 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Reimbursement Policies Reimbursement Policies	<i>Policy Number</i>	RPC.003
	<i>Subject</i> EHP Applied Behavior Analysis (ABA) Services	<i>Effective Date</i>	01/20/2026
		<i>Approval Date</i>	10/31/2025
		<i>Supersedes Date</i>	11/20/2023
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This document applies to the following Participating Organizations:

Johns Hopkins Employer Health
 Programs, Inc. (EHP)

Keywords: Applied Behavior Analysis (ABA), Autism Spectrum Disorder (ASD)

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I. ABOUT OUR REIMBURSEMENT POLICIES


Providers and suppliers are responsible for reviewing the Johns Hopkins Health Plans LLC (JHHP) Reimbursement Policy Reference Guide, which is applicable to this policy. All [JHHP Reimbursement Policies](#) are publicly accessible and provide general billing and coding guidance, along with the criteria and supporting information used in certain payment determinations, as detailed in the specific policy.

II. PURPOSE

This policy is only applicable to EHP and provides a general overview for the reimbursement of claims submitted to JHHP (also referred to as “the plan”) for Applied Behavioral Analysis (ABA) services by participating and non-participating physicians, non-physician practitioners and other qualified healthcare providers (collectively referred to as “providers”), when reported on the CMS-1500 or UB-04, or their electronic equivalents.

III. GENERAL BILLING GUIDELINES

- ABA services are covered when the member has a confirmed ASD diagnosis (F84.0–F84.9, except F84.2) and may only be billed with CPT codes 97151–97158, 0362T, and 0373T.
- Diagnosis code F84.0-F84.9 must be reported as the primary diagnosis to support the reimbursement for an ABA covered service; any other diagnosis reported in the primary position may cause the claim line to deny.
 - All claims must be submitted with the appropriate information (including, but not limited to):
 - CPT/HCPCS codes
 - Diagnosis code(s)
 - Modifiers
 - Place of Service/Rev code
 - Rendering and Billing provider NPIs
 - Taxonomy code for each provider type rendering services.


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3. Providers are responsible for accurately documenting all items, services or procedures rendered to our members and submitting the information when requested by the plan. A separate written record is expected for each individual receiving ABA intervention corresponding with each service noted through an identified CPT code that includes at least all the following (but not limited to):
 - Start date and time for each service
 - End date and time for each service
 - Location of service delivery
 - The focus of service
 - A detailed description of intervention conducted by the ABA provider during the time of service.
 - Individuals present during the time of service
 - The specific service delivered (e.g., direct service, supervision, stakeholder training, etc.)
 - Name, credential (if applicable), and signature of ABA provider who rendered the service.
4. Providers are to ensure that a site of service/location is authorized or allowed by JHHP prior to services being rendered.
5. JHHP utilizes the CPT billing codes, established by the AMA, for the appropriate reporting of ABA services. All the ABA CPT codes are in 15-minute increments.
6. Please review and report the correct CPT®/HCPCS code descriptions as identified by the American Medical Association (AMA).
7. Only one provider can bill for a unit of time, unless an exception applies.
8. Providers are to ensure that a site of service/location is authorized or allowed by JHHP prior to services being rendered.
9. All ABA CPT codes listed in this policy may be covered as a telehealth service.
10. If an Autism school has a clinic setting as part of their offered services, the clinic must have a separate tax ID number to submit a claim.

IV. QUALIFIED ABA PROVIDERS

1. ABA providers must meet the necessary licensing, credentialing and/or certification requirements set forth by applicable plan guidance and state regulations, prior to rendering care and submitting claims for reimbursement for any ABA services.
2. A paraprofessional (e.g., BCaBA, RBT) must be supervised, and supervision must be provided in accordance with the provider's certifying and licensing bodies and/or state regulations.

Type of Provider	Acronym	Taxonomy
Board Certified Behavior Analyst	BCBA	103K00000X
Board Certified Behavior Analyst- Doctoral Level	BCBA-D	103K00000X
Board Certified Assistant Behavior Analyst	BCaBA	106E00000X
Licensed Assistant Behavior Analyst	LABA	
Qualified Autism Service Practitioner (bachelor's level assistant behavior analyst)	QASP	

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Registered Behavior Technician	RBT	106S00000X
Behavior Technician	BT	
Board Certified Autism Technician	BCAT	
Applied Behavior Analysis Technician	ABAT	

V. NON-REIMBURSABLE SERVICES

The following situations outlined below are not eligible for reimbursement (list not all-inclusive):

- ABA is not considered medically necessary or covered for all non-ASD indications, including Rett syndrome (F84.2) which is not covered.
- JHHP will not reimburse ABA services utilized to replace or replicate activities that are the responsibility of the setting and environment where services occur (e.g., classroom aide, 1:1 teacher, tutor, vocational assistant/coach, respite services, etc.).
- ABA treatment delivered to the same individual, at the same time as any other treatment modality (e.g., ABA and speech therapy, or ABA and occupational therapy, etc.) is not reimbursable.
 - Includes duplicate services received or provided under another type of medical care/therapy.
- JHHP will deny payment for (list not all-inclusive):
 - Applied behavioral analysis that is experimental or investigational
 - Broken or missed appointments
 - Travel to/from sites of service
 - Completion of forms and reports and reports
 - Any administrative tasks (i.e., filing, telephone, appointment scheduling)
 - Supplies or items (e.g., office supplies or therapeutic supplies [i.e., binders, building blocks, stickers, crayons, etc.]).
 - Emails, letters, peer-to-peer consultations, and telephone calls.
 - A site of service location not authorized by JHHP.
 - Services whose purpose is vocationally- or- recreationally based.
- Treatment planning is not a separately billable service; it is bundled within the codes for direct services.
- Paraprofessionals (e.g., BCaBAs, RBTs and BTs) rendering ABA services cannot directly bill the plan and receive reimbursement.


