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December 31, 2024

MEMORANDUM

MEMO NO.

QI-24-31 [Replaces QI-2301]
FFS 24-13 [Replaces FFS 23-01]

TO: QUEST Integration (QI) Health Plans, Physicians, Advance Practice Registered Nurses (APRNs), Behavioral Health Providers, Hawaii Department of Health Developmental Disabilities/Intellectual Disabilities (DD/ID) and Providers, Hawaii Department of Health Early Intervention Program, and Hawaii Department of Education and Provider

FROM: Judy Mohr Peterson, PhD 
Med-QUEST Division Administrator

SUBJECT: COVERAGE OF INTENSIVE BEHAVIORAL THERAPY (IBT) FOR TREATMENT OF CHILDREN UNDER 21 YEARS OF AGE WITH AUTISM SPECTRUM DISORDER (ASD): GUIDELINES FOR APPLIED BEHAVIORAL ANALYSIS (ABA)

UPDATED GUIDANCE

This memorandum modifies memo QI-2301/FFS 23-01 and the text of this memo is incorporated into this revision identified as memo QI-2431/FFS 24-13. Updated guidance is inserted in shaded text. Voided text from QI-2301/FFS 23-01 is stricken.

Updates include standards for billing and rendering providers of Applied Behavior Analysis (ABA) in the treatment of autism spectrum disorder (ASD). Clarifying guidance regarding the allowable rendering ABA providers for the treatment of ASD and updates to FFS reimbursement rates for ABA services are also included. Though MQD covers other forms of Intensive Behavioral Therapy (IBT), this memo only includes guidelines for related to ABA services.

Centers for Medicare & Medicaid Services (CMS) guidance clarifying Medicaid coverage of services for children with ASD pursuant to section 1905(a) of the Social Security Act for the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit is unchanged. Under section 1905(r) of the Social Security Act, state Medicaid programs must cover medically necessary services for members under 21 years of age, including those diagnosed with ASD. Therefore, Hawaii's QI health plans must continue to comply with the full range of EPSDT duties and requirements. These duties include providing medically necessary Intensive Behavioral Therapy (IBT) treatment modalities, which include ABA, for children under 21 years of age. QI health plans shall coordinate and promote continuity of care and ensure that members receive all medically necessary services.

Please direct any questions to the MQD provider hotline via email to hcsbinquiries@dhs.hawaii.gov

Attachments

- A: Guideline for Accessing Applied Behavior Analysis (ABA) Coverage for Autism Spectrum Disorder (ASD) through Med-QUEST (MQD)
 - B: Process for Accessing Applied Behavior Analysis (ABA)
 - C: FFS Coding/ Rates for Applied Behavioral Analysis (ABA)
-
- c: Department of Health, Developmental Disabilities Division (DOH-DDD)
Department of Health, Early Intervention Program (DOH-EIP)
Department of Education (DOE)

Guideline for Accessing Applied Behavior Analysis (ABA) Coverage for Autism Spectrum Disorder (ASD) through Med-QUEST (MQD)

Introduction

These MQD guidelines outline the process for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) eligible Med-QUEST (MQD) members diagnosed with an autism spectrum disorder (ASD) to access Applied Behavior Analysis (ABA) and requirements for providers to be reimbursed for ABA services. These guidelines align with the most current edition of the Council of Autism Service Providers (CASP) [Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for Healthcare Funders and Managers](#).

MQD or the QUEST Integration (QI) health plan is required to help the Primary Care Provider (PCP), state agency, or any other healthcare professional caring for the member find specialty providers to avoid delays in accessing medically necessary care. This may include, but not be limited to, helping the PCP find a diagnosing or rendering provider for:

- Diagnosing ASD;
- Psychological Testing; or
- Assessment and Treatment of ASD.

The titles of diagnosing and rendering providers are used in this guidance to clarify roles in the treatment of ASD.

ABA is not a long-term service and support (LTSS), respite, or home and community-based service (HCBS).

