



ABA Therapy Billing Example

Navigating the world of insurance can be very complicated. Due to these challenges, Carolina Therapeutics, PLLC, provides families with as much information as possible prior to beginning ABA Therapy services.

ABA Therapy is a service unlike most other therapy services due to the significant time commitment required and the variety of providers involved. We have provided you with a Letter of Financial Responsibility which outlines the cost of services according to your individual health plan. We have also provided the definitions for important terms that your insurance company and our billing team use in order to ensure that you are aware of your personal financial obligations in accepting and receiving ABA Therapy services. Should you have any questions about these definitions, or your financial obligations as indicated within your Letter of Financial Responsibility, please contact our office and speak with our billing team.

To further assist you in understanding your financial obligations in receiving ABA Therapy services, below is an example of what typical ABA Therapy charges may be on a weekly basis:

Please note that this is only an example and does NOT reflect your individual financial obligations for ABA Therapy Services

Example Policy:

- **In-network**
- **Deductible: \$1,000.00 met / \$2,000.00 total**
- **No Copayment**
- **Coinsurance of 20%**
- **Out-of-pocket maximum is \$1,000.00 met / \$5,000.00 total**
- **Services covered at 100% After meeting the total out-of-pocket maximum**

1st Week of ABA Therapy Scenario: Your child just received their ABA Therapy evaluation, and this is the first week of full-time ABA Therapy. Your child has been approved by your health insurance carrier and is seen for ABA Therapy by a Registered Behavior Technician for a total of 25 hours per week and the BCBA provides Program Modification for 1 hour per week. The BCBA also provides Family Treatment Guidance for 1 hour per week.

What This Means:

- According to the contracted rate for ABA Therapy services:
 - 25 hours of ABA Therapy x \$50.00 = \$1,250.00
 - 1 hour of Program Modification = \$75.00



- 1 hour of Family Treatment Guidance = \$75.00
- Total charges for the 1st week of ABA Therapy services = \$1,400.00
- However, according to your plan:
 - You will have to pay \$1,000.00 to meet your current deductible
 - You are then required to pay coinsurance of 20% of the remaining balance (20% of \$400.00 = \$80.00)
- Amount owed by you for the 1st week of ABA Therapy services: **\$1,080.00**

2nd Week of ABA Therapy Scenario: Your child starts the second week of ABA Therapy. The therapy schedule remains the same as the first week.

What Your Next Invoice Will Look Like:

- Because you met your deductible during the first week of ABA Therapy, you are now only charged 20% of the total contracted rate, which is 20% of \$1,400.00 = **\$240.00 per week**.
- You have now paid a total of \$2,320.00 of your total out-of-pocket maximum of \$5,000.00.

After 12 more weeks of ABA Therapy at the rate of \$240.00 per week, assuming that you incur no other expenses from other healthcare providers unrelated to ABA Therapy, you will have met your out-of-pocket maximum, and thereafter your health insurance carrier will pay for all remaining ABA Therapy services until your deductible resets, which usually occurs at the beginning of the year.

We hope that you have found this ABA Therapy Billing Example helpful. If you have any questions regarding this example or your Letter of Financial Responsibility, please contact our office and ask to speak with our billing team.