

CPT codes for Applied Behavior Analysis (ABA)

CPT code	Description	Frequency	Allowable units	Provider type	Summary
CPT 97151	Behavior identification assessment	<ul style="list-style-type: none"> Every six months 15 minutes/unit 	<ul style="list-style-type: none"> Initial assessments approved for 32 units Re-assessment requests approved for 24 units 	ABA supervisor or assistant behavior analyst	<ul style="list-style-type: none"> Use within 14 calendar days No telemedicine Approved units include the administration, scoring and analysis of PDDBI
CPT 97151	Behavior identification assessment: Outcome measures	<ul style="list-style-type: none"> One (1) unit per measure per occurrence during authorized period 	<ul style="list-style-type: none"> One (1) unit per measure 	ABA Supervisor	<ul style="list-style-type: none"> No telemedicine/telehealth Separate authorization may be approved for each additional outcome measure (Vineland-3, SRS-2 or PSI-4/SIPA)
CPT 97153	Adaptive behavior treatment by protocol	<ul style="list-style-type: none"> Weekly 15 minutes/unit 	<ul style="list-style-type: none"> May not exceed 32 units/day or 160 units/week 	All ABA provider types	<ul style="list-style-type: none"> No telemedicine/telehealth School setting: ABA supervisor only and will have limited scope and duration Weekly units do not rollover
CPT 97155	Adaptive behavior treatment by protocol modification	<ul style="list-style-type: none"> Monthly 15 minutes/unit 	<ul style="list-style-type: none"> May not exceed eight units (two hours) per day 	ABA supervisor or assistant behavior analyst	<ul style="list-style-type: none"> One-on-one service delivery with beneficiary to develop new or modified protocol Can be used to demonstrate new or modified protocol to a Behavior Technician (BT) with the beneficiary present Sole providers use this code for minimum standards and when updating treatment protocols (must differentiate between CPT 97153 and 97155 services) No telemedicine/telehealth No BT supervision or team meetings At least one time per month must be rendered by ABA supervisor If requirement not met, subject to 10% penalty/recoupment on all ABA claims for that beneficiary for the entire six-month authorization

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CPT 97156	Family adaptive behavior treatment guidance	<ul style="list-style-type: none"> Monthly Minimum of six parent/caregiver sessions must be rendered every six months (97156 or 97157) 15 minutes/unit 	<ul style="list-style-type: none"> May not exceed eight units (two hours) per day 	ABA supervisor or assistant behavior analyst	<ul style="list-style-type: none"> Parent/caregiver participation required Re-authorization contingent upon parent/caregiver participation First session of either CPT 97156 or 97157 must occur within 30 calendar days of initial and subsequent treatment authorizations Barriers and mitigations must be documented No telemedicine/telehealth in the first six months
CPT 97157	Multiple family group adaptive behavior treatment guidance	<ul style="list-style-type: none"> Monthly Minimum of six parent/caregiver sessions must be rendered every six months (97156 or 97157) 15 minutes/unit 	<ul style="list-style-type: none"> May not exceed six units (1.5 hours) per day 	ABA supervisor or assistant behavior analyst	<ul style="list-style-type: none"> First session of either CPT 97156 or 97157 must occur within 30 calendar days of initial and subsequent treatment authorizations Apply ABA treatment techniques for parents and caregivers to reduce maladaptive behaviors and/or skill deficits in a group setting Not intended for a support group or group psychotherapy Not to exceed eight participants Individual or parent/caregiver counts as one participant Office/clinic setting only No telemedicine/telehealth
CPT 97158	Group adaptive behavior treatment by protocol modification	<ul style="list-style-type: none"> Monthly Minimum four units/day 15 minutes/unit 	<ul style="list-style-type: none"> May not exceed six units (1.5 hours) per day 	ABA supervisor	<ul style="list-style-type: none"> Modeling, rehearsing and corrective feedback for social deficits in group format Treatment plan must demonstrate beneficiary prerequisite skills; evaluated in clinical necessity review Targeting generalization of mastered skills May not exceed eight participants No telemedicine

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CPT 99366 (with patient) CPT 99368 (without patient)	Medical Team Conference (MTC)	<ul style="list-style-type: none">Once every six months (not required)	<ul style="list-style-type: none">May not exceed one unit of CPT 99366 and 99368	ABA supervisor	<ul style="list-style-type: none">Engage in MTC to collaborate and plan treatmentMinimum three Qualified Health Professionals (QHP) from different specialties; One QHP/specialtyMust be present duration of MTCRequires face-to-face evaluations/treatment of beneficiary, independent of MTC, within previous 60 calendar daysTelemedicine/telehealth permitted. Audio only not allowedAssigned Autism Services Navigator (ASN) must be in attendance, when applicable