

Medicaid Procedure Codes and Rates - Autism Services
Effective 7/1/2020

Procedure Code	Service Description	Rate	Duration/Unit
97151	Behavioral identification assessment by qualified health care professional (QHP)	\$25.03	15 minutes
97153	Adaptive behavior treatment by protocol, administered by technician under direction of QHP to one patient	\$19.02	15 minutes
97154	Adaptive behavior treatment by protocol, administered by technician under direction of QHP to multiple patients	\$7.60	15 minutes
97155	Adaptive behavior treatment with protocol modification administered by QHP to one patient	\$25.03	15 minutes
97156	Family adaptive behavior treatment guidance by QHP (with or without patient present)	\$15.71	15 minutes
97157	Multiple-Family Group Adaptive Behavior Treatment Guidance, administered by QHP (without the patient present), face to face with multiple sets of guardians/caregivers	\$6.28	15 minutes
97158	Group Adaptive Behavior Treatment with Protocol Modification, administered by QHP face to face with multiple patients	\$10.01	15 minutes