

Marketplace Applied Behavior Analysis (ABA) Custom Fee Schedule

Procedure Code	Procedure Code Description	Pricing/Allowable
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient	\$ 20.21/per 15 minutes
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient	\$ 20.21/per 15 minutes
97151	Behavior identification assessment, administered by a physician or other qualified health care professional	\$ 18.57/per 15 minutes
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient	\$ 17.94/per 15 minutes
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient	\$ 17.02/per 15 minutes
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients	\$ 3.93/per 15 minutes
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient	\$ 17.02/per 15 minutes
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s)	\$ 16.71/per 15 minutes
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers	\$ 19.36/per 15 minutes
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients	\$ 3.93/per 15 minutes

Maximum units allowed per CPT*

Procedure Code	Max unit allowed
0362T	8
0373T	32
97151	32
97152	8
97153	32
97154	12
97155	24
97156	16
97157	16
97158	16

Note: Medically Unlikely Edit (MUE) for a CPT code is the maximum units of service that a provider can report for one member on one date of service. If CMS updates the MUE list, the update will take precedence over the MUEs in this fee schedule.

Diagnosis Codes

Diagnosis Code	Description
F840	Autistic disorder
F842	Rett's syndrome
F843	Other childhood disintegrative disorder
F845	Asperger's syndrome

F848	Other pervasive developmental disorders
F849	Pervasive developmental disorder, unspecified

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