2027 ABA CPT Code Changes

The Complete Guide for Every ABA Provider

What is changing, when, and what your practice needs to do to prepare

---

Why this matters

On January 1, 2027, the American Medical Association is releasing the biggest overhaul of ABA billing codes since 2019. Six brand new codes are being added, all eight existing codes (97151 through 97158) are being revised, and two temporary Category III codes (0362T and 0373T) are being deleted.

This is the first structural change to ABA billing codes in nearly a decade. Every ABA practice needs to understand what is changing and start preparing now, but carefully. Nothing is final until the AMA publishes the official 2027 CPT Professional Edition in late 2026 and CMS finalizes the Medicare Physician Fee Schedule in November 2026.

This guide walks through every change in plain English, with what we know, what is still pending, and what your practice can do today to get ready.

PART 1: What are CPT codes and why do they matter

What is a CPT code?

CPT stands for Current Procedural Terminology. It is a five-digit code used across all of healthcare to tell insurance companies exactly what service was provided during a visit or session.

Every ABA session has a specific CPT code attached to it that determines how the claim gets processed and how much the practice gets paid. Without the correct CPT code, the insurance company either denies the claim or pays the wrong amount.

Who controls CPT codes?

The American Medical Association (AMA) owns and maintains the CPT code set. A group called the CPT Editorial Panel meets three times a year to review requests to add, change, or delete codes. The AMA publishes an updated CPT Professional Edition every year in late fall, and the new codes take effect the following January 1.

For adaptive behavior (ABA) services, the ABA Coding Coalition works with the AMA to propose changes to the code set. This is the group that has been shepherding the 2027 changes through the process.

The two types of CPT codes

- **Category I codes:** Permanent codes for widely accepted services. These are the ones with just five digits (like 97153). They have RVU values assigned and are used by all payers.

Category III codes: Temporary codes for emerging or experimental services. These end with a T (like 0362T and 0373T). They can be converted to Category I codes later, revised, or deleted entirely. Some payers cover them; some do not.

The 2027 changes move certain services from Category III (temporary) to Category I (permanent) status. That is a big deal because it means broader and more consistent insurance coverage.

PART 2: The current ABA code set (still in effect for 2026)

Here are the 10 CPT codes that ABA practices are billing right now, and what each one covers:

97151 - Behavior Identification Assessment

Billed by a BCBA or qualified healthcare professional. Covers both face-to-face assessment time with the client and behind-the-scenes work like scoring assessments, analyzing data, writing the treatment plan, and preparing reports. Billed in 15-minute units.

97152 - Behavior Identification Supporting Assessment

Billed when a technician (like an RBT) collects assessment data under BCBA direction. Billed in 15-minute units.

97153 - Adaptive Behavior Treatment by Protocol

The most-billed ABA code. Direct 1:1 therapy delivered by a technician following the treatment plan. Billed in 15-minute units. This is where most ABA practice revenue comes from.

97154 - Group Adaptive Behavior Treatment by Protocol

Same as 97153 but for group treatment with multiple clients. Delivered by a technician. Billed in 15-minute units.

97155 - Adaptive Behavior Treatment with Protocol Modification

The BCBA code. Used when the BCBA is providing supervision, modifying protocols, or making treatment decisions in real time. May include simultaneous direction of a technician. Billed in 15-minute units.

97156 - Family Adaptive Behavior Treatment Guidance

Caregiver training. When a BCBA teaches parents or caregivers to implement therapy techniques. The kiddo may or may not be present. Billed in 15-minute units.

97157 - Multiple-Family Group Adaptive Behavior Treatment Guidance

Caregiver training delivered to multiple families at the same time. Billed in 15-minute units.

97158 - Group Adaptive Behavior Treatment with Protocol Modification

Group therapy delivered by the BCBA with real-time protocol adjustments. Billed in 15-minute units.

0362T - Behavior Identification Supporting Assessment (Category III)

Temporary code for assessment of clients with destructive behavior. Requires multiple technicians and a controlled environment. Being deleted in 2027.

0373T - Adaptive Behavior Treatment with Protocol Modification (Category III)

Temporary code for treatment of clients with destructive behavior. Requires multiple technicians and on-site BCBA supervision. Being deleted in 2027.

PART 3: The 2027 changes explained

The 2027 changes fall into four categories: six brand new codes, eight revised codes, two deleted codes, and updated guidelines. Here is what we know about each.