Attachment B provides a flow chart that diagrams the process for accessing and receiving ABA services through the MQD benefit described in Attachment A.

Attachment C includes ABA specific service descriptions, codes, and FFS rates.

Contents

| | |
|---|---|
| 1. Screening | 2 |
| 2. Diagnostic Evaluation..... | 3 |
| 3. Initial Assessment and Treatment Plan Development..... | 4 |
| 4. Applied Behavior Analysis (ABA) | 5 |
| Telehealth..... | 5 |
| 5. Re-evaluation..... | 6 |
| 6. Administrative Requirements | 7 |

1. Screening

Screening for potential ASD is a critical component and first step in the treatment of ASD and in accessing ABA. No prior authorization (PA) is required for screening.

The PCP performs screening in EPSDT visits, or any other time concerns are raised by caregivers. If screening indicates that the member needs further specialized evaluation, the PCP will either perform the diagnostic evaluation or refer to a diagnosing provider. The PCP must document, assess, and address concerns raised by caregivers at the time concerns are reported.

The PCP may contact the member’s QI health plan for assistance in coordinating referral to a diagnosing provider. If the PCP diagnoses or if the member is already diagnosed with an ASD, the QI health plan can assist in coordinating referral to a qualified rendering provider for the initial assessment and treatment plan development (see Step #3 below), if indicated.

Health Coordination is recommended for members with complex needs where coordination of services will benefit the member and family. If the family accepts the assistance, Health Coordination will support the member and their family through the steps to access ABA and any other medically necessary services. Any member or their caregiver may request Health Coordination from the QI health plan at any time. The PCP may also request health coordination for the member and their family. Below are the QI health plan contacts to request Health Coordination:

| QI Health Plan | Contact Information- Accessing Health Coordination |
|---------------------------------|---|
| AlohaCare | (808) 973-1650 or toll-free at 1-800-434-1002 |
| HMSA | (808) 948-6997 or toll-free at 1-800-440-0640 |
| Kaiser Permanente | (808) 432-5330 |
| ‘Ohana Health Plan | 1-888-846-4262 |
| UnitedHealthcare Community Plan | 1-888-980-8728 |

2. Diagnostic Evaluation

A diagnosis of ASD, or symptoms suggesting ASD to a qualified diagnosing provider are required to be present to receive ABA. The diagnosis shall be made by one of the following licensed practitioners (diagnosing providers):

- Developmental behavioral pediatrician;
- Developmental pediatrician;
- Neurologist;
- Pediatrician;
- Psychiatrist;
- Psychologist; or
- Other licensed practitioner with specialized expertise in ASD.

The diagnosing provider will perform a diagnostic evaluation of the member's behavior and development. Diverse presentations of ASD require that each evaluation be specific and address the variations from one member to another. Practitioners are required to use evidence-based assessments to evaluate the member's specific needs.

No PA is required for diagnostic evaluation, but QI health plans may require a referral from the PCP. Please note that QI health plans may also require PA for any additional psychological testing (in addition to diagnostic evaluation) needed to reach a definitive diagnosis.

The diagnosing provider will refer members diagnosed with ASD to a rendering provider for assessment and treatment plan development. QI health plans shall help the diagnosing provider find a rendering provider, if requested.

If the diagnosing provider suspects ASD, but requires further evaluation before making a definitive diagnosis, the member may qualify for up to a 26-week trial of ABA prior to diagnosis. Diagnosing providers may submit information for the QI health plan to consider a trial period of ABA. The QI health plan may approve extensions of the trial period or additional trial periods. Information submitted will include diagnoses (i.e., social/pragmatic language disorder, mixed receptive expressive disorder, developmental delay, etc.) along with documentation of the member's developmental delays significantly affecting communication, interaction, behaviors, interests, and activities.

If the member does not meet any of the current diagnostic criteria for ASD, the QI health plan shall help the diagnosing provider find another licensed practitioner who can provide medically necessary treatment for the member.

