ACHIEVE BEYOND
Pediatric Therapy & Autism Services

# California ABA

# BT Superbills

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ACHIEVE BEYOND
Pediatric Therapy & Autism Services

**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 |
|---|---|---|
| Direct ABA by Behavior Therapist | 0364T/0365T | |
| Cancelled by Parent/Provider (please list reason below) | CA | |
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |

*1 unit=30 minutes
example: 3 hours would be equivalent to 6 units

**Date of Service:** _____

**Start Time:** _____ AM / PM (Circle One)

**End Time:** _____ AM / PM (Circle One)

**Location:** HOME / OFFICE / SCHOOL / COMMUNITY (Circle One)

| | |
|---|---|
| Session Activities | |

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Behavior Therapist Name: _____

Behavior Therapist Signature: _____

Board Certified Behavior Analyst Name: _____

Board Certified Behavior Analyst Signature + Credentials: _____

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Insurance:

# Anthem Blue Cross

**Patient Name:** _____

| ABA SERVICES | CODES | UNITS |
|---|---|---|
| Direct ABA by Behavior Therapist | 0364T/0365T | |
| Cancelled by Parent/Provider (please list reason below) | CA | |
| | | |
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*1 unit=30 minutes
example: 3 hours would be equivalent to 6 units

**Date of Service:** _____

**Start Time:** _____ AM / PM (Circle One)

**End Time:** _____ AM / PM (Circle One)

**Location:** HOME / OFFICE / SCHOOL / COMMUNITY (Circle One)

| | |
|---|---|
| Session Activities | |

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Behavior Therapist Name: _____

Behavior Therapist Signature: _____

Board Certified Behavior Analyst Name: _____

Board Certified Behavior Analyst Signature + Credentials: _____

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Insurance:

# Beacon Health Services

**Patient Name:** _____

| ABA SERVICES | CODES | UNITS |
|---|---|---|
| Direct ABA by Behavior Therapist | 0364T/0365T | |
| Cancelled by Parent/Provider (please list reason below) | CA | |
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*1 unit=30 minutes
example: 3 hours would be equivalent to 6 units

**Date of Service:** _____

**Start Time:** _____ AM / PM (Circle One)

**End Time:** _____ AM / PM (Circle One)

**Location:** HOME / OFFICE / SCHOOL / COMMUNITY (Circle One)

| | |
|---|---|
| Session Activities | |

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Behavior Therapist Name: _____

Behavior Therapist Signature: _____

Board Certified Behavior Analyst Name: _____

Board Certified Behavior Analyst Signature + Credentials: _____

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Insurance:

# Cigna

**Patient Name:** _____

| ABA SERVICES | CODES | UNITS |
|---|---|---|
| ABA Therapy by Behavior Therapist (30 min units) | 0364T/0365T | |
| Cancelled by Parent/Provider (please list reason below) | CA | |
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*1 unit=30 minutes
example: 3 hours would be equivalent to 6 units

**Date of Service:** _____

**Start Time:** _____ AM / PM (Circle One)

**End Time:** _____ AM / PM (Circle One)

**Location:** HOME / OFFICE / SCHOOL / COMMUNITY (Circle One)

| | |
|---|---|
| Session Activities | |

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Behavior Therapist Name: _____

Behavior Therapist Signature: _____

Board Certified Behavior Analyst Name: _____

Board Certified Behavior Analyst Signature + Credentials: _____

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Insurance:

# Magellan

**Patient Name:** _____

| ABA SERVICES | CODES | HOURS |
|---|---|---|
| ABA Therapy by Behavior Therapist (15 min units) | H2019 HM | |
| Cancelled by Parent/Provider (please list reason below) | CA | |
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*1 unit=15 minutes
example: 1 hours would be equivalent to 4 units

**Date of Service:** _____

**Start Time:** _____ AM / PM (Circle One)

**End Time:** _____ AM / PM (Circle One)

**Location:** HOME / OFFICE / SCHOOL / COMMUNITY (Circle One)

| | |
|---|---|
| Session Activities | |

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Behavior Therapist Name: _____

Behavior Therapist Signature: _____

Board Certified Behavior Analyst Name: _____

Board Certified Behavior Analyst Signature + Credentials: _____

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Insurance:

# Private

**Patient Name:** _____

| ABA SERVICES | CODES | HOURS |
|---|---|---|
| ABA Therapy by Behavioral Therapist | BA006 | |
| Cancelled by Parent/Provider (please list reason below) | CA | |
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**Date of Service:** _____

**Start Time:** _____ AM / PM (Circle One)

**End Time:** _____ AM / PM (Circle One)

**Location:** HOME / OFFICE / SCHOOL / COMMUNITY (Circle One)

| | |
|---|---|
| Session Activities | |

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Behavior Therapist Name: _____

Behavior Therapist Signature: _____

Board Certified Behavior Analyst Name: _____

Board Certified Behavior Analyst Signature + Credentials: _____

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# Team Meeting Sign In Sheet

Technician: _____

Client: _____

Month: _____

| Date | Time In | Time Out | Purpose | BCBA Signature |
|---|---|---|---|---|
| | | | | |

Team Meeting Policy:

A 2 Hour Team Meeting will take place on a case by case basis for clients that have two or more BTs. Team Meetings must occur during the client's normal session hours, so that one BT uses a client Superbill for ABA and the other uses this form to document the 2 hour meeting. The supervising BCBA will sign this form. The BT will submit this document with their Superbills during the respective pay period and will be reimbursed for the meeting at their hourly rate.

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# ABA Training Hours

BT: _____

| Date | Time in | Time Out | Training Topic | Trainer Signature | # of Hours |
|---|---|---|---|---|---|
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| | | | | **Total # of Hours** | |