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Update to Applied Behavior Analysis Assessment and Reassessment Parameters (CPT 97151)

Notice date:	June 18, 2026
To:	Humana Healthy Horizons in Oklahoma® provider network
From:	Humana Healthy Horizons in Oklahoma
Subject:	Update to applied behavior analysis assessment and reassessment parameters (CPT 97151)
Effective date:	September 16, 2026

Humana Healthy Horizons® in Oklahoma is providing an update regarding applied behavior analysis (ABA) assessment and reassessment services under Current Procedural Terminology (CPT®) code 97151.

These updates are intended to promote consistent service delivery, support appropriate utilization, and ensure clear alignment between requested services and documented medical necessity.

What's changing

Standard parameters are being introduced for ABA assessment and reassessment services:

- **Initial assessment (CPT 97151):**
  Standard of 24 units (6 hours) per assessment
- **Reassessment (CPT 97151):**
  Standard of 16 units (4 hours) every 6 months
- **Modifier requirement:**
  Providers must bill modifier TS when submitting claims for reassessment services

What this means

- ABA services continue to be authorized based on medical necessity.
- Requests above the standard may still be approved when supported by sufficient clinical documentation. See exception criteria below.

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In alignment with Oklahoma Health Care Authority guidance, reassessment services (CPT 97151) are expected to reflect a continued clinical need based on the member's progress and treatment response. Reassessments should include updated evaluation of target behaviors, contributing factors and any necessary modifications to the treatment plan.

What this is not

- Not a reduction in medically necessary services
- Not a cap on ABA assessment services
- Not a change to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) coverage

Members will continue to receive all medically necessary services in accordance with EPSDT requirements.

When additional units are requested

When submitting requests above the standard, please ensure documentation clearly supports:

- Clinical rationale for increased assessment time
- Member complexity and severity of need
- Alignment of assessment findings with treatment planning
- Ongoing need for additional evaluation time
- Clear documentation of reassessment purpose, including updates to target behaviors and treatment plan modifications

Operational reminders

- Providers should continue submitting prior authorization requests as they do today.
- The first billed 97151 should be submitted as the initial assessment.
- All reassessments should be:
    - Clinically supported
    - Appropriately timed (generally every 6 months)
    - Billed with modifier TS to ensure proper identification and review

Exception criteria (complex cases only)

The criteria below should be used only in extenuating or highly complex cases when requesting units above standard parameters. These scenarios reflect clinical severity, functional impairment or treatment intensity beyond typical expectations.

Complex cases may include:

- Regression or clinical deterioration
    - Significant loss of skills, rapid decline in functioning, or emergence of dangerous behaviors not attributable to ineffective treatment
- Comorbid conditions increasing complexity

    - Cooccurring medical or behavioral conditions (e.g., intellectual disability, epilepsy, significant mental health needs) that interfere with treatment, require specialized protocols, or complicate assessment and intervention planning
- Major treatment or environmental changes
    - Transitions (e.g., new placement, school, hospitalization), new behavior plans or significant caregiver/family changes requiring increased clinical oversight
- Severe or high-risk behaviors
    - Self-injury, aggression, elopement, property destruction, or behaviors requiring frequent crisis intervention or risk mitigation.
- Cultural or linguistic needs
    - Use of interpreters or additional time needed for translation, caregiver training or culturally appropriate treatment adaptations.
- Coordination across multiple systems
    - Involvement of multiple caregivers or systems (e.g., schools, child welfare, medical providers) requiring additional coordination and reconciliation of information across settings

Documentation expectations:
Requests must clearly demonstrate medical necessity, including:

- Clinical rationale for additional units
- Impact on functioning and treatment complexity
- Specific examples (e.g., behavioral data, incidents, transitions)
- How assessment findings will inform treatment planning

Questions

If you have questions, please contact your Provider Relations representative. To find your representative, email OKMedicaidProviderRelations@humana.com.

Thank you for your continued partnership in serving our members.