3. Initial Assessment and Treatment Plan Development

The initial assessment and development of the treatment plan shall be performed by any of the following rendering providers:

- Any of the diagnosing providers identified in Step #2 above;
- Licensed Behavior Analyst (LBA): Board-Certified Behavioral Doctorate (BCBA-D); or
- Licensed Behavior Analyst (LBA): Board-Certified Behavioral Analyst (BCBA).

Assessment and formulation of treatment goals may require PA from the QI plan. All assessment and treatment goal development will be consistent with the most current edition of the Council of Autism Service Providers (CASP) [Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for Healthcare Funders and Managers](#). The assessment will include but not be limited to gathering information from the following sources:

- Record Review;
- Interviews;
- Direct Observation and measurement of behavior using various assessment tools (functional behavior, Skills-Based, and Standardized assessments);
- Risk Assessment;
- Assessment from other Professionals, as needed.

If requested by the rendering provider, the QI health plan shall help to find additional licensed practitioners to perform components of the initial assessment. These components of the initial assessment may include intellectual and achievement tests; developmental, adaptive behavior, communication, and cognitive assessments; standardized psychometric testing; assessments of comorbid mental health conditions; general psychopathology; and evaluations of family functioning and needs. If additional testing is needed, QI health plans may require additional PA. The QI health plan will directly reimburse licensed practitioners who perform components of the assessment.

The rendering provider will submit the assessment and treatment plan to the member's QI health plan for PA before treatment begins. Other state agencies will document and submit the assessment and treatment plan for the member's circle of support to review and approve before treatment begins. All treatment plans will include:

- a. Description of each treatment plan goal and standardized measurement system that will be used to reassess goal progress. Standardized measurement systems may include VBMAPP¹ or ABLLS-R^{®2}; and
- b. Provide an anticipated timeline and treatment hours needed to achieve each goal based on both the initial assessment; and
- c. Document that services will be delivered by a rendering provider who is licensed and actively enrolled in the State of Hawaii's Medicaid Program.

The rendering provider will obtain input into the development and updating of the treatment plan from the PCP, diagnosing provider, caregivers, and the member, as appropriate.

4. Applied Behavior Analysis (ABA)

The QI health plan will issue a PA for ABA when it determines ABA is medically necessary and recommended by a rendering provider. State agencies will determine the process for accessing medically necessary ABA through the state agency. All treatment plans shall include the goals and associated settings/locations where services will be delivered. Members may receive ABA services in settings/locations that address challenging behaviors identified in the assessment and maximize treatment outcomes. Locations include but are not limited to a clinic, member's home, or other community settings. Rendering providers and their treatment team can include:

- LBA (BCBA or BCBA-D) (as provided in Step #6 below);
- Board Certified Assistant Behavior Analyst® (BCaBA®), (supervised by an LBA (BCBA or BCBA- D) see Step #6 Administrative Requirements);
- Registered Behavior Technician® (RBT®), (supervised by an LBA (BCBA or BCBA-D) see Step #6 Administrative Requirements).

Individual-specific treatment plans and interim progress assessments must be submitted at least every 26 weeks based on clinical progress towards treatment plan goals. The health plan and state agencies shall require documented measured progress as follows:

- a. Measure of progress towards each treatment plan goal using a standardized measurement system that may include VBMAPP or ABLLS-R®; and
- b. Documentation of changes to treatment plan and why those changes were made. This documentation must include accompanying data collected on goals.
- c. Provide an anticipated timeline and treatment hours needed for achievement of the goal based on both the initial assessment and subsequent reevaluations over the duration of the intervention; and
- d. Document that services are delivered by a rendering provider who is licensed and actively enrolled in the State of Hawaii's Medicaid Program.

Note: Interim progress assessments may be required by the QI health plan or state agency more often than every 26 weeks when warranted by individual circumstances.

Telehealth

Please refer to the [current MQD telehealth policy](#) for guidance on delivering services via telehealth to Quest Integration members.

