

Behavior Analysis Fee Schedule, effective January 1, 2022 through July 31, 2022

Service Description	HCPCS	Mod 1	Mod 2	Maximum Fee	Reimbursement and Service Limitations
Behavior Assessment	H0031	BA		\$385.19 per assessment	One per recipient per fiscal year
Behavior Reassessment	H0032	BA		\$192.59 per reassessment	Three per recipient per fiscal year
Behavior Analysis - Lead Analyst	H2019	BA		\$19.05 per quarter hour	
Behavior Analysis - Assistant Behavior Analyst	H2012	BA		\$15.24 per quarter hour	
Behavior Analysis - Technician	H2014	BA		\$12.19 per quarter hour	
Behavior Analysis – Group	H2014	BA	GK	\$7.58 per quarter hour	Two to six clients per group

Behavior Analysis Fee Schedule, effective August 1, 2022

Service Description	Procedure Code	Mod	Maximum Fee	Reimbursement and Service Limitations
Behavior identification - assessment	97151		\$19.05 per 15 minutes	Medicaid reimburses a maximum of 24 units per behavior assessment
Behavior identification - supporting assessment	97152		\$12.19 per 15 minutes	Medicaid reimburses a maximum of 8 units per behavior assessment
Assessment add-on practitioner	0362T		\$12.19 per 15 minutes	Medicaid reimburses a maximum of 16 units for an initial behavior assessment or reassessment; need must be prior authorized and determined to be medically necessary
Behavior Reassessment	97151	TS	\$19.05 per 15 minutes	Medicaid reimburses a maximum of 18 units for a behavior reassessment
Behavior treatment with protocol modification	97155		\$19.05 per 15 minutes	Service provided by a Lead Analyst
Behavior treatment with protocol modification	97155	HN	\$15.24 per 15 minutes	Service provided by an assistant behavior analyst (BCaBA)
Behavior treatment with protocol modification, under concurrent supervision, per 15 minutes, non-reimbursable	97155	XP	Not reimbursed	Supervisee only, supervