

FEE SCHEDULE FOR AUTISM SPECTRUM DISORDER (ASD) SERVICES
EFFECTIVE January 1, 2019
PRIOR AUTHORIZATION REQUIRED FOR ALL SERVICES EXCEPT 97151

2018 CPT CODE	2019 CPT CODE	SERVICE	2019 Payment Rate	Service Standard
0359T	97151	Behavior Identification Assessment	\$33.25	1 per 6 months
0360T/0361T	97152	Behavior Identification Supporting Assessment	\$40.60	2 per 6 months
0362T/0363T	0362T	Behavior Identification Supporting Assessment	\$40.60	2 per 6 months
0364T/0365T	97153	Adaptive Behavior Treatment by Protocol	\$7.92	50 per week
0366T/0367T	97154	Group Adaptive Behavior Treatment by Protocol	\$3.96	6 per week
0368T/0369T	97155	Adaptive Behavior Treatment with Protocol Modification	\$19.38	2 per week
0370T	97156	Family Adaptive Behavior Treatment Guidance	\$13.75	1 per week
0371T	97157	Multiple Family Group Adaptive Behavior Treatment Guidance	\$6.62	1 per week
0372T	97158	Group Adaptive Behavior Treatment with Protocol Modification	\$6.62	3 per week
0373T/0374T	0373T	Adaptive Behavior Treatment with Protocol Modification	\$19.37	1 per month

Providers must maintain proper and complete documentation to justify the service provided and refer to the current CPT Code Book for proper coding.