¹ Tribute, J., VB-MAPP, T. and Policy, P., 2022. *VB-MAPP – Mark Sundberg – Official Publisher*. [online] Marksundberg.com. Available at: <<https://marksundberg.com/vb-mapp/>> [Accessed August 2024].

²² Set, A., 2022. *ABLLS-R Set*. [online] Partington Behavior Analysts. Available at: <<https://partingtonbehavioranalysts.com/products/ablls-r-the-assessment-of-basic-language-and-learning-skills-revised>> [Accessed August 2024].

5. Re-evaluation

To avoid breaks in treatment, the rendering provider shall submit an interim progress assessment and request for PA to continue services at least two weeks before the end of the approved treatment period. PA requests shall include a re-evaluation assessing progress toward treatment goals. The QI health plan or state agency must evaluate and determine the PA in a timely fashion so that there are no breaks in medically necessary services. The QI health plan or state agency may continue to authorize ABA services for members with ASD when the following criteria are met:

- A. Interim progress assessments are submitted at least every 26 weeks; and
- B. Documentation of changes to treatment plan and why those changes were made. This documentation must include accompanying data collected on goals.
- C. The interim progress assessment measures progress towards each treatment plan goal using a standardized measurement system that may include VBMAPP or ABLLS-R[®]; and
- D. The interim progress assessment includes an anticipated timeline and treatment hours for achievement of the goal based on both the initial assessment and subsequent reevaluations over the duration of the intervention; and
- E. The interim progress assessment documents that services are delivered by a rendering provider who is licensed and actively enrolled in the State of Hawaii's Medicaid Program.

Note: A qualified rendering provider may request a re-evaluation of the ASD diagnosis if there are significant concerns that the member's presentation of symptoms do not meet the diagnostic criteria for ASD.

6. Administrative Requirements

a. Credentialing and Contracting of Rendering Providers

- i. QI health plans and state agencies will follow their established [and Department of Human Services, MQD reviewed and approved] credentialing and contracting processes for diagnosing and rendering providers involved in the screening, diagnosing, assessment, evaluation, treatment, or any other aspect of services for ASD.
- ii. QI health plans and state agencies shall ensure rendering providers are:
 - a. Licensed in the State of Hawaii;
 - b. Practicing within the scope of their license;
 - c. Actively enrolled in the State Medicaid Program;
 - d. For providers practicing as a BCBA-D, BCBA, BCaBA, or RBT, that the provider has obtained and currently maintains formal credentialing and certification within the profession of behavior analysts coordinated by the Behavior Analyst Certification Board (BACB);
 - e. For providers practicing as a BCaBA or a RBT, that the provider is working under the supervision of a licensed behavior analyst (BCBA-D or BCBA).
- iii. The licensed behavior analyst (BCBA-D or BCBA) is responsible for supervision of BCaBA and RBTs:
 - a. All aspects of clinical direction, supervision, and case management.
 - b. Knowledge of each member and of the treatment team's ability to effectively carry out clinical activities before assigning them.
 - c. Familiarity with the member's assessment, needs, treatment plan, and conducting regular direct observation of the treatment team implementing the plan through case supervision.
 - d. Case supervision is comprised of both direct and indirect hours. Depending on the clinical needs of the member, case supervision generally consists of at least one to two hours for every 10 hours of all RBT service hours with at least one of the two hours being direct supervision (with or without the member present). Direct supervision must always be provided at least 5% of all BCaBA and RBT service delivery hours. All supervision and oversight of unlicensed staff must meet the most current BACB guidelines.

b. Prior Authorization (PA) Requirements

- i. QI health plans and state agencies shall have requirements for PA of ABA services that are consistent with [Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for Healthcare Funders and Managers](#).
- ii. No PA is required for EPSDT services provided by a PCP.
- iii. No PA is required for a diagnostic evaluation. (The QI health plan may require a referral from the PCP. Additional psychological testing requires a PA).
- iv. QI health plans and state agencies shall not limit access to ABA services but may determine and communicate requirements for each component of the assessment process.
 - a. PA is required for reimbursement of services provided under the treatment plan.
 - b. QI health plans and state agencies will prior authorize on-going services when the member is demonstrating documented improvement, ameliorating, or maintaining current developmental status in the following areas: social skills, communication skills, language skills, behavior change or adaptive functioning.
 - c. Rendering providers may request PA for additional treatment hours for school-aged

members when school is not in session.

