

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202662 APRIL 28, 2026

IHCP issues additional ABA guidance for providers

The Indiana Health Coverage Programs (IHCP) is issuing additional guidance in response to questions and stakeholder feedback received following the publication of *IHCP Bulletin* [BT202627](#), which established a minimum supervision requirement for applied behavior analysis (ABA) therapy services, caregiver involvement expectations and UA modifier direction. This bulletin further expands on how these requirements are applied, monitored and documented and how they relate to applicable Current Procedural Terminology (CPT^{®1}) codes.

Additional ABA supervision

The following sections provide additional guidance on supervision requirements for ABA therapy services.

Scope of supervision requirement

The supervision requirement applies to *clinical case* supervision and includes direct oversight of treatment implementation for a specific member. It applies to both individual and group technician-delivered ABA therapy services billed under CPT codes 97153 – *Adaptive behavior treatment by technician using an established plan, each 15 minutes* and 97154 – *Adaptive behavior treatment by technician with multiple patients using an established plan, each 15 minutes*. The supervision requirement is intended to support clinical quality and patient safety by ensuring appropriate oversight and direction of technician-delivered services.

The requirement that supervision be provided at a ratio of one hour of supervision for every eight hours (1:8) of Registered Behavior Technician (RBT)-delivered services is **not** based solely on a ratio of billed units of CPT code 97155 – *Adaptive behavior treatment by professional using an established plan, each 15 minutes* to units billed under CPT codes 97153 and 97154.

Not all supervision activities are separately reimbursable. However, all supervision activities, both billable and nonbillable, count toward meeting the 1:8 supervision ratio requirement, provided the activities are appropriately documented and clinically relevant to the member's services. Supervision services may be rendered via synchronous telehealth and billed using modifier 95 – *Synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system*. The IHCP reinforces that telehealth supervision is intended to supplement, not replace, the majority of in-person services, and supervision models should reflect clinically appropriate use of in-person oversight.



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Measurement of the 1:8 supervision requirement

During each calendar month in which technician-delivered ABA therapy services are billed for a member, providers must maintain documentation of at least one hour of supervision for every eight hours (1:8 ratio) of technician-delivered services provided to that member during that same month.

Effective **April 1, 2026**, compliance with the 1:8 supervision requirement will be:

- Measured on a monthly basis
- Subject to claim audit and postpayment review

The requirement is member-specific and is not aggregated across technicians or across Medicaid members. This means that for each Medicaid member receiving technician-delivered ABA therapy services (services billed under CPT code 97153 or 97154), providers must ensure that the required supervision ratio is met for that individual member. Failure to meet this requirement may result in claim adjustments, recoupment or other administrative action following an audit.



The supervision requirement is proportional. In instances where a member receives fewer than eight hours of RBT-delivered services in a given calendar month under CPT codes 97153 or 97154, the supervising clinician must still provide a medically appropriate, proportional amount of supervision relative to the total number of hours delivered to the member for the calendar month.

To be counted toward the 1:8 supervision requirement, supervision activities, whether billable or nonbillable, must be member-specific; clinically relevant to the treatment being delivered; and involve review, direction, feedback or oversight that supports the implementation or modification of the member's treatment plan. The IHCP reiterates that the purpose of the case supervision requirement is to support clinical quality, member safety and treatment effectiveness, and not to account for general employee management or administrative oversight.

Nonbillable case supervision services that count toward compliance

Case supervision activities that do *not* involve technician direction in implementing a modified protocol during direct patient care are not separately billable to the IHCP but do count toward compliance with the 1:8 supervision requirement upon audit. Examples of nonbillable case supervision activities that count toward compliance include, but are not limited to, the following:

- Looking at treatment fidelity for a specific Medicaid member and identifying clinical concerns to address with a technician that may impact outcomes
- Reviewing technician session notes for a Medicaid member to assess whether interventions were implemented as planned and/or to evaluate whether progress toward treatment goals was made based on session documentation

Nonbillable administrative supervision that does not count toward compliance

General administrative or managerial (employee) supervision is not separately billable and should not be counted toward the 1:8 ABA clinical case supervision requirement. Examples of administrative supervision include staff scheduling, employee performance reviews, and staff meetings or check-ins not tied to a specific Medicaid member.

