To:	BHT/QASP Providers
From:	Provider Relations
Date:	September 16, 2025
Subject:	**BHT Provider FAQs**

To assist you in caring for our members, please reference the FAQs below.

<u>**IEHP Treatment Plan Requirements**</u>

1. **What needs to be included in the treatment plan?**
    All 11 elements of All Plan Letter (APL) 23-010 need to be included in the treatment plan for approval. Please see the ABA (BHT) 6-Month and Exit Progress Report template for treatment plan requirements.

    [IEHP - Resources : Resources for Providers : Forms](#)

2. **What are the requirements for an addendum?**
    Addendums require a fully updated treatment plan with the request for an increase in hours. Additionally, you must only request the additional units/visits needed for the remainder of the authorization period.

3. **What is the criteria for an expedited request?**

    An expedited priority is only appropriate when processing an authorization under standard timeframes could result in loss of life or limb, or could delay a transition from an acute, long-term care or skilled nursing transfer to a lower level of care.

4. **How is a redirection of ABA services requested?**

    The Provider would submit the request via the Provider Portal under BH Referral Request and note in the special instructions/comments box that the request is a redirection to another BHT/ABA provider and input code H0031 for 40 units.

5. **How do Providers resubmit missing or updated documents when requested by IEHP?**

    If IEHP requests an updated treatment plan during authorization review, the BHT Provider will submit a revised treatment plan via fax to the BH Fax line at 909-890-5763.

<u>**BHT HCPC Codes:**</u>

1. **Where do I include my request for hours/units of treatment?**

The request for hours/units must be included in the webform and in the recommendation section of the report. The hours/units must match both in the webform and the report.

2. **Where do we provide parent training that is not in a group?**

   Supervision hours are included in codes H0032 and H0032-HO/HP.

3. **Is the supervision ratio for both the social skills (H2014) and direct service (H2019) codes the same? For example, if the client has 10 hours of H2019 per week and 6 hours of H2014 per week, we would request 20% supervision based on those hours.**

   Yes.

4. **Is it correct to bill our mid-level with H0032 with no modifier?**
   Yes.

5. **Is S5111 requested in units or in visits?**

   S5111 is a visit code. It may not be requested in units.

6. **The S511 code is only for group Parent training?**

   Yes, HCPC code S5111 is for multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers.

7. **Is H0032 then limited to 20% if it includes Parent training?**

   No, the general standard of care is 2 hours for every 10 hours of direct treatment. The request for hours over the standard should include clinical justification such as sufficient goals, data on progress and behaviors, barriers and any relevant information to support the request. This information should be included in the treatment plan.

8. **How many clients qualify for "group" social skills with H2014?**

   Two or more Members.

9. **Does the 20% limit apply as a combined limit for H0032 & H0032-HO?**

   Yes, the 20% ratio applies to both codes H0032 and H0032-HO, with no limit.

10. **Can a behavior technician (non-master's) bill for H2014?**

   Yes, all levels may render H2014.

11. **For S5111 would two parents residing in the same home be considered a group for billing purposes?**

   No, the code is for multiple sets of guardians/caregivers.

12. **Can the supervisor bill the same code H0032 more than once a day?**

   Yes, direct and indirect billing can be arranged. Documentation of services rendered is required for both sessions.

13. **Can we bill S5111 for more than 1 session per day?**
    No.

14. **For code S5111, what if it is scheduled as group and only one family attends?**

   The session may proceed, and documentation must contain what was conducted in the session.

15. **When conducting new assessments, how are these additional hours taken into consideration if they go past the 20%?**

   The supervision hours encompass part of the treatment plan development. Clinical justification for the recommendation of supervision hours must be included in the treatment plan.

16. **If the member is graduating from services, should we submit an exit report with progress or an exit report?**

   Yes. Providers should submit an exit report with progress from the reporting period, as applicable.

17. **Under the CPT code H0032 (no modifier), it says mid-tier supervision by a non-certified/non-licensed master's, BA enrolled in the BCBA program. How many units does the provider need in the BCBA program to bill under the H0032 (no modifier) code?**

   12 units in an Applied Behavior Analysis Program. Please reference State Plan Amendment (SPA) 14-026 for Provider descriptions.

18. **What do we do if the family has not responded to start the assessment (H0031) and we need to redirect a Member? For example, the webform requires that we select "verified member signed the required release of information" and the next section "discussed referral with Member who is in agreement." We do not have the option to select no. This is sending false information if we were unable to communicate with the family before redirection.**

   You may add any additional notes or comments to the free text in the web form, as applicable. You may add any barriers to this section.

19. **Are we able to offer school-based services in a private or charter school setting?**

Yes, if there is prior authorization from IEHP and the school agrees.

20. **Can a BCaBA bill for services or do they have to bill under the BCBA?**

BCaBA can bill under codes H0032, H2019 and H2014.

21. **How should all referral requests be submitted, and is there a specific contact that providers should reach out to for this?**

All authorizations go through the provider portal. For updates on availability and if providers are accepting Members, please email your availability to dgbhtauthteam@iehp.org

22. **Can H0032 provide parent training or only H0032-HO (BCBAs)?**

Parent training can be provided under both codes H0032 and H0032-HO/HP.

23. **What is considered 12 units of ABA for a BA-level staff member to be able to bill H0032?**

Bachelor of Arts or Science degree and has twelve semester units in Applied Behavior Analysis (ABA) and one year of experience in designing and/or implementing behavior modification intervention services. Please refer to the [State Plan Amendment (SPA) 14-026.](#)

24. **Does H2019 need to be billed at the same time as direct H0032? Or could the mid-tier/BCBA see the client directly and bill direct H0032 without an RBT present?**

No, the codes may be billed separately. H2019 is the direct service code to be billed by the provider working with the Member directly. H0032 and H0032-HO is used to bill for supervision or parent training.

25. **Do we still have to submit the School Behavioral Health Treatment Services Request Form for school services?**

No, you may include your request for school services in the treatment plan. Please see the updated treatment plan template under ABA Therapy (ABA (BHT) 6-Month and Exit Progress Report Template)

[IEHP - Resources : Resources for Providers : Forms](#)

26. **Can a BCBA or the mid-tier supervisor bill between the H0032 and the H0032-HO if a case goes from three-tiered to two-tiered?**

No, all BHT services require prior authorization. If the rendering provider changes, you must request an addendum to add the code.