- d. Rendering providers shall request prior authorization in hours/week for up to 26 weeks (i.e., six months).
 - e. Rendering providers shall document coordination of ABA service goals and delivery to a member between the member's QI health plan and other state agencies to insure coordination yet no duplication of services.
 - f. QI health plans and state agencies will follow their established (MQD reviewed and approved) policy for PA.
- c. Reimbursement/Coding
- i. Fee-for-service (FFS) reimbursements are based on the current published MQD FFS schedule rates. Attachment C is a list of codes with reimbursement rates under the Hawaii Medicaid FFS program.
 - ii. QI health plans may reimburse providers for covered services at rates higher than the current published MQD FFS schedule rates.
 - iii. Payment for covered services shall only be made to a rendering provider if the following conditions are met:
 - a. For services performed by an LBA (BCBA or BCBA-D), BCaBA or RBT, the QI health plan shall reimburse the licensed practitioner or agency that contracts with or employs the licensed practitioner, the LBA (BCBA-D or BCBA), BCaBA or RBT.
 - b. A rendering provider may only bill for one member at a time except for provision of group services.
 - c. If multiple rendering providers (i.e., LBA, BCaBA, and RBT) are providing services to a member at the same time, only one rendering provider may bill for the services.

As long as the criteria for both codes are met and are being billed with different modifiers, an exception is made to allow concurrent billing for procedure codes 97153 and 97155:

 - (a) 97153: delivered by an RBT under the supervision of an LBA
 - (b) 97155: delivered by an LBA as the sole provider or by a BCaBA under the supervision of an LBA
 - iv. Treatment will not be covered when any of the following apply:
 - a. Care is primarily custodial in nature;
 - b. Member is not medically stable;
 - c. Services are provided by family or household members;
 - d. Treatment is provided as LTSS, HCBS, or respite service;
 - e. Treatments are considered experimental or lack scientifically proven benefit; or
 - f. Services are provided outside of the State.
- d. Coordination of Benefits
- i. Medicaid is secondary to all other insurance coverage; and
 - ii. Diagnosing, rendering providers and members (or members' families/guardians) should check with their QI health plan on coordination of benefits.

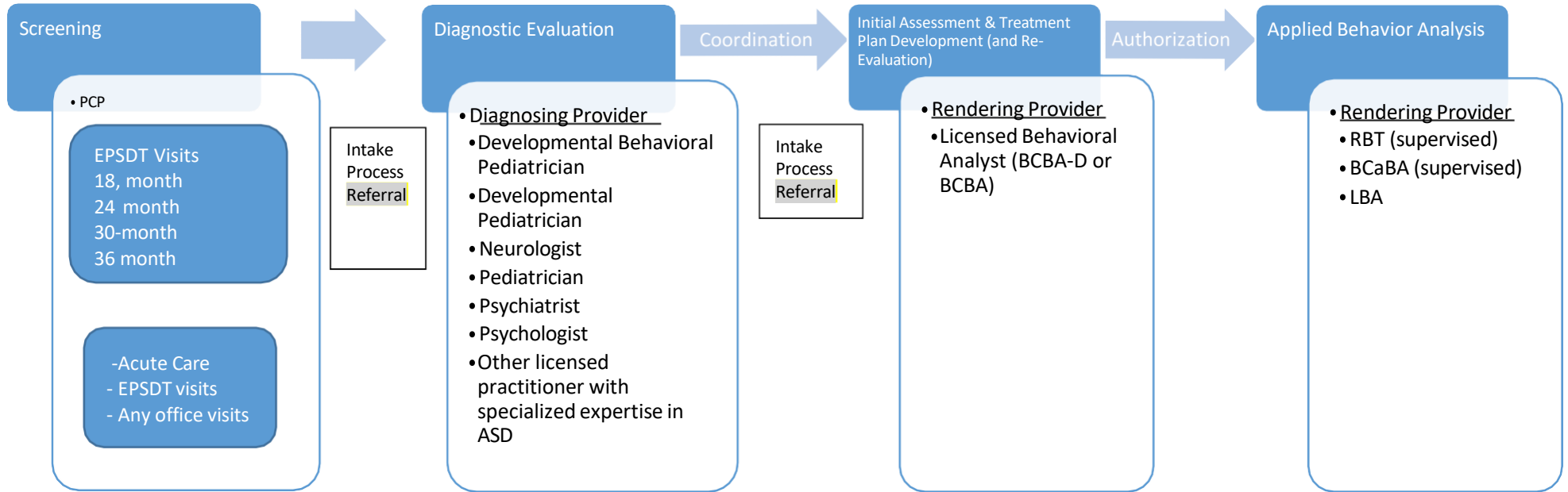
e. Coordination with Other State Programs

