

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2023169 NOVEMBER 30, 2023

IHCP announces fee schedule for ABA therapy services, effective Jan. 1, 2024

The Indiana Health Coverage Programs (IHCP) is announcing a fee schedule, effective Jan. 1, 2024, for applied behavior analysis (ABA) therapy services. The 2024 ABA therapy fee schedule will be implemented as a *minimum* fee schedule and the managed care plans *must* reimburse providers at or above the fee schedule rates.

ABA therapy services will also have a new procedure code-modifier combination that will need to be billed on the claim for appropriate reimbursement. Table 1 lists the ABA therapy services with new procedure code-modifier combinations and rates effective Jan. 1, 2024. For clarification, the meaning of the modifiers is listed below the table.

Providers will begin submitting claims with dates of service (DOS) on or after Jan. 1, 2024, using this fee schedule and the new procedure code-modifier combinations listed in Table 1.



This update will be reflected in the 2024 update to the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

Table 1 – ABA therapy fee schedule with new procedure code-modifier combination, effective for DOS on or after Jan. 1, 2024

Procedure code	Modifier*	Service description	Billing unit	Rate	Attended by
97151	U2	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or	15 minutes	\$21.87	Member and **QHP
97151	U3	guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	15 minutes	\$27.63	
97152	U1	Behavior identification-supporting assessment, administered by one technician*** under the direction of a physician or other qualified health care professional, face-to-face with the patient	15 minutes	\$17.06	Member and technician (QHP may substitute for the technician)

Table 1 – ABA therapy fee schedule with new procedure code-modifier combination, effective for DOS on or after Jan. 1, 2024 (Continued)

Procedure code	Modifier*	Service description	Billing unit	Rate	Attended by
97153	U1	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient	15 minutes	\$17.06	Member and technician (QHP may substitute for the technician)
97154	U1	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients	15 minutes	\$4.87	Two or more members and technician (QHP may substitute for technician)
97155****	U2	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient	15 minutes	\$21.85	Member and QHP (may include technician and/or caregiver)
97155	U3		15 minutes	\$27.63	
97156	U2	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s)	15 minutes	\$21.87	Caregiver and QHP (may include member)
97156	U3		15 minutes	\$28.23	
97157	U2	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers	15 minutes	\$6.25	Caregivers of two or more members and QHP
97157	U3		15 minutes	\$7.89	
97158	U2	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients	15 minutes	\$6.25	Two or more members and QHP
97158	U3		15 minutes	\$7.89	
0362T	U1	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior	15 minutes	\$28.54	Member and two or more technicians and QHP

Table 1 – ABA therapy fee schedule with new procedure code-modifier combination, effective for DOS on or after Jan. 1, 2024 (Continued)

Procedure code	Modifier*	Service description	Billing unit	Rate	Attended by
0373T	U1	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior	15 minutes	\$28.54	Member and two or more technicians; QHP on site

- * U1 = Delivered by credentialed registered behavior technician (RBT)
 U2 = Delivered by bachelor-level board certified assistant behavior analyst (BCaBA)
 U3 = Delivered by physician, doctoral-level board certified behavior analyst-doctoral (BCBA-D), master's-level board certified behavior analyst (BCBA), or health service provider in psychology (HSPP)
- ** Effective Jan. 1, 2024, qualified healthcare professional (QHP) is defined as a BCBA-D, BCBA, BCaBA, psychologist, or other credentialed professional whose scope of practice, training and competence includes behavior analysis.
- *** Effective Jan. 1, 2024, technician is defined as an RBT. A QHP may substitute for the technician.
- **** Procedure code 97155 may be billed concurrently with technician-delivered services for code 97153 when the patient is present, one or more protocols have been modified, and the QHP is directing the technician. A single QHP cannot bill both services at the same time.

QUESTIONS?

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