

Medicaid Procedure Codes and Rates - Autism Services
Effective: {Effective date of regulations - ____/____/____}

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

*aggregate system limits are 1040 hours in six-month period / SA override allowed

**aggregate system limits are 52 hours in six-month period / SA override allowed

12 family adaptive behavior treatment guidance in a 12-month period / SA override allowed

one behavior identification assessment in a six-month period / SA override allowed