

**Mississippi Division of Medicaid**  
**Autism Spectrum Disorder (ASD) FEE SCHEDULE**  
**COVER SHEET**



**Additional References:**

- [MS Division of Medicaid Website](#)
- [MESA Portal for Providers](#)
- [Medicaid National Correct Coding Initiative \(NCCI\) Edits](#)

Note Number	Column Title	Details
1	Code	• Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code
2	Description	• Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description
3	Prior Authorization	• This column identifies the codes that require prior authorization before the service is performed.
4	Min Age	• This column is the covered minimum age for the service.
5	Max Age	• This column is the covered maximum age for the service.
6	Fee Begin Date	• This column represents the date of which the fee became effective.
7	Fee End Date	• This column represents the date of which the fee end.
8	Max Units	• This column represents the maximum units the Division of Medicaid covers for the service.
9	Fee	• This column is the maximum amount that Division of Medicaid will pay for services for each unit.

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 PRINT DATE: October 3, 2022



The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

\*\*All services and maximums allowed quantities are subject to NCCI procedure-to-procedure or medically unlikely editing even if prior authorized.\*\*

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Code	Description	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Fee
97151	Bhv id assmt by phys/qhp	NO	0	20	05/01/2020	12/31/2299	32	34.18
97152	Bhv id suprt assmt by 1 tech	YES	0	20	07/01/2019	12/31/2299	16	41.74
97153	Adaptive behavior tx by tech	YES	0	20	07/01/2019	12/31/2299	32	8.14
97154	Grp adapt bhv tx by tech	YES	0	20	07/01/2019	12/31/2299	18	4.07
97155	Adapt behavior tx phys/qhp	YES	0	20	07/01/2019	12/31/2299	24	19.92
97156	Fam adapt bhv tx gdn phy/qhp	YES	0	20	07/01/2019	12/31/2299	16	14.14
97157	Mult fam adapt bhv tx gdn	YES	0	20	07/01/2019	12/31/2299	16	6.81
97158	Grp adapt bhv tx by phy/qhp	YES	0	20	07/01/2019	12/31/2299	16	6.81
0362T	Bhv id suprt assmt ea 15 min	YES	0	20	07/01/2019	12/31/2299	16	41.74
0373T	Adapt bhv tx ea 15 min	YES	0	20	07/01/2019	12/31/2299	32	19.92