Applied Behavior Analysis Services

Reimbursement Policy ID: RPC.0144.7100

Recent review date: 06/2026

Next review date: 04/2027

AmeriHealth Caritas Delaware reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Delaware may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy describes the appropriate coding and reimbursement guidelines for Applied Behavior Analysis (ABA) assessment and intervention services for Autism Spectrum Disorder (ASD), including CPT codes 97151–97158, when reported by a licensed Qualified Health Care Professional (QHP) or by supervised auxiliary personnel in accordance with applicable guidelines for members **under age 21.**

Exceptions

N/A

Reimbursement Guidelines

Billing Applied Behavior Analysis (ABA) Services
Providers must bill Applied Behavior Analysis (ABA) services using the appropriate CPT codes, ICD-10 diagnosis codes and applicable modifiers in accordance with CPT, HCPCS, CMS guidelines, applicable state Medicaid requirements, and plan policy. Claims must accurately reflect the service rendered, the qualifications of the rendering provider, and any required supervision. Services furnished by auxiliary personnel must be billed under the direction and supervision of a licensed Qualified Health Care Professional (QHP), with documentation supporting the reported services, units, and modifier usage.

CPT Code	Description	Modifier
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	HN, HO, HP
97152*	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	HN, HO, HP, and no modifier
97153*	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	HN, HO, HP, and no modifier
97154*	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	HN, HO, HP, and no modifier
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	HN, HO, HP
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	HN, HO, HP
97157	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, each 15 minutes	HN, HO, HP

97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	HN, HO, HP

Modifiers are required to appropriately report Applied Behavior Analysis (ABA) services described in this policy.

Modifiers are used to identify circumstances such as the role of the rendering provider, supervision requirements, service delivery distinctions, or other factors that may affect reimbursement. The use of a modifier does not, by itself, indicate coverage or guarantee reimbursement.

Claims submitted without required or appropriate modifiers, or with modifiers that are inconsistent with the reported service, provider type, or scope of practice, may be denied, regardless of prior authorization.

Modifier Reference Table

Modifier	Description
HO	The approved rendering provider for this modifier is a master's level clinician – Board Certified Behavior Analyst (BCBA) or a licensed mental health provider.
HN	The approved rendering provider for this modifier is of a bachelor's level is a Board-Certified Assistant Behavior Analyst (BCaba)
HP	The approved rendering provider for this modifier is a doctorate level clinician - Board Certified Behavior Analyst-Doctorate (BCBA-D) or a licensed mental health provider.
No Modifier	The approved rendering provider for this modifier is defined as less than a bachelor's degree level - a Registered Behavior Technician (RBT)

Reimbursement calculation for modifiers are:

- HP/HO 100% of prevailing rate
- HN 85% of prevailing rate

Summary of Timed Unit Calculation
Treatment codes are billed based on the total daily time spent providing services, calculated in 15-minute increments.

Covered Diagnosis Codes
Applied Behavior Analysis (ABA) services are typically reported for members with a diagnosis within the Autism Spectrum Disorder classification, including ICD-10-CM diagnosis codes F84.0–F84.9.

Documentation Requirements
Medical record documentation must support the medical necessity of Applied Behavior Analysis (ABA) services and the services billed. Documentation must include, but is not limited to, the service rendered, the CPT code and units reported, the qualifications of the rendering provider, and supervision and oversight requirements, when applicable. Documentation must be maintained in accordance with applicable record-retention requirements and made available upon request. Failure to provide adequate documentation may result in claim denial or recoupment.

Prior Authorization Requirements
Prior authorization is required for all Applied Behavior Analysis (ABA) services. Authorization must be obtained in accordance with applicable plan policy, state Medicaid requirements, and provider contract terms. Services

rendered without the required prior authorization, or that exceed the scope, duration, or units authorized, may be denied or reimbursed at a reduced rate. Prior authorization does not guarantee coverage or reimbursement.

*Services furnished by auxiliary personnel do not require a modifier when provided under the direction and supervision of a QHP and billed in accordance with applicable coding guidelines, regulatory requirements, and plan policy. Program oversight, supervision, and protocol modification services must be reported using the appropriate CPT codes and modifiers, as applicable. Technician services are paid the same prevailing fee regardless of level of education.

Definitions

Autism Spectrum Disorder
Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by deficits in social communication and the presence of restricted interests and repetitive behaviors.

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10).
III. The National Correct Coding Initiative (NCCI).
IV. https://regulations.delaware.gov/AdminCode/title16/2102

Attachments

N/A

Associated Policies

N/A

Policy History

06/2026	Reimbursement Policy Committee Approval
04/2025	Revised preamble
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas Delaware from Policy History section
01/2023	Template Revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section