 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Reimbursement Policies Reimbursement Policies	<i>Policy Number</i>	RPC.004
	<i>Subject</i> USFHP Applied Behavior Analysis (ABA)	<i>Effective Date</i>	01/20/2026
		<i>Approval Date</i>	10/31/2025
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This document applies to the following Participating Organizations:

Johns Hopkins Medical Services
 Corporation (USFHP)

Keywords: ABA, Autism Care Demonstration

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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

Developed in alignment with TRICARE guidance, this policy applies to USFHP claims submitted for the reimbursement of Applied Behavior Analysis (ABA) services, in accordance with TRICARE's Comprehensive Autism Care Demonstration (ACD) program. It encompasses claims submitted by participating and non-participating physicians, non-physician practitioners, and other qualified healthcare providers (collectively referred to as "providers") when services are reported on the CMS-1500 or UB-04 claim forms, or their electronic equivalents.

III. GENERAL BILLING GUIDELINES

1. ABA services are covered when the member has a confirmed diagnosis of F84.0 (Autism Spectrum Disorder [ASD]) by an approved ASD diagnosing/referring provider.
2. Diagnosis code F84.0 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.
3. All information reported must be submitted with the required elements, as listed below, for each ABA service delivered (i.e., every session must be identified on its own unique claim line on any claim submitted), which includes (but is not limited to):
 - CPT/HCPCS codes
 - Dates of service
 - Diagnosis code(s)
 - Modifiers


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- Place of Service/Rev code
- Units
- DSM-5 level
- Rendering and billing providers:
 1. Name
 2. NPI
 3. Taxonomy
- 4. Providers are responsible for accurately documenting all items, services or procedures in the medical record to support medical necessity and verify the services rendered. A separate written record is expected for each individual receiving ABA intervention corresponding with each service noted through identified CPT code that includes at least ALL of 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.
- 5. Providers are to ensure that a site of service/location is authorized or allowed by JHHP prior to services being rendered.
 - 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.
- 6. Refer to the [TRICARE Operations Manual - Chapter 18](#) for the necessary certification requirements and documentation standards, to provide and report ABA services.

IV. QUALIFIED ABA PROVIDERS

1. Providers must meet the requirements outlined in the TRICARE Operations Manual (TOM) and comply with applicable state legislation. ABA providers are responsible for ensuring that all educational requirements are met, and subsequently certified, prior to rendering care and submitting claims for reimbursement for any ABA services.
2. Assistant behavioral analysts and Behavior Technicians cannot be billed directly to the plan and receive reimbursement. These providers must be supervised, and supervision must be provided in accordance with the provider's certifying and licensing bodies.
3. Diagnoses and referrals from Physician Assistants (PAs) or other providers not having the required qualifications as outlined in [TRICARE Manual- Chapter 18 Sect 3](#) shall not be accepted.

Type of Provider	Acronym	Taxonomy
Board Certified Behavior Analyst	BCBA	103K00000X
Board Certified Behavior Analyst- Doctoral Level	BCBA-D	103K00000X


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Board Certified Assistant Behavior Analyst	BCaBA	106E00000X
Licensed Assistant Behavior Analyst	LABA	
Qualified Autism Service Practitioner (bachelor's level assistant behavior analyst)	QASP	
Registered Behavior Technician	RBT	106S00000X
Behavior Technician	BT	
Board Certified Autism Technician	BCAT	
Applied Behavior Analysis Technician	ABAT	

V. NON-REIMBURSABLE SERVICES

Consistent with TRICARE guidance, the following situations outlined below are not eligible for reimbursement (list not all-inclusive):

1. ABA is not considered medically necessary or covered for all non-ASD indications, including Rett syndrome (F84.2) which is not covered.
2. CPT codes 97151, 97153, 97155, 97157 and 97158, may not be conducted via telehealth (TH).
3. 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.).
4. Services will not be covered when rendered:
 - Outside of the physical space of the home, clinic, office, or school
 - In certain community settings (i.e., sporting events, camps)
 - Other settings as determined by the plan
5. Behavioral therapists may not conduct the ABA assessment or establish a member's ABA treatment plan.
6. 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.
7. JHHP will deny payment for (list not all-inclusive):
 - ABA service that is considered experimental or investigational by the plan.
 - 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.
8. Treatment planning is not a separately billable service; it is bundled within the codes for direct services.
9. Therapy modifiers (CO, GO, CQ, GP, GN) and modifiers 25 and 59 cannot be reported with ABA service codes.

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VI. EXCEPTIONS & EXCLUSIONS

1. Concurrent billing is excluded for all ABS Category I CPT codes except when the family and the patient are receiving separate services and the patient is not present in the family session.
2. The plan will pay the higher rate and deny the other, when CPT codes 97153 and 97155 are billed concurrently.
3. CPT 97153 and 97156 may be billed concurrently when services are provided to the patient and family in two separate locations. Documentation must indicate two separate rendering providers and locations for the services.
4. The GT modifier may only be used when reporting telehealth (TH) services.
 - For new and approved treatment plans, 97156 may be conducted via TH only after the first 6-month authorization period.

VII. CODES, TERMS and DEFINITIONS

The information outlined below is only applicable to this policy.

Term	Definition
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
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 member's 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

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Separate Location	Two separate locations can be defined as two separate spaces that can be in the same brick and mortar building.
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ABA CPT Codes

CPT Code	Definition
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.
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.
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 physician or other qualified health care professional (without the individual present), face-to-face with multiple sets of guardian(s)/caregivers, each 15 minutes.
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple individuals, each 15 minutes.

Modifiers

Modifier	Definition
95	Synchronous telemedicine service rendered via a real time interactive audio and video telecommunications system.
GT	Services provided through audio and video telecommunications system.

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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](#)
- [TRICARE Manual- Chapter 18 Sect 3](#)
- [TRICARE Manual](#)

IX. APPROVALS

Date	Review/Revision	Reason For Modification	Approved By
10/31/2025	New	New policy The original USFHP guidance for ABA services was previously outlined in RPC.003, but has since been separated and updated into this new policy.	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?	Yes	USFHP Administration