

State Plan Autism Services CPT Codes			
Service Class	Claim Procedure Code	Units Allowed	Qualified Healthcare Provider Who can Provide the Service
(ADE) Autism Diagnostic Evaluation	90791 – U5	3-5 hrs. Up to 3 units total (units = encounter)	MD, APRN/PA, Psychologist, LCSW/LPC/LMFT, BH Clinic
	90791 – U5 – 22 Expanded	6 or more hrs. Up to 3 units total (units = encounter)	
	90791 – U5 – 52 Reduced	1-2 hrs. Up to 3 units total (units = encounter)	
Behavior Assessment (ABA)	H0031	8 - 10 units 1 unit = 1 hour	MD, APRN/PA, Psychologist, BCBA/LCSW/LPC/LMFT, BH Clinic
Treatment Plan Development (APB)	H0032	1 unit (untimed & indirect)	MD, APRN/PA, Psychologist, BCBA/LCSW/LPC/LMFT, BH Clinic
Program Book Development (APB)	H0032 -TS	3 units (untimed & indirect)	MD, APRN/PA, Psychologist, BCBA/LCSW/LPC/LMFT, BH Clinic

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Service Delivery (ABB)	97153	1 unit = 15 minutes # of units to be determined by medical necessity	BCaBA and Behavior Technicians
	H2014	1 unit = 15 minutes # of units to be determined by medical necessity	MD, APRN/PA, Psychologist, BCBA/LCSW/LPC/LMFT, BH Clinic
Observation and Direction (AOD)	H0046	1 unit = 15 minutes # of units to be determined by medical necessity	MD, APRN/PA, Psychologist, BCBA/LCSW/LPC/LMFT, BH Clinic
Social Skills Group (ASG)	97158	1 unit = 15 minutes Maximum 12 units/day	MD, APRN/PA, Psychologist, BCBA/LCSW/LPC/LMFT, BH Clinic

Department of Social Services Rate Grid: <https://www.ctdssmap.com/CTPortal/Provider/Provider-Fee-Schedule-Download>