Change 1: Six new CPT codes are being added

These codes have placeholder names right now (97X1X through 97X6X). Their final five-digit code numbers will be published in the AMA 2027 CPT Professional Edition in late 2026. The AMA is keeping the exact numbers confidential until then.

From what CMS revealed in the proposed 2027 Medicare Physician Fee Schedule on July 14, 2026, the six new codes cover three new capabilities:

Harmful Behavior Services (four of the six new codes)

Four codes (97X1X, 97X2X, 97X4X, 97X5X) will cover assessment and treatment of patients exhibiting harmful behavior. These are structured as a two-technician base with add-on codes for each additional technician present.

Important terminology change: The 2027 codes replace the word 'destructive' with 'harmful' behavior. This is a meaningful shift toward more clinical language that better reflects what the codes actually cover.

These four new codes replace the two Category III codes being deleted (0362T and 0373T). The work being done is essentially the same. It is just moving from temporary codes to permanent Category I codes and restructuring how staffing is billed.

Why this matters: Category III codes have inconsistent insurance coverage. Some payers cover them; some do not. Moving these services into permanent Category I codes should mean broader and more reliable coverage.

Non-Face-to-Face Professional Services (one new code)

Code 97X3X will cover professional work performed by the BCBA or qualified healthcare professional when the client is NOT present. This includes:

- Reviewing and analyzing treatment data and session notes
- Modifying treatment targets or protocols
- Determining the need for additional assessment
- Developing discharge or transition plans
- Reviewing revised protocols with technicians

Why this matters: This is huge. Experienced BCBAs have always done this work. But there has never been a specific billing code for it. Right now, all that behind-the-scenes clinical decision-making has to be squeezed into 97155 (protocol modification) or 97151 (assessment). The new 97X3X code recognizes it as its own distinct clinical service.

This means practices will be able to bill for BCBA thinking time, not just BCBA face time. That is a significant recognition of the actual clinical work BCBAs do every day.

Direct BCBA Treatment with Analysis (one new code)

Code 97X6X will cover adaptive behavior treatment delivered directly by the BCBA (not a technician), face-to-face with one patient, and includes analysis as part of the service.

Why this matters: Currently, when a BCBA delivers direct treatment themselves, the coding options are limited. This new code creates a clear billing pathway for direct BCBA-delivered treatment sessions.

Change 2: All eight existing codes are being revised

The AMA is revising the descriptors for all current CPT codes 97151 through 97158. The specific new language remains confidential until the 2027 CPT Professional Edition is published in late 2026.

What this likely means: cleaner descriptions of who can bill what, clearer rules about how the codes work together, and better alignment with modern ABA practice. The core services these codes cover are not going away, but the language around them is being tightened up.

Change 3: Two codes are being deleted

The two Category III codes are being retired:

- **0362T** (assessment for destructive behavior)
- **0373T** (treatment for destructive behavior)

Practices currently billing these codes will need to transition to the four new harmful behavior codes on January 1, 2027. The clinical work being described is essentially the same. The billing structure is changing.

Change 4: Guidelines are being updated

The AMA is also revising the guidelines around how to use the whole ABA code set. Specific changes are still confidential, but the goal is to reduce confusion and denials by making the rules clearer.

PART 4: Telehealth status of the new codes

This is one of the most important open questions for the 2027 changes.

What CMS said in the proposed rule:

CMS proposes maintaining all current CPT codes (97151 through 97158) on Medicare's permanent telehealth coverage list for 2027.

However, CMS did not address whether the six new codes (97X1X through 97X6X) will be added to the telehealth list.

What the ABA Coding Coalition is doing:

The ABA Coding Coalition has publicly stated it plans to formally request that the six new codes be added to Medicare's permanent telehealth list during the 60-day public comment period that started July 14, 2026.

Whether that request is granted will not be known until CMS releases the final Medicare Physician Fee Schedule in November 2026.

This is particularly relevant for the new 97X3X code (non-face-to-face professional services). This code is inherently designed to happen away from the client, so telehealth-style delivery is essentially built into the code itself.

PART 5: How the new codes will be priced

CMS proposes to use contractor pricing for all six new codes. This means each Medicare Administrative Contractor (MAC) sets its own reimbursement rate rather than CMS assigning a single national rate.

This is consistent with how the existing ABA codes (97151 through 97158) are already priced. CMS has extended contractor pricing for both the existing and new adaptive behavior codes through 2027.