- a. Early Intervention Page (EIP) is responsible
- b. To provide EIP services to EIP eligible children aged zero to three. EIP services include Positive Behavioral Support services provided by licensed Behavioral Analysts in accordance with IDEA Part C. QI health plans provide medically necessary comprehensive ABA services for members in the EIP. QI health plans and the EIP will coordinate ABA services for EIP eligible members requiring comprehensive ABA. QI health plans and EIP will coordinate care for members to access additional medically necessary services too.
- c. The I/DD Waiver provides home and community-based services to support members to live in their own home and participate in their community. QI health plans provide medically necessary ABA services for EPSDT eligible members in the I/DD Waiver. QI health plans and the I/DD Waiver will collaborate with the member's circle of support to coordinate access to additional services.
- d. Department of Education (DOE) provides educationally necessary ABA services, which may also meet the criteria for medical necessity, to EPSDT eligible students in accordance with the IDEA while in school. The QI health plans will collaborate with the member's Individualized Education Plan (IEP) team to coordinate and access any additional services required for members outside of school.
- e. All medically necessary ABA services eligible for Medicaid matching will comply with the guidelines defined by this memorandum, its attachments, and the most current edition of the Council of Autism Service Providers (CASP) [Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for Healthcare Funders and Managers](#).

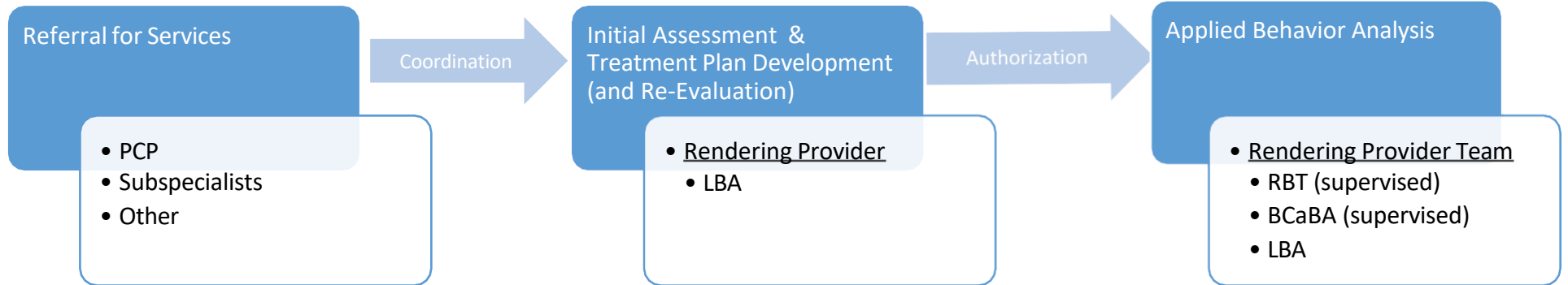
Attachment B

Process for Accessing Applied Behavior Analysis (ABA)

New Diagnosis



Confirmed Diagnosis



FFS Coding/ Rates for Applied Behavioral Analysis

Reimbursement rates are specific to the current Medicaid FFS fee schedule as of 2025, which is subject to change. The current fee schedule should always be consulted for current rates. Please check with the QUEST health plans for specific health plan rates.

| Code | Mod | Service Description | Provider | Unit/Rate | Notes |
|-------------------------------------|-----|---|----------------------|--------------------|---|
| Adaptive Behavior Assessment | | | | | |
| 97151 | HO | Behavior identification assessment , administered by an LBA, each 15 minutes of the LBA’s time face-to-face with member and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan. | LBA (BCBA or BCBA-D) | \$28.52 per 15 min | This code is used to report initial assessment and treatment plan development, reassessment, and progress reporting by the qualified practitioner. Code 97151 may be reported for non-face-to-face time for the qualified provider to score assessments, review records and data, and write or update the treatment plan. A behavior identification assessment (97151) may be followed by an observational assessment of behavioral functioning (97152) or exposure behavioral follow-up assessment(s) (0362T). LBA performs assessment/reassessment. and <u>cannot</u> be performed by a BCaBA or RBT (technician). |
| 97152 | HN | Behavior identification supporting assessment , administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 minutes. | BCaBA | \$20.24 per 15 min | 97152 is used to report supplemental supporting assessments determined by the qualified provider as needed to develop the treatment plan or progress report. These supplemental assessments are conducted by BCaBA under the supervision of an LBA of the treatment team. These assessments may occur in separate sessions but are bundled and reported under 97152 with the assessment. |

Revised 12/2024

FFS Coding/ Rates for Applied Behavioral Analysis

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| | | | | | |
|------------------------------------|----|---|------------------------------------|--------------------|---|
| 0362T | HO | <p>Behavior identification supporting assessment, administered by an LBA, face-to-face with the member, each 15 minutes of the LBA's time face-to-face with a member, requiring the following components:</p> <ul style="list-style-type: none"> Administered by the LBA who is on site, With the assistance of two or more treatment team members, For a member who exhibits destructive behavior, Completed in an environment that is customized to the member's behavior. | LBA (BCBA or BCBA-D) | \$54.71 per 15 min | |
| Adaptive Behavior Treatment | | | | | |
| 97153 | HM | <p>Adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified health care professional, face-to-face with one member.</p> | RBT, BCaBA or LBA (BCBA or BCBA-D) | \$17.66 per 15 min | <p>An adaptive behavior service protocol encompasses a written description of procedures for implementing a specified procedure addressing a member's assessment or treatment goal(s) and implementation of the procedures with the member. The direct treatment by protocol service delivered by an RBT can be billed concurrently with the delivery of the direct treatment with protocol modification service if the criteria for both services are met.</p> |
| | HN | | | | |
| | HO | | | | |

FFS Coding/ Rates for Applied Behavioral Analysis

Reimbursement rates are specific to the current Medicaid FFS fee schedule as of 2025, which is subject to change. The current fee schedule should always be consulted for current rates. Please check with the QUEST health plans for specific health plan rates.

