

	<b><i>Billing of Applied Behavior Analysis with Speech, Occupational, and /or Physical Therapies</i></b>	
	<b>Policy Number: POL-PP-329</b>	<b>Original Creation Date: 2/1/2026</b>
	<b>Version Number: 01</b>	<b>Version Effective Date: 4/1/2026</b>
	<b>Policy Status: Active</b>	<b>Next Review Date: 2/1/2027</b>

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> <b>PROFESSIONAL</b>	<input type="checkbox"/> <b>FACILITY</b>	<input type="checkbox"/> <b>DME</b>	<input type="checkbox"/> <b>AMBULATORY SURGERY</b>	<input type="checkbox"/> <b>LAB</b>	<input type="checkbox"/> <b>OTHER</b>

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> <b>COMMERCIAL</b>	<input checked="" type="checkbox"/> <b>BLUE MEDICARE ADVANTAGE</b>	<input checked="" type="checkbox"/> <b>ACA QHP<sup>1</sup></b>	<input checked="" type="checkbox"/> <b>SMALL GROUP ACA</b>	<input checked="" type="checkbox"/> <b>JAA<sup>2</sup></b>	<input checked="" type="checkbox"/> <b>FEP<sup>3</sup></b>	<input type="checkbox"/> <b>DENTAL</b>

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

Disclaimer
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Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application
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Applied Behavior Analysis (ABA) is a scientific approach to understanding and changing behavior, often used as a therapy for individuals with autism and other developmental disorders to increase positive behaviors and teach new skills. ABA focuses on how behavior is affected by the environment by breaking down skills into smaller parts and using reinforcement to encourage learning reporting and when applicable Current Procedural Terminology (CPT) guidelines, verifying all other applicable standards, rules, laws, regulations, contract provisions, and payment policies.

## Policy

### **When Concurrent or Overlapping Billing is Allowed**

The following procedure codes, 97153 and 97155, may overlap as long as the descriptors of each code have been met, and different qualified health providers (QHPs) deliver the service. **A single provider may NOT bill these codes concurrently.**

Registered Behavior Technicians (RBTs) cannot bill directly and must do so under a Board-Certified Behavior Analyst (BCBA). To identify when a service administered by a RBT, the BCBA should append modifier HM. When a service is administered by a BCBA, modifier HO should be used.

Failure to use these modifiers may result in denial

CPT 97153 - Adaptive behavior treatment by protocol is administered by a technician under the direction of a physician or other qualified health care professional, utilizing a treatment protocol designed in advance by the physician or other qualified health care professional, who may or may not provide direction during the treatment.

CPT 97155 - Adaptive behavior treatment with protocol modification is administered by applied behavior analyst or other qualified health care professional face-to-face with a single patient. The analyst or other qualified health care professional resolves one or more problems with the protocol and may simultaneously direct a technician in administering the modified protocol while the patient is present. The analyst or other qualified health care professionals' direction to the technician without the patient present is not reported separately.

### **When Concurrent or Overlapping Billing is Not Allowed**

Billing applied behavior analysis (ABA) services when performed in the same block of time as speech, occupational and/or physical therapy, are not allowed. Billing standards require only one service and one provider to be designated for a given time. For example,

- If a member receives ABA therapy with a registered behavior technician (RBT) and occupational therapy with an occupational therapist from noon to 1 p.m., this is considered overlapping time and is not allowed.
- If the member receives ABA therapy with an RBT from noon to 1 p.m. and occupational therapy from an occupational therapist from 1 p.m. to 2 p.m., these are not overlapping, and both services are billable. The billing of these services on the same day as ABA is allowed, but not during the same given time.

### **Telehealth**

The following ABA codes are allowed to be performed through telehealth place of service 02 (other than patients' home) or 10 (home).

97151, 97155, 97156, 97157, 97158

ABA codes 97152, 97153, and 97154 are NOT allowed to be performed through telehealth (POS 02, 10)

**Coding**

CPT Code	Description
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97150	Therapeutic procedure(s), group (2 or more individuals)
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
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
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
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
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92609	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

Modifier	Description
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HM	Modifier HM indicates that a service was performed by a provider with less than a bachelor's degree. This modifier is most often used in the billing of behavioral health services, including Registered Behavior Technician
HO	Modifier HO Indicates a master's-level professional, such as a Board-Certified Behavior Analyst (BCBA) or licensed mental health provider

**Related Documents**

N/A

**References**

Blue KC Provider Reference Guide
Centers for Medicare and Medicaid Services
American Medical Association

<b>Revision History</b>		
<b>Version</b>	<b>Date</b>	<b>Summary of Revisions</b>
001	2/1/2026	Initial version