What this means in practice:

- Different regions of the country may see different reimbursement amounts for the same code
- State Medicaid programs and commercial payers set their own rates separately
- Practices should not assume any specific dollar amount until their MAC publishes rates

PART 6: Timeline of key dates

Already happened

September 2025: AMA CPT Editorial Panel approved the 2027 changes

January 2026: RUC HCPAC reviewed the new codes for RVU valuation

July 14, 2026: CMS released Proposed 2027 Medicare Physician Fee Schedule

Coming up

September 2026 (approximately): 60-day public comment period on CMS proposed rule ends

November 2026: CMS releases final 2027 Medicare Physician Fee Schedule

Late 2026: AMA publishes 2027 CPT Professional Edition with official code numbers and descriptors

January 1, 2027: New codes take effect. Old T codes (0362T, 0373T) deleted. All eight existing codes get their revised descriptors.

PART 7: What practices should do right now

The ABA Coding Coalition has issued clear guidance: do NOT make changes to your EMR, billing systems, or operations until the AMA publishes the official 2027 CPT Professional Edition. Everything before that is still subject to change.

That said, there is a lot you can do to prepare without making system changes:

1. Audit how your BCBAs currently document non-face-to-face work

The new 97X3X code will reward practices that already track BCBA review time, protocol revision time, and behind-the-scenes clinical decision-making. Most practices have never structured this work as a billable activity. Start now:

- How are your BCBAs currently tracking time spent reviewing data outside of sessions?
- Do you have documentation of protocol changes with dates, reasoning, and decision-maker?
- Is BCBA thinking time being lost to unbilled admin work right now?

2. Review how you handle multi-technician cases

The four new harmful behavior codes require documentation of multiple technicians delivering services together. If your practice serves clients with harmful behaviors:

- Can your system schedule two or more technicians on the same session?
- Are you documenting each technician's individual contribution?
- Do your session notes support what each staff member did?

3. Version-control your treatment protocols

The new codes recognize protocol revisions as distinct clinical events. Practices that just overwrite treatment plans without a history trail will struggle. Practices that already track protocol changes with dates and reasons will be in a strong position.

4. Talk to your practice management platform vendor

Ask direct questions like:

- How will your platform support the new codes when they take effect?
- Will non-face-to-face BCBA work be structured or just added as documentation?
- How will multi-technician sessions be scheduled and documented?
- What is your timeline for implementing the 2027 code changes?

5. Follow the ABA Coding Coalition

The ABA Coding Coalition (abacodes.org) is the authoritative source for updates. They will publish detailed guidance, model coverage policies, and educational webinars once the AMA confidentiality period ends and the final rule is released.

6. Do NOT change your billing systems yet

Even though CMS has published proposed descriptors, nothing is final. Making system changes before official AMA publication and final CMS rule could cause billing errors, denials, and rework when the actual codes are released.

PART 8: Official sources you can visit yourself

Every claim in this guide is verified against these primary sources. If you have any question about a specific detail, check these sources directly.

1. ABA Coding Coalition - the authoritative source:

https://abacodes.org

Specifically their July 15, 2026 post on the CMS proposed rule:

https://abacodes.org/cms-releases-proposed-2027-medicare-physician-fee-schedule-mpfs/

2. Association of Professional Behavior Analysts (APBA):

https://www.apbahome.net/news/-aba-cpt-codes-update

3. American Medical Association (AMA) CPT information:

https://www.ama-assn.org/practice-management/cpt

4. CMS Physician Fee Schedule page:

https://www.cms.gov/medicare/payment/fee-schedules/physician

5. Virginia Association for Behavior Analysis (has clear provider summary):

https://virginiaaba.org/upcoming-revisions-to-aba-cpt-codes/

6. MissionViewpoint analysis (detailed breakdown of the six new codes):

https://www.missionviewpoint.com/the-six-new-adaptive-behavior-cpt-codes-impact-on-your-tech-stack/

Important verification note

The six new CPT codes described in this guide remain unofficial until the American Medical Association publishes the 2027 CPT Professional Edition in late 2026. Descriptor language is based on CMS's proposed 2027 Medicare Physician Fee Schedule, which is subject to a public comment period and revision before the final rule is issued in November 2026.

The ABA Coding Coalition has explicitly cautioned providers and payers against making changes to EMR systems or billing operations until the official publication is released.

This guide is for informational purposes only and is not billing, legal, or clinical advice. Always verify current billing requirements with your specific payers, your practice's compliance team, and the ABA Coding Coalition's official publications.

This document reflects the state of the 2027 ABA CPT code changes as of August 6, 2026.