

APPLIED BEHAVIOR ANALYSIS (ABA) THERAPY SERVICES

Effective Date: 04/01/2019

All ABA Services require prior authorization from the Department. Review the prior authorization criteria for these services on the Prior Authorization website:

<http://dss.sd.gov/medicaid/providers/pa/>

| CODE | PROCEDURE | FEE |
|-------|--|---------|
| 97151 | Behavior identification assessment, administered by physician or other qualified health care professional, each 15 minutes. | \$31.42 |
| 97152 | Behavior identification-supporting assessment, administered by one technician, each 15 minutes. | \$7.32 |
| 97153 | Adaptive behavior treatment by protocol, administered by technician, each 15 minutes. | \$7.32 |
| 97154 | Group adaptive behavior treatment by protocol, administered by technician, each 15 minutes. | \$2.44 |
| 97155 | Adaptive behavior treatment guidance with protocol modification, administered by physician or other qualified health care professional, each 15 minutes. | \$31.42 |
| 97156 | Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional each 15 minutes. | \$31.42 |
| 97157 | Multiple-family adaptive behavior treatment guidance, administered by physician or other qualified health care professional each 15 minutes. | \$10.47 |
| 97158 | Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional each 15 minutes. | \$10.47 |

A provider may request South Dakota Medicaid review a procedure code for a possible rate adjustment. A provider may also request the inclusion or exclusion of a procedure code from the fee schedule. Changes must be requested through the provider portal, which can be accessed at :

<https://dss.sd.gov/medicaid/portal.aspx>

Under the communications tab on the provider portal, select "reviews and requests." Please include relevant documentation with your requests that supports the need for your requested change.