

ND MEDICAID *AUTISM SERVICES* FEE SCHEDULE

as of 01/01/2019

Inclusion of a procedure code or service does not imply Medicaid coverage, reimbursement, or lack thereof.

CODE	DESCRIPTION	MEDICAID FEE
97151	Behavior identification assessment by qualified health care professional, each 15 minutes	\$26.92
97152	Behavior identification assessment by technician under direction of qualified health care professional, each 15 minutes	\$19.92
97153	Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to one patient, each 15 minutes	\$9.18
97154	Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to multiple patients, each 15 minutes *	\$2.30
97155	Adaptive behavior treatment with protocol modification administered by qualified health care professional to one patient, each 15 minutes	\$26.92
0373T	Adaptive behavior treatment with protocol modification for patient exhibiting destructive behavior, each 15 minutes of technicians' face-to-face time	\$11.02