

**South Dakota Medicaid**  
**Applied Behavior Analysis (ABA) Therapy Services Fee Schedule**  
 Effective July 1, 2021

Providers must bill for services at their usual and customary charge. The fee listed below is the maximum allowable amount a provider may be reimbursed. Providers must append applicable modifiers to procedure codes. A list of authorized modifiers and payment effects is available at: <https://dss.sd.gov/docs/medicaid/modifiers.pdf>.

Providers should refer to South Dakota Medicaid's provider manual webpage for applicable coverage criteria and claim instructions: <https://dss.sd.gov/medicaid/providers/billingmanuals/>. For information regarding requesting a coverage or rate change refer to the Reconsideration, Reviews, Coverage Requests, and Fair Hearing provider manual.

Code	Description	Fee	Prior Auth Status
97151	Behavior identification assessment, administered by physician or other qualified health care professional, each 15 minutes.	\$ 32.82	PA Required
97152	Behavior identification-supporting assessment, administered by one technician, each 15 minutes.	\$ 7.65	PA Required
97153	Adaptive behavior treatment by protocol, administered by technician, each 15 minutes.	\$ 7.65	PA Required
97154	Group adaptive behavior treatment by protocol, administered by technician, each 15 minutes.	\$ 2.55	PA Required
97155	Adaptive behavior treatment guidance with protocol modification, administered by physician or other qualified health care professional, each 15 minutes.	\$ 32.82	PA Required
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional each 15 minutes.	\$ 32.82	PA Required
97157	Multiple-family adaptive behavior treatment guidance, administered by physician or other qualified health care professional each 15 minutes.	\$ 10.94	PA Required
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional each 15 minutes.	\$ 10.94	PA Required