

Medicaid Procedure Codes and Rates - Autism Services

Effective May 25, 2022

Procedure Code	Service Description	Rate	Duration/Unit
97151	Behavioral 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

*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