



**ND Medicaid  
Autism Services Fee Schedule  
as of 7/1/2024**

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

<b>Code</b>	<b>Description</b>	<b>Medicaid Fee</b>
97151	Behavior identification assessment by qualified health care professional, each 15 minutes	\$30.53
97152	Behavior identification assessment by technician under direction of qualified health care professional, each 15 minutes	\$22.60
97153	Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to one patient, each 15 minutes	\$10.39
97154	Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to multiple patients, each 15 minutes*	\$2.62
97155	Adaptive behavior treatment with protocol modification administered by qualified health care professional to one patient, each 15 minutes	\$30.53
97156	Adaptive behavior treatment by qualified health care professional with family using an established plan, each 15 minutes	\$28.33
0373T	Adaptive behavior treatment with protocol modification for patient exhibiting destructive behavior, each 15 minutes of technicians' face-to-face time	\$12.49