



See [Web Announcement 3146](#)  
for additional updates.

January 3, 2022 (Updated November 17, 2022, and August 21, 2023)  
Web Announcement 2667

**Attention Provider Types 60 (School Health Services) and 85 (Applied Behavior Analysis):**

**Update Regarding Applied Behavior Analysis Procedure Codes**

Effective with claims with dates of service on or after January 1, 2022, the following procedure codes may be billed only for recipients under age 21 and may be billed only by provider types 60 (School Health Services) and 85 (Applied Behavior Analysis). These procedure codes cannot be span dated; they must be billed line by line for each procedure.

| Procedure Code | Description   |
|----------------|---|
| 97151*         | Behavior identification assessment, administered by a physician or other qualified healthcare professional  |
| 97152*         | Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional  |
| 0362T*         | Behavior identification supporting assessment   |
| 97153*         | 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   |
| 97155*         | 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        |
| 0373T*         | Adaptive behavior treatment by protocol with modification   |
| 97154          | 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                            |
| 97156*         | 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)                        |
| 97157          | Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardian(s)/caregiver(s) |
| 97158          | Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients  |

\* The daily limitation for these procedure codes per provider is 12 hours and weekly limitation per recipient is 40 hours.

**Update:** Claims for procedure codes 97154, 97157 and 97158 submitted by PT 60 and PT 85 with dates of service on or after January 1, 2022, through claims processed prior to August 21 2023, that denied with error code 5716 (Limit of 12 hours per NPI per day) will be reprocessed automatically at a later date. Results of any reprocessed claims will appear on a future remittance advice.

When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.