



# Medicaid 1915(b) Research-Based Behavioral Health Treatment Services for Autism Spectrum Disorder

Services must be in the provider’s contract with Vaya Health (Vaya). Acronyms are defined below. For services that do not require authorization, a concurrent request must be submitted if the maximum (if it exists) is exhausted. Guardianship paperwork is required as applicable for all services. Benefit limits may be exceeded for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requests.

Medicaid RB-BHT for ASD Effective date: 10-05-2023			
Service	Service Code	Documentation Requirements	Guidelines (refer to <a href="#">Vaya Provider Communication Bulletin 2022-23 Issue 37</a> and the <a href="#">May 2019 NC Medicaid Bulletin</a> for clinical considerations when submitting a request)
Behavior Identification Assessment (CCP 8F)	97151	<ul style="list-style-type: none"> <li><b>Passthrough:</b> Notification SAR</li> <li><b>Initial/concurrent requests for more than 32 units:</b> SAR; SO; clinical documentation by MD, DO, or psychologist validating diagnosis of ASD using scientifically validated tool(s)</li> </ul>	<b>Passthrough notification:</b> 32 units over a six-month period. Requests for more than 32 units will be reviewed for medical necessity.
Observational Behavioral Assessment and Follow-Up (CCP 8F)	97152	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; FBA; treatment plan; SO (annually); clinical documentation by MD, DO, or psychologist validating diagnosis of ASD using scientifically validated tool(s)</li> <li><b>Concurrent:</b> SAR; FBA; treatment plan; SO (annually)</li> </ul>	
Direct Intervention by Paraprofessional (CCP 8F)	97153 (97153 96)	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; FBA; treatment plan; SO (annually); clinical documentation by MD, DO, or psychologist validating diagnosis of ASD using scientifically validated tool(s)</li> <li><b>Concurrent:</b> SAR; FBA; treatment plan; SO (annually)</li> </ul>	

## Medicaid RB-BHT for ASD

Effective date: 10-05-2023

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<b>Group Adaptive Behavioral Protocol</b> (CCP 8F)	97154 (97154 96)	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; FBA; treatment plan; SO (annually); clinical documentation by MD, DO, or psychologist validating diagnosis of ASD using scientifically validated tool(s)</li> <li><b>Concurrent:</b> SAR; FBA; treatment plan; SO (annually)</li> </ul>	
<b>Modifications to Protocol by BCBA-LP</b> (CCP 8F)	97155	<ul style="list-style-type: none"> <li><b>Passthrough:</b> Notification SAR</li> <li><b>Initial requests for more than one hour per 10 hours of direct intervention/concurrent:</b> SAR; SO; clinical documentation by MD, DO, or psychologist validating diagnosis of ASD using scientifically validated tool(s); FBA; treatment plan</li> </ul>	<b>Passthrough notification:</b> One hour per 10 hours of direct intervention (97153 and 97154)
<b>Family Caregiver Training by BCBA</b> (CCP 8F)	97156	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; FBA; treatment plan; SO (annually); clinical documentation by MD, DO, or psychologist validating diagnosis of ASD using scientifically validated tool(s)</li> <li><b>Concurrent:</b> SAR; FBA; treatment plan; SO (annually)</li> </ul>	
<b>Family Training Program (Multi-Family Groups)</b> (CCP 8F)	97157	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; FBA; treatment plan; SO (annually); clinical documentation by MD, DO, or psychologist validating diagnosis of ASD using scientifically validated tool(s)</li> <li><b>Concurrent:</b> SAR; FBA; treatment plan; SO (annually)</li> </ul>	

ACRONYM	DEFINITION
ASD	Autism Spectrum Disorder
BCBA	Board-Certified Behavior Analyst
CCP	(NC Medicaid) Clinical Coverage Policy
FBA	Functional Behavior Assessment
RB-BHT	Research-Based Behavioral Health Treatment
SAR	Service Authorization Request
SO	Service Order