

**Medicaid Procedure Codes and Rates – Autism Services**  
**Effective: {Effective date of regulations \_\_\_\_/\_\_\_\_/\_\_\_\_}**  
**Version date: January 22, 2024**

<b>Procedure Code</b>	<b>Service Description</b>	<b>Rate</b>	<b>Duration/Unit</b>
97151	Behavior identification assessment by qualified health care professional	\$ 25.03	15 minutes
97153	Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to one patient	\$ 19.02	15 minutes
97154	Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to multiple patients	\$ 7.60	15 minutes
97155	Adaptive behavior treatment with protocol modification administered by qualified health care professional to one patient	\$ 25.03	15 minutes
97156	Family adaptive behavior treatment guidance by qualified health care professional (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