| | | | | | |
|-------|----|--|----------------------|--|---|
| 97154 | HM | Group adaptive behavior treatment by protocol , administered by RBT under the direction of a physician or other qualified health care professional, face-to-face with two to eight members | RBT | Per 15 min 2(UN): \$12.58/member 3(UP): \$8.83/member 4(UQ): \$6.95/member 5(UR): \$5.83/member 6-8(US): \$4.35/member | A group includes at least 2 members but no more than 8. Report this code for each member attending the group session. For example, if five members attend the group session, report the code with modifier "UR" once for each member. |
| 97155 | HO | Adaptive behavior treatment with protocol modification , administered by a physician or other qualified healthcare professional, which may include simultaneous direction of a technician, face-to-face with one patient, every 15 minutes. | LBA (BCBA or BCBA-D) | \$35.94 per 15 min | This code is reported when an LBA or BCaBA conducts 1:1 direct treatment with the member to observe changes in behavior or troubleshoot treatment protocols; or when the LBA joins the member and the RBT during a direct treatment session to direct the treatment team member in implementing a new or modified treatment protocol. |
| | HN | | BCaBA | \$20.24 per 15 min | |
| 97156 | HO | Family adaptive behavior treatment guidance , administered by physician or other qualified health care professional (with or without the member present), face-to-face with guardian(s)/caregiver(s). | LBA (BCBA or BCBA-D) | \$46.20 per 15 min | |
| | HN | | BCaBA | \$25.01 per 15 min | |
| 97157 | HO | Multiple-family group adaptive behavior treatment guidance administered by a physician or other qualified healthcare professional (without the member present), face-to-face with multiple sets of guardians/caregivers. | LBA (BCBA or BCBA-D) | Per 15 min 2 (UN): \$24.86/family 3 (UP): \$17.45/family 4 (UQ): \$13.74/family 5 (UR): \$11.51/family >5 (US): \$8.60/family | A group includes at least 2 members Report this code for each set of caregivers for a given member who attend the group session. For example, if five families attend the group session, report the code once for each family. |
| | HN | | BCaBA | | |

FFS Coding/ Rates for Applied Behavioral Analysis

Reimbursement rates are specific to the current Medicaid FFS fee schedule as of 2025, which is subject to change. The current fee schedule should always be consulted for current rates. Please check with the QUEST health plans for specific health plan rates.

| | | | | | |
|-------|----|---|----------------------|--|---|
| 97158 | HO | Group adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare professional, face-to-face with multiple patients | LBA (BCBA or BCBA-D) | Per 15 min 2 (UN): \$24.86/member 3 (UP): \$17.45/member 4 (UQ): \$13.74/member 5 (UR): \$11.51/member >5 (US): \$8.60/member | A group includes at least 2 members. Report this code for each member attending the group session. For example, if five members attend the group session, report the code with modifier once for each member. |
| 0373T | HO | Adaptive behavior treatment with protocol modification, face-to-face with a patient, requiring the following components: <ul style="list-style-type: none"> • administered by the physician or other qualified healthcare professional who is on site; • with the assistance of two or more technicians; • for a patient who exhibits destructive behavior; • completed in an environment that is customized, to the patient's behavior. | LBA (BCBA or BCBA-D) | \$35.94 per 15 min | |
| | HN | | BcABA | \$20.24 per 15 min | |
| | HM | | RBT | \$17.66 per 15 min | |

FFS Coding/ Rates for Applied Behavioral Analysis

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Modifiers

| Modifier | Description |
|---|--|
| EP | Services provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) |
| HO | Licensed Behavior Analyst (LBA = BCBA or BCBA-D) |
| HN | Board Certified Assistant Behavior Analyst (BCaBA) |
| HM | Registered Behavior Technician (RBT) |
| UN | Two members or families served |
| UP | Three members or families served |
| UQ | Four members or families served |
| UR | Five members or families served |
| US | Six to eight members or families served |
| Modifiers for use when the Diagnostic Evaluation is performed by non-physicians, non-psychiatrist but by other licensed practitioners with specialized expertise in ASD | |
| TD | Advanced Practice Registered Nurse (APRN) |
| AJ | Licensed Clinical Social Worker |
| Modifiers for use when physician or other qualified health professional performs Assessment/Reassessment and Adaptive Behavior Treatment | |
| AF | Specialty Physician |
| AH | Clinical Psychologist |
| TD | Advanced Practice Registered Nurse (APRN) |
| AJ | Licensed Clinical Social Worker |

Acronym Key to certifications by the Behavior Analyst Certification Board®: Behavior Analyst Certification Board, Inc.® (BACB®); Board Certified Behavior Analyst® (BCBA®); Board Certified Behavior Analyst-Doctoral® (BCBA-D®); Board Certified Assistant Behavior Analyst® (BCaBA®); Registered Behavior Technician® (RBT®).