

Applied Behavior Analysis Provider Resource Guide

This Resource Guide contains important information regarding key administrative requirements, policies and procedures to assist in understanding the requirements for Adaptive Behavior Treatment, especially Applied Behavior Analysis (ABA) services. This Resource Guide is to provide information that will better assist with appropriate and expected billing and documentation.

This Resource Guide is not intended to be a complete catalog of all Anthem policies and procedures. Other policies and procedures not included in this Resource Guide may be posted on the Anthem website or published in specially targeted communications, including but not limited to bulletins and newsletters. This Resource Guide does not contain legal, tax or medical advice. Care provider partners should consult their advisors for advice on these topics.



Applied Behavior Analysis (ABA) Provider Resource Guide

Topics and resources

Certifications, credentialing, and licensing	3
Correct coding	3
Adaptive Behavior Services – Category I Codes.....	3
Adaptive Behavior Assessments and Treatment – Category III Codes	4
Definitions.....	4
Supervision.....	6
Claim submission	6
CMS-1500 Field 31.....	6
Reporting timed units	6
Place of service (POS)	6
Record documentation.....	7
Treatment plans	8
Telehealth/virtual visits.....	8
National Correct Coding Initiative (NCCI) - Medically unlikely edits (MUE)	8

Anthem Blue Cross and Blue Shield is the trade name of: In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc. and Anthem HealthChoice HMO, Inc. In these same counties, Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC and Anthem Blue Cross and Blue Shield Retiree Solutions is the trade name of Anthem Insurance Companies, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. Anthem Blue Cross and Blue Shield and its affiliate Healthkeepers, Inc. serve all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Certifications, credentialing, and licensing

Adaptive behavior assessment and treatment services are used to treat autism spectrum disorder through scheduled therapeutic appointments between the approved provider and the patient. Approved service providers include psychiatrists (MDs), psychologists (PhDs), licensed clinical social workers (LCSWs), licensed professional counselors (LPCs), licensed marriage and family therapists (LMFTs) with special training and/or experience in applied behavior analysis, Board Certified Behavior Analysts (BCBA/BCBA-D), providers practicing under the direction and supervision of the BCBA, and other mental health service providers licensed or authorized by the state in which they practice and recognized by the affiliated health plan Anthem to be eligible for reimbursement.

For more information on our certification, credentialing, and licensing requirements for all providers, visit [Credentialing with Anthem](#). Select the appropriate state to ensure you are viewing state-specific credentialing information.

Correct coding

You must follow proper billing and submission guidelines. You are required to use industry-standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or Revenue codes. The codes denote the services and/or procedures performed. Note: Please review your provider contract for any specific billing and submission requirements.

Adaptive Behavior Services – Category I Codes¹

These codes represent established and recognized adaptive behavior services such as assessments, individual and group interventions, and family-based interventions.

Code	Rate	Description
97151	per 15-Minutes	Behavior Identification Assessment - Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other qualified healthcare 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.
97152	per 15-Minutes	Behavior Identification-Supporting Assessment - administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 minutes.
97153	per 15-Minutes	Adaptive Behavior Treatment by Protocol – Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, each 15 minutes
97154	per 15-Minutes	Group Adaptive Behavior Treatment by Protocol - administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with two or more patients, each 15 minutes

¹ CPT copyright 2023 American Medical Association. All rights reserved.

97155	per 15-Minutes	Adaptive Behavior Treatment with Protocol Modification - Adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
97156	per 15-Minutes	Family Adaptive Behavior Treatment Guidance - administered by physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
97157	per 15-Minutes	Multiple Family Group Adaptive Behavior Treatment Guidance - administered by physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
97158	per 15-Minutes	Group Adaptive Behavior Treatment Protocol - administered by physician or other qualified healthcare professional, face-to-face with multiple patients, each 15 minutes

Adaptive Behavior Assessments and Treatment – Category III Codes²

These codes represent ABT therapy services:

Code	Rate	Description
0362T	Per 15-min	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified healthcare professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.
0373T	Per 15-min	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified healthcare professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.

Note: Refer to your provider contract and the member's health benefit plan for specific code coverage rules.

Definitions

These definitions are provided as informational when trying to determine the appropriate code to use.