Billable supervision services

The IHCP recognizes CPT code 97155 as a supervision-related code when billed appropriately and consistent with CPT guidance.

Specifically, CPT code 97155 is the billable supervision code when a master's-level Board Certified Behavior Analyst (BCBA) or doctoral-level Board Certified Behavior Analyst-Doctoral (BCBA-D) or other IHCP-approved qualifying supervising clinician is actively directing a technician in implementing a modified treatment protocol during service delivery. In these circumstances, CPT code 97155 may be counted toward the applicable 1:8 supervision requirement. CPT code 97155 may be billed concurrently only with CPT codes 97153 and 97154.



The IHCP expects clear evidence of protocol modification and technician direction when CPT code 97155 is billed. 97155 billed for observation, protocol evaluation, or direct qualified health professional (QHP) implementation of treatment without active direction and supervision of a technician does not constitute supervision of technician-delivered services and should not be counted toward the 1:8 supervision requirement, even though it may be otherwise billable when accurately documented.

Documentation and audit expectations

Providers must maintain sufficient documentation to demonstrate:

- Compliance with the 1:8 supervision requirement each calendar month for each Medicaid member receiving RBT-delivered services
- Medical necessity and appropriate use, including evidence of technician direction for implementation of protocol modification, when billing CPT code 97155

Documentation must be retained in accordance with IHCP record-keeping requirements and made available upon request during audit or postpayment review.

Caregiver coaching and training requirements for ABA therapy

As outlined in *BT202627*, the IHCP requires that caregiver coaching and training be included in all ABA therapy prior authorization (PA) requests. The IHCP allows up to 18 hours of caregiver coaching and training during a standard six-month authorization period. The following CPT codes with the appropriate modifiers, in combination, are used to meet the minimum caregiver coaching and training expectations and count toward the 18-hour allocation:

- 97156 – *Adaptive behavior treatment by professional with family using an established plan, each 15 minutes*
- 97157 – *Adaptive behavior treatment by professional with multiple family group members using an established plan, each 15 minutes*

When a PA is requested for a shorter duration or for a reduced total number of treatment hours, caregiver coaching and training may be authorized in a reduced, medically necessary amount. Additionally, hours above the maximum may be authorized if determined to be medically necessary.

Comprehensive ABA therapy minimal caregiver coaching and training requirements

Based on stakeholder feedback requesting additional clarity regarding minimum expectations, the IHCP now announces that effective for dates of service (DOS) on or after June 1, 2026, for members receiving comprehensive ABA therapy, caregiver coaching and training must meet one of the following minimum (“floor”) requirements:

- Two hours per month
- Twelve hours per standard six-month authorization period, up to the allowable maximum of 18 hours

Targeted ABA therapy minimal caregiver coaching and training requirement

For targeted ABA therapy PA requests, caregiver coaching and training must be included in the PA request up to the maximum of 18 hours per standard six-month authorization period. However, for targeted ABA therapy, the appropriate minimum amount will be determined based on medical necessity and the IHCP is not establishing a fixed monthly or six-month floor requirement.

UA modifier guidance for fee-for-service members

In *BT202627*, the IHCP announced that comprehensive ABA therapy services must include the UA modifier on the PA request and be billed with the UA modifier on the claim for DOS on or after April 1, 2026. The IHCP is issuing the following clarification regarding PA requests submitted prior to April 1, 2026, that include DOS on or after April 1, 2026.



PA requests submitted prior to April 1, 2026

If a comprehensive ABA therapy PA request was submitted prior to April 1, 2026, and the PA request includes DOS on or after April 1, 2026, the PA request does not require the UA modifier. Providers do not need to modify or resubmit PA requests that were submitted prior to April 1, 2026, to add the UA modifier. For these PAs, claims for DOS on or after April 1, 2026, must be submitted **without** the UA modifier to process correctly.

PA requests submitted on or after April 1, 2026

Any comprehensive ABA therapy PA request submitted on or after April 1, 2026, for DOS on or after April 1, 2026, **must** include the UA modifier on the PA request and the associated claim. Providers must include the UA modifier on both the PA request submitted on or after April 1, 2026, and the associated claim for proper processing of comprehensive ABA therapy services.

For more information

Please reach out to your [Provider Relations consultant](#) with any questions.

QUESTIONS

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