

ASD CODES AND RATES

Service Class	Claim Procedure Code	Units Allowed	Rates				
			MD	APRN/PA	Psychologist	LCSW/LPC/LMFT	BH Clinic
Autism Diagnostic Evaluation	0359T (3-5 hrs.)	up to 3 units total (cannot bill more than 1 unit/day)	\$720.00	\$648.00	\$612.00	\$504.00	\$612.00
	0359T – 22 expanded (5 or more hrs.)	up to 3 units total (cannot bill more than 1 unit/day)	\$1080.00	\$972.00	\$918.00	\$756.00	\$918.00
	0359T – 52 reduced (1-3 hrs.)	up to 3 units total (cannot bill more than 1 unit/day)	\$360.00	\$324.00	\$306.00	\$252.00	\$306.00

ASD CODES AND RATES

Service Class	Claim Procedure Code	Units Allowed	Rates				
			MD	APRN/PA	Psychologist	BCBA/LCSW/ LPC/LMFT	BH Clinic
Behavior Assessment	H0031	8 - 10 units	\$112.00/unit	\$112.00/unit	\$95.20/unit	\$78.40/unit	\$78.40/unit
Treatment Plan Development	H0032	1 unit (every 90 days)	\$112.00/unit	\$112.00/unit	\$95.20/unit	\$78.40/unit	\$78.40/unit
Program Book Development	H0032 -TS	3 units (every 90 days)	\$54.10/unit these rates are 70% of the rates above per provider type				
Group Treatment Services	0372T	Maximum of 4 units/day 1 unit= 45 minutes	\$11.79/unit	\$11.79/unit	\$10.02/unit	\$8.26/unit	\$8.26/unit
Direct Observation and Direction	H0046	10% of ABB (or as determined by clinical need)	\$28.00/unit	\$28.00/unit	\$23.80/unit	\$19.60/unit	\$19.60/unit
Service Delivery <i>BCBA and Licensed Clinicians ONLY</i>	H2014	As determined by medical necessity 1 unit= at least 15 minutes	\$19.39/unit	\$19.39/unit	\$16.48/unit	\$13.58/unit	\$13.58/unit
Service Delivery BCaBA and Behavior Technicians	0364T	As determined by medical necessity	\$22.50/unit 1 unit= first 30 minutes of every date of service				X
	0365T	As determined by medical necessity	\$22.50/unit 1 unit= 30 minutes for all subsequent units of every date of service				X

4 units
total