

SECTION 4

PROCEDURE CODES

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UNITS OF SERVICE

ASD treatment services are billed using frequency limits and procedure codes. Each service has its own maximum number of units billable per beneficiary. SCDHHS will continue to monitor utilization for outliers.

SERVICE NAME	PROC CODE	MODIFIER / DESCRIPTION		UNIT FREQ	FREQ. LIMITS
Screening and Diagnostic Assessment Services					
Behavior Identification Assessment	97151	GT	BCBA-D BCBA BCaBA Via interactive video/audio telecommunication	1 unit = 15 minutes	32 units annually
Behavior Identification supporting Assessment	97152		BCBA-D BCBA BCaBA RBT* (intended for RBT under direction of physician or other qualified health care professional, face-to-face with patient)	1 unit = 15 minutes	21 units per day
Behavior Identification Supporting Assessment—2 or more Technicians	0362T		BCBA-D BCBA BCaBA RBT* (Must be billed by BCBA-D, BCBA, or BCaBA who is on site and directing treatment; service is face-to-face with patient)	1 unit = 15 minutes	16 units per day (claim is based on total time elapsed, not total time per each technician)

ASD Treatment Services					
Adaptive Behavior Treatment by Protocol	97153		BCBA-D BCBA BCaBA RBT*	1 unit = 15 minutes	160 units per week (in any combination)
Group Adaptive Behavior Treatment by Protocol	97154		BCBA-D BCBA BCaBA RBT*	1 unit = 15 minutes	2 – 6 patients, up to 6 hours a day
Adaptive Behavior Treatment with Protocol Modification	97155	GT	BCBA-D BCBA BCaBA RBT* Via interactive video/audio telecommunication	1 unit = 15 minutes	To be rendered at the rate of 10% of weekly therapy hours, up to 64 units per month (in any combination)
Adaptive Behavior Treatment with Protocol Modification— 2 or more technicians	0373T		BCBA-D BCBA BCaBA RBT* (Must be billed by BCBA-D, BCBA, or BCaBA who is on site and administering treatment; service is face-to-face with patient)	1 unit = 15 minutes	32 units per day (claim is based on total time elapsed, not total time per each technician)
Family Adaptive Behavior Treatment Guidance	97156	GT	BCBA-D BCBA BCaBA Via interactive video/audio telecommunication	1 unit = 15 minutes	96 units annually (up to 24 hours a year)
Multi-Family Group Adaptive Behavioral Treatment guidance	97157		BCBA-D BCBA BCaBA (service is without patient present)	1 unit = 15 minutes	16 units per day (2-6 caregivers and/or sets of caregivers, not to exceed 8 total participants)
Group Adaptive Behavior Treatment by Protocol	97158		BCBA-D BCBA BCaBA RBT*	1 unit = 15 minutes	2-6 patients, up to 6 hours per day

Non-ABA Treatment Services	H2019	Licensed Psychologist Licensed Psychoeducational Specialist Licensed Independent Social Worker-Clinical Practice Licensed Marriage and Family Therapist Licensed Professional Counselor	1 unit = 15 minutes	4 units per week
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*RBT must bill under a BCBA-D, BCBA, or BCaBA.

Developmental Evaluation Centers

Procedure codes listed below are reimbursed based on contracted rates for Developmental Evaluation Centers (DECs). DECs may bill other procedure codes for services appropriate to them outside of the contract with SCDHHS when necessary to adhere to Third Party Liability billing procedures

Procedure Code	Description	Modifier	Units
T1023	Neurodevelopmental Eval. & Screening. <ul style="list-style-type: none"> Board Certified/Board Eligible Developmental/Behavioral or Neurodevelopmental Disability Pediatrician Comprehensive neurodevelopmental evaluation, suspected learning disorder, developmental delay, behavioral disorder, neurodevelopmental disability or other developmental/behavioral disorder. Units of service may consist of evaluation activities involving the developmental/neurodevelopmental pediatrician, licensed social worker, RN or fellow under direct supervision of Board Certified Developmental/Behavioral or Neurodevelopmental Disabilities Pediatrician. 	00, GT	30-minute units 12 units per year
T1023 TF	Neurodevelopmental Eval. & Screening, Follow up <ul style="list-style-type: none"> Board Certified/Board Eligible Developmental/Behavioral or Neurodevelopmental Disability Pediatrician Review of initial evaluation, testing & assessment activities, treatment plan changes, medical & pharmaceutical management, reports, team conferences, family conferences, & communicating treatment recommendations to parents, primary care providers and other professionals. Units of service may consist of evaluation activities involving the Developmental/Neurodevelopmental Pediatrician, Licensed Social Worker, RN or fellow under direct supervision of Board Certified Developmental/Behavioral or Neurodevelopmental Disability Pediatrician. 	TF, GT	30-minute units 48 units per year
T1024	Psychological Developmental Eval. and Screening <ul style="list-style-type: none"> Licensed doctorate level psychologist Comprehensive psychological & developmental evaluation, suspected developmental, learning, or behavioral disorder. Services may consist of a comprehensive diagnostic interview, assessment of mental status & disposition, 	00, GT	30-minute units 24 units per year

	<p>family history, review of medical/educational records, psychological testing, neuropsychological testing, review/analysis of performance indicators from developmental, cognitive, & psychiatric testing, consultation with allied health providers & educational personnel, family conferences, team conferences, report preparation & treatment recommendations.</p> <ul style="list-style-type: none"> Units of service may consist of evaluation services performed by the doctorate level psychologist, master's level school psychologist, clinical psychology interns, or postdoctoral fellows under the supervision of a doctoral level psychologist. 		
T1024 TF	<p>Psychological Developmental Eval. and Screening, Follow up</p> <ul style="list-style-type: none"> Licensed doctorate level psychologist Psychological or neuropsychological testing to determine current psychological developmental status, mental status, updated family history, review of previous testing/reports, family conferences, team conferences, preparation of reports, and updating treatment recommendations. Units of service may be performed by a doctorate level psychologist, master's level school psychologist, clinical psychology intern, or postdoctoral psychology fellow under supervision of a doctorate level psychologist. 	TF, GT	<p>30-minute units 24 units per year</p>
G9004	<p>Coordination Care Fee, Schedule Team Conference</p> <ul style="list-style-type: none"> Referrals, therapeutic, medical, educational & behavioral intervention services, coordination of care with other providers, and care coordination services necessary to implement plan of treatment. 		<p>15-minute units 24 units per year</p>
G9011	<p>Coordination Care Fee, Risk Adjustment Maintenance Level 5</p> <ul style="list-style-type: none"> Brief, solution-focused behavioral consultation and/or behavior management intervention provided by master's level social worker, doctoral level psychologist, master's level school psychologist, master's level psychology intern, postdoctoral psychology fellow, or board-certified behavior analyst to provide comprehensive care to established patient. 		<p>15-minute units 60 units per year</p>

*RBT must bill under a BCBA-D, BCBA or BCaBA.

There may be clinical exceptions to the service limits when the number of units allowed may not be sufficient to meet the complex and intensive needs of the beneficiary. On these occasions, the request for frequencies beyond the service limits may be submitted directly to the ASO for approval. These requests must include the most recent diagnostic assessment, IPOC, and all CSNs for all services rendered to beneficiary during the 90 days prior to request.