VI. EXCEPTIONS & EXCLUSIONS

- Only one provider can bill for a unit of time, except for CPT codes 97153, 97154, and 97155 (direct supervision when the BCBA/qualified health care provider directs the technician and both are face-to-face with the patient at the same time).
- CPT codes 0362T and 0373T may be reported when the patient is under the direct supervision of a physician (or other qualified health care provider) and requires two or more technicians to be face-to-face with the patient for safe treatment.
- Some state laws do not require that ABA be covered in all contracts; therefore, providers will need to contact the appropriate provider service department to verify member benefits.

VII. CODES, TERMS and DEFINITIONS

The information outlined below is only applicable to this policy.


Term	Definition
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Applied Behavior Analysis (ABA)	ABA is an evidence-based treatment for individuals diagnosed with Autism Spectrum Disorder (ASD).
ABA Assessment/Reassessment	During the assessment or reassessment there is an evaluation of the participant's current level of functioning, skills deficits, and maladaptive behaviors using validated instruments; a treatment plan is also developed. The assessments and reassessments are administered to a child/adolescent by an ABA provider (licensed psychologist, BCBA-D or BCBA).
ABA Therapy	ABA therapy involves behavioral interventions performed by an RBT or BCaBA. A licensed Psychologist, BCBA-D or BCBA develops the interventions and provides direct supervision during a portion of the treatment.
Assistant Behavior Analyst	The term "assistant behavior analyst" refers to supervised Licensed Assistant Behavior Analyst (LABA), BCaBA, and QASP. These individuals must work under the supervision of an authorized ABA supervisor.
ABA Supervisor	BCBA, BCBA-D, or Clinical Psychologist.
Behavior Technician	The term "behavior technician" refers to high-school graduate level paraprofessionals who deliver one-on-one ABA services to members under the supervision of the authorized ABA supervisor, and includes RBTs, ABATs, and BCATs.
Family/Caregiver	Family/caregiver follows the 32 CFR 199.2(b) definition: The spouse, natural parent, child and sibling, adopted child and adoptive parent, stepparent, stepchild, grandparent, grandchild, stepbrother and stepsister, father-in-law, mother-in-law of the beneficiary, and legal guardian as appropriate
Separate Location	Two separate locations can be defined as two separate spaces that can be in the same brick and mortar building.

ABA CPT Codes

CPT Code	Definition
0362T	Behavior identification supporting assessment, each 15 minutes of technician's time face-to-face with a individual requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a individual who exhibits destructive behavior; completion in an environment that is customized to the individual's behavior.

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0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a individual, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for an individual who exhibits destructive behavior; completion in an environment that is customized to the individual's behavior.
97151	A 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 individual 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	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 individual, each 15 minutes.
97153	Adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified health care professional, face-to-face with one individual, each 15 minutes.
97154	Group adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified health care professional, face-to-face with two or more individuals, each 15 minutes.
97155	Adaptive behavior treatment with protocol modification, administered by a physician or other qualified health care professional, which may include simultaneous direction of a technician, face-to-face with one individual, each 15 minutes.
97156	Family adaptive behavior treatment guidance, administered by a physician or other qualified health care professional (with or without the individual present), face-to-face with guardian(s)/caregiver(s), each 15 minutes.
97157	Multiple-family group adaptive behavior treatment guidance, administered by a physician or other qualified health care professional (without the individual present), face-to-face with multiple sets of guardian(s)/caregivers, each 15 minutes.

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97158	Group adaptive behavior treatment with protocol modification, administered by a physician or other qualified health care professional, face-to-face with multiple individuals, each 15 minutes.
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Modifiers: The appropriate modifier must be appended to the correct CPT code, on the claim form, for the provider who rendered the service, or the claim may be pended or denied.

Modifier	Definition
HO	BCBA
HP	BCBA-D
HN	BCaBA, LABA, QASP (Bachelor's level)
HM	RBT, BT, BCAT, ABAT
HR	Family/couple with client present.
HS	Family/couple without client present.

VIII. REFERENCES

This policy has been developed through consideration of the following:

- CPT® Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association
- [JHHP Provider Manuals](#)

IX. APPROVALS

Date	Review/Revision	Reason For Modification	Approved By
10/31/2025	Revision	<ul style="list-style-type: none"> • Policy revised to remove USFHP guidance. • Policy guidance, applicable codes, and terms for EHP has been updated. 	Reimbursement, Authorization, Coding and Configuration Committee (RAC)

X. POLICY NOTIFICATION CHART

	Yes/No	If yes in 2nd column, notify the following department of policy revisions:
Does this policy relate to NCQA?	No	Quality Improvement
Does this policy relate to Qlarant/MDH requirements?	No	Quality Improvement
Does this policy relate to DHA contractual requirements?	No	USFHP Administration