Billing Codes – What are they

Breakdowns of codes per insurance in different download

97151 – For assessments/re-assessments

- An initial assessment is needed to get insurance authorization. Authorizations typically last 6 months to a year depending on the insurance provider. Some plans, such as certain Optum policies, may require reassessments every 3 months.
- Many insurance companies authorize between 6–12 hours for assessment, although this can vary by plan and medical necessity. There may also be daily limits on how many units can be billed per day.
- This code can typically be billed at any time during an authorization period for formal assessments or reassessments
- BCBAs can bill this code for non-face-to-face activities (e.g., scoring assessments, writing reports), which means portions of it may be completed from home.
- Additional assessment hours may be billed with this code if authorized, but total usage must fall within the allowed authorization or be medically justified.

97153 – Direct treatment (1:1 by RBT or technician)

- This code is billed when a behavior technician (e.g., RBT) delivers 1:1 therapy under the direction of supervising BCBA or BCBA-D.
- Services must be part of an individualized treatment plan and occur under appropriate clinical supervision.
- This code should generally not be billed during academic instruction or concurrent therapies unless explicitly approved by the insurance provider.
- Some insurance companies limit the settings in which this code can be billed (e.g., home, clinic, school), and require pre-approval for certain environments.

97155 – Supervision, protocol modification, or treatment by supervisor

- This code is used when a BCBA or other qualified supervisor is directly involved in modifying treatment protocols or observing treatment with the client present.
- Most insurances require the supervisor to have direct contact with the client during the session to bill this code.
- Telehealth delivery of this code may be allowed but often requires prior approval or specific payer documentation.

- Supervisors use this code when actively supervising sessions and modifying the treatment plan in real-time (e.g., adjusting reinforcement strategies, prompting levels).

97156 – Parent and caregiver training

- This code is used when a BCBA provides training or guidance to parents or caregivers to help them implement behavior strategies at home.
- Some insurances may allow this code to be used for teacher or school staff training, but most do not unless it is explicitly stated in the policy.

Note – Sometimes multiple codes can be billed at the same time. For example:If a client is receiving therapy from an RBT (billed under 97153), and the BCBA is simultaneously completing an assessment, the BCBA may bill 97151.If an RBT is providing services under 97153 and a BCBA is actively supervising or modifying treatment with the client present, the BCBA may bill 97155.

However, some insurers, including Medicaid in many states—do not allow 97153 and 97155 to be billed simultaneously, even though this is permitted under AMA guidelines. Always check specific payer rules.

Note – These are the most commonly used ABA billing codes, but others exist. If you see a different code on a bill or claim, you should look up the definition and verify that the service aligns with the description and was properly delivered.