ABA Insurance Verification Call Checklist

Every question to ask on a benefits-verification call, in order. Works for any payer — commercial or Medicaid. Run it within 24–48 hours of first contact, before the family ages in your queue.

Family / child _____ **Date** _____

Payer & phone _____ **Rep name & call reference #** _____

1 · COVERAGE BASICS

- ☐ **Active coverage?** Effective date, termination date if pending.
- ☐ **Does the plan cover ABA / adaptive behavior services** for the member's diagnosis (ICD-10 F84.x)?
- ☐ **Plan funding type:** fully insured or self-funded (ERISA)? State of issue? (Determines which state mandates apply.)
- ☐ **Are we in network?** If OON: benefits, gap exceptions, single-case agreements.
- ☐ **Secondary coverage?** Coordination of benefits order.

2 · COST SHARING

- ☐ **Deductible:** individual/family, amount met to date.
- ☐ **Copay or coinsurance** per visit / per service line.
- ☐ **Out-of-pocket max** and amount met.
- ☐ **Any visit, hour, dollar, or age limits?** (If a dollar/age cap is cited on a large-group plan, flag for a parity review — MHPAEA.)

3 · AUTHORIZATION REQUIREMENTS

- ☐ **Is PA required for the assessment** (97151/97152)? Some payers (e.g., Cigna) waive it.
- ☐ **Is PA required for treatment?** Which form / portal / fax?
- ☐ **What must be submitted?** Diagnosis report, treatment plan, standardized assessment (which tools, how recent), LMN.
- ☐ **Authorization period** (6 months? 4–6?) and typical turnaround time.
- ☐ **Retro-authorization rules** — grace window after start of service?

4 · CODES & DELIVERY

- ☐ **Confirm covered codes:** 97151–97158, 0362T, 0373T — any exclusions?
- ☐ **Required modifiers** (practitioner level, setting, telehealth).
- ☐ **Telehealth covered?** Which codes; any attestation required?
- ☐ **Place-of-service rules:** home, center, school, community.
- ☐ **Concurrent-therapy rules** — ABA at the same time as speech/OT?

5 · BEFORE YOU HANG UP

- ☐ **Read back your summary** and get verbal confirmation.
- ☐ **Record the reference number,** rep name, date, and time.
- ☐ **Note the disclaimer** ("quote of benefits is not a guarantee of payment") in the family's file.
- ☐ **Tell the family the result** the same day — verified, pending, or not covered, with next steps.