

ABA Billing Proposal Checklist

30 questions to ask an ABA billing company before you sign. Write each company's answer in its column. If an answer is not in the written proposal, treat it as not agreed. A blank is not a zero. If your practice is covered by HIPAA, have a signed business associate agreement before you share client health information.

#	Question	Company A	Company B
1. Fit			
1	Do you bill for ABA practices in my state today? Which Medicaid plans and commercial plans, by name?		
2	Do you work in my current software? For how many ABA clients?		
3	If I must move to your software, what does it cost each month, and who counts as a paid user?		
4	Who moves my data, and what does that cost?		
2. The fee			
5	What is the percentage or flat fee?		
6	What is it charged on: insurance payments only, family payments too, or billed charges?		
7	Is there a monthly minimum or base fee? Is it a floor, or an extra charge?		
8	Is pricing ever per claim in my state?		
9	What else can show up on the invoice: setup, clearinghouse, claim fees, statements, postage, training?		
3. Who does the work			
10	Who checks benefits before a client starts?		
11	Who sends the first authorization request, and who sends renewals?		
12	Who tracks units used against each authorization? Does the count include sessions not billed yet?		
13	Is credentialing and payer enrollment included? For how many payers and clinicians? If not, what is the price?		
14	Who picks and corrects codes and modifiers? What do you send back to my team to fix?		
15	Who bills families and follows up on unpaid family balances?		
4. Before a claim goes out			
16	What do you check in a session note before billing?		
17	How do you catch overlapping sessions or the wrong rendering provider?		

4. Before a claim goes out (continued)

#	Question	Company A	Company B
18	Can I see sessions that are held and not billed, and the reason for each?		
5. The January 1, 2027 code change			
19	Which of my payers have said they will take the new codes on January 1, 2027? Which have not said?		
20	What happens to authorizations that start in 2026 and run into 2027?		
21	Who updates my rates and fee schedules for the six new codes?		
22	How will you distinguish BCBA work under 97155 and 97173, and document and report 97180 time?		
6. Reports and contact			
23	What reports will I get, and how often? Can I see a sample?		
24	Can I see every claim's status myself, at any time?		
25	Who is my named contact, who covers for them, and how fast do you answer?		
7. Starting			
26	How long from signing to the first claim, and what do you need from me?		
27	Who works the unpaid claims from before the switch, and at what rate?		
8. Leaving			
28	What is the term? Does it renew on its own? How much notice do I give?		
29	Are there exit charges, or fees on payments that arrive after I leave?		
30	What data do I get when I leave, in what format? Who keeps the payer portal and clearinghouse logins?		