

**ND Medicaid
 Autism Services Fee Schedule
 as of 7/1/2021**

Inclusion or exclusion of a procedure code, supply, product, 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	\$28.71
97152	Behavior identification assessment by technician under direction of qualified health care professional, each 15 minutes	\$21.25
97153	Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to one patient, each 15 minutes	\$9.78
97154	Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to multiple patients, each 15 minutes*	\$2.46
97155	Adaptive behavior treatment with protocol modification administered by qualified health care professional to one patient, each 15 minutes	\$28.71
0373T	Adaptive behavior treatment with protocol modification for patient exhibiting destructive behavior, each 15 minutes of technicians' face-to-face time	\$11.75