABA by BCBA	0364T/0365T		
Direct Supervision-adaptive behavior	0368T/0369T		
Direct Supervision-severe PB	0373T/0374T		
Family Training (per visit)	0370T		
Social Skills Group (per visit)	0372T		
Cancelled by Parent/Provider (please list reason below)	CA		
*1 unit=30 minutes example: 3 hours would be equivalent to 6 units			

Session Activities	
--------------------	--

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Board Certified Behavior Analyst Name: _____

Board Certified Behavior Analyst Signature + Credentials: _____

Authorized Provider Name: _____

Authorized Provider Signature + Credentials: _____



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Insurance:

Beacon Health Services

Patient Name: _____

ABA SERVICES	CODES	UNITS	
Behavior Identification Assessment	0359T		Date of Service: _____ Start Time: _____ AM / PM (Circle One) End Time: _____ AM / PM (Circle One) Location: HOME / OFFICE / SCHOOL / COMMUNITY (Circle One)
Follow-up Assessment-observational	0360T/0361T		
Follow-up Assessment-severe PB	0362T/0363T		
Direct ABA by BCBA	0364T/0365T		
Direct Supervision-adaptive behavior	0368T/0369T		
Direct Supervision-severe PB	0373T/0374T		
Family Training (per visit)	0370T		
Social Skills Group (per visit)	0372T		
Cancelled by Parent/Provider (please list reason below)	CA		
*1 unit=30 minutes example: 3 hours would be equivalent to 6 units			

Session Activities	
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Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Board Certified Behavior Analyst Name: _____

Board Certified Behavior Analyst Signature + Credentials: _____

Authorized Provider Name: _____

Authorized Provider Signature + Credentials: _____



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Insurance:

Cigna

Patient Name: _____

ABA SERVICES	CODES	UNITS	
Behavior Identification Assessment	0359T		Date of Service: _____ Start Time: _____ AM / PM <small>(Circle One)</small> End Time: _____ AM / PM <small>(Circle One)</small> Location: HOME / OFFICE / SCHOOL / COMMUNITY <small>(Circle One)</small>
Follow-up Assessment-observational	0360T/0361T		
Direct ABA by BCBA	0364T/0365T		
Direct Supervision-adaptive behavior	0368T/0369T		
Family Training (per visit)	0370T		
Social Skills Group (per visit)	0372T		
Supervision (Indirect)	G9012		
Cancelled by Parent/Provider (please list reason below)	CA		
*1 unit=30 minutes example: 3 hours would be equivalent to 6 units			

Session Activities	
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Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Board Certified Behavior Analyst Name: _____

Board Certified Behavior Analyst Signature + Credentials: _____

Authorized Provider Name: _____

Authorized Provider Signature + Credentials: _____



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Magellan

Patient Name: _____

ABA SERVICES	CODES	UNITS	
Assessment (15 min units)	H0031 HP		Date of Service: _____ Start Time: _____ AM / PM <small>(Circle One)</small> End Time: _____ AM / PM <small>(Circle One)</small> Location: HOME / OFFICE / SCHOOL / COMMUNITY <small>(Circle One)</small>
Supervision (Direct or Indirect) (15 min units)	H0032 HP		
ABA Therapy by BCBA (15 min units)	H2019 HP		
Family Training (15 min units)	S5110 HP		
Social Skills Group (15 min units)	H2014 HP/HQ		
Cancelled by Parent/Provider (please list reason below)	CA		
<small>*1 unit=15 minutes example: 1 hour would be equivalent to 4 units</small>			

Session Activities	
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Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Board Certified Behavior Analyst Name: _____

Board Certified Behavior Analyst Signature + Credentials: _____

Authorized Provider Name: _____

Authorized Provider Name Signature + Credentials: _____



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Insurance:

Private

Patient Name: _____

ABA SERVICES	CODES	HOURS		
Assessment	BA001		Date of Service: _____	
Supervision (Direct/Indirect/Team Meeting)	BA005			
ABA Therapy by BCBA	BA003			
Cancelled by Parent/Provider (please list reason below)	CA		Start Time: _____	AM / PM (Circle One)
			End Time: _____	AM / PM (Circle One)
			Location: HOME / OFFICE / SCHOOL / COMMUNITY (Circle One)	

Session Activities	
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Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Board Certified Behavior Analyst Name: _____

Board Certified Behavior Analyst Signature + Credentials: _____