Term	Definition
Applied Behavior Analysis (ABA)	Involves applying scientific principles and procedures discovered through basic and applied research to improve socially important behaviors to a meaningful degree. <i>When designed and overseen by qualified professionals, ABA treatments have proved effective for ameliorating symptoms, developing adaptive behaviors, and reducing</i>

² CPT copyright 2023 American Medical Association. All rights reserved.

	<i>maladaptive behaviors so as to enhance healthy, successful functioning and prevent deterioration and regression in patients with disorders that arise during the developmental period. Those include but are not limited to autism spectrum disorder, intellectual and other developmental disabilities, attention-deficit/hyperactivity disorder, brain injuries and diseases, movement disorders, feeding disorders, and behavior disorders. Examples of adaptive behaviors include social, communication, cognitive, leisure, self-care, daily living, vocational, and personal safety skills. Maladaptive behaviors that have been treated effectively with ABA procedures include self-injury, property destruction, pica (ingesting inedible items), aggression, elopement (wandering), obsessive behaviors, hyperactivity, and fearful behaviors.</i> ³
Adaptive Behavior Services	Assessments and treatments that address deficient adaptive behaviors, maladaptive behaviors, or other impaired functioning secondary to deficient adaptive or maladaptive behaviors (for example instruction following, verbal and nonverbal communication, imitation, play and leisure, social interactions, self-care, daily living, personal safety) ⁴
Adaptive Behavior Treatment (ABT)	Addresses a patient’s specific target problems and treatment goals as defined by a provider in previous assessments. This treatment is based on principles including analysis and alteration of contextual events and motivating factors, stimulus consequence strategies and replacement behavior, and monitoring of outcome metrics. Goals of adaptive behavior treatment may include reduction of repetitive and aberrant behavior and improved communication and social functioning. Adaptive behavior skill tasks are often broken down into small, measurable units, and the patient practices each skill repeatedly until the skill is mastered. This treatment may take place in multiple sites and social settings. ⁵
Clinical Staff Member	Clinical staff is defined as someone working under the supervision of the physician or other qualified healthcare professional, who is allowed by the law, regulation, and facility policies to perform (and/or, to assist in the performance of) a specific service, but who does not separately report that professional service. For example, a technician.
Group Treatment	The physician or other qualified health care provider conducts a face-to-face group session to assist patients in improving social skills through practice, corrective feedback, and homework assignments, homing in on individual social or behavioral issues. The provider oversees individual needs and makes appropriate adjustments for the group as necessary in real time.
Individual Treatment	Focuses on individual patient social deficits and problem behaviors in the individual face-to-face setting.
Family Guidance	Face-to-face family behavior therapy session(s) with guardian(s)/caregiver(s) that is administered by a physician or other

³ Sourced to the ABA Coding Coalition, “Medical Coverage Policy for Adaptive Behavior Services,” p.2. [Model-Coverage-Policy.pdf](#)

⁴ Sourced to the American Medical Association “Behavioral Health Coding Resource,” p.23. [Behavioral Health Coding Resource | AMA](#)

⁵ Sourced to the AAPC Knowledge Center. “Report ABA Therapy Services with Confidence.” [Report ABA Therapy Services With Confidence - AAPC Knowledge Center](#)

	QHP and involves identifying potential treatment targets and training the guardian(s)/caregiver(s) to implement treatment protocols designed to address deficient, adaptive, or maladaptive behaviors. ⁶
Family	Includes parents, guardians, siblings, and extended family, among others, may be included in various capacities. ⁷
Qualified Healthcare Provider (QHP)	An individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his or her scope of practice and independently reports that professional service. For example, Board Certified Behavior Analyst (BCBA)

Supervision

A physician or other QHP billing for 97155 can only add code 97153 if both the technician and QHP are face-to-face with the patient at the same time and the QHP is directing the technician. Supervised or directed services billed with a QHP-performed procedure are subject to the [Incident To Services and Billing](#) reimbursement policy.

Modifier	Modifier Description	Licensure
HM	Less than bachelor's degree level	Less than bachelor's level counselors
HN	Bachelor's degree level	Bachelor's level counselors
HO	Master's degree level	Master's level counselor

Claim submission

Please follow the correct billing guidelines as outlined by CMS for the [CMS-1500](#) for professional providers.

CMS-1500 Field 31

ABA therapy performed by therapy assistants/behavioral technicians/paraprofessionals must show the supervising BCBA or other QHP in box 31 of the CMS claim form.

CMS for claims submission on a CMS-1500:

Item 31 - Enter the signature of the provider of service or supplier, or their representative, and either the 6-digit date (MM | DD | YY), 8-digit date (MM | DD | CCYY), or alphanumeric date (for example, January 1, 1998), the form was signed.

Reporting timed units

Clearly document in minutes the total treatment time for the 15-minute timed codes to support the number of units and codes billed for each treatment day. Also, document the total active treatment time (including timed and untimed codes) in the patient's medical record. We also require the start and stop times in the record.

Place of service (POS)

POS codes frequently used for ABA services include:

⁶ CPT copyright 2025 American Medical Association. All rights reserved.

⁷ Sourced to The Council of Autism Service Providers ("CASAP"). "Applied Behavior Analysis Practice Guidelines for the Treatment of Autism Spectrum Disorder Guidance for Healthcare Funders, Regulatory Bodies, Service Providers, and Consumers." p. 46. Copyright © 2024 by The Council of Autism Service Providers ("CASAP"). Third Edition.

12 = Home

11 = Office/Clinic

99 = Community

03 = School

10 = Telehealth (member located in home while receiving services)

02 = Telehealth (member located outside of home while receiving services)

Note: Subject to the member's coverage and reviews by the plan. Also, review the Virtual Visits section below for telehealth guidelines.

Record documentation

Per our [Documentation Standards for Episodes of Care](#) reimbursement policy, medical records should contain the below elements.

All documentation for episodes of care be legible to someone other than the writer. Each record must support the services billed and the level of care provided on each unique date. For each episode of care, The Health Plan also requires the following:

- Information identifying the member must be included on each page in the medical record.
- Documentation must be complete and dated. Time must be documented, if applicable.
- Each entry in the medical record must include author identification of the physician or other qualified healthcare provider, which may be a handwritten signature, unique electronic identifier, or initials and rendering provider credentials, as applicable.
- Timely entry of information into a medical record is expected to be completed at the time of service, or shortly thereafter and should not exceed 30 days.
- Signature date within 30 days of the date of service, and an additional entry of the signature time for services performed in a hospital setting.

To be considered complete, documentation for episodes of care will include, at a minimum, the following elements when applicable:

- Patient identifying information.
- Consent forms.
- Health history, including applicable drug allergies.
- Physical examinations.
- Physician orders.
- Immunization records.
- Medications prescribed.
- Emergency care.
- Smoking, alcohol, and substance abuse history.
- Face-to-face evaluations.
- Progress notes.
- Referrals.
- Consultation reports.
- Laboratory reports.
- Imaging reports (including X-ray).
- Surgical reports.
- Admission and discharge dates and instructions.
- Preventive services provided or offered, appropriate to member's age and health status.
- Evidence of coordination of care between primary and specialty physicians.
- Working diagnoses consistent with findings and test results.

- Treatment plans.
- When testing is performed over several days, all testing time should be reported on the last date of service.

Treatment plans

Treatment plans should be present within the record as required. Documentation must show that the treatment plan was reviewed and/or updated at a min of every 6 months. Providers should review their guidelines if treatment plans are required more frequently.

Systematic and repeated evaluation of developmental status is critical to assessing the effect of ABT. The use of standardized assessments and current clinical information facilitates consistent, systematic, and reliable evaluation early in the course of treatment and at reviews during treatment thereafter. The data derived from these assessments and clinical information is used to inform about the impact of treatment on the trajectory of the individual's condition, especially documenting improvement.

Telehealth/virtual visits

Please visit our [Virtual Visits](#) reimbursement policy that outlines our standard rules. Allowed codes may vary. Refer to the [Allowed virtual services in addition to CPT Appendix P](#) to obtain codes that are eligible for reimbursement in your state.

National Correct Coding Initiative (NCCI) - Medically unlikely edits (MUE)

ABA codes may have associated MUE limits. In accordance with our [Code and Clinical Editing Guidelines \(CCEG\)](#) reimbursement policy, we administer National Correct Coding Initiative (NCCI) edits. NCCI edits are revised to align with CMS MUE updates once published.

Refer to CMS for the current list of MUE limits.