

Medicaid Procedure Codes and Rates - Autism Services

Effective July 1, 2020

Procedure Code	Service Description	Rate	Duration/Unit	*Service Limits Max
97151	Behavioral identification assessment by qualified health care professional	\$ 6.00	15 minutes	20 hours per day
97153	Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to one patient	\$ 19.02	15 minutes	8 hours per day
97154	Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to multiple patients	\$ 7.60	15 minutes	8 hours per day
97155	Adaptive behavior treatment with protocol modification administered by qualified health care professional to one patient	\$ 25.03	15 minutes	4 hours per day
97156	Family adaptive behavior treatment guidance by qualified health care professional (with or without patient present)	\$ 15.71	15 minutes	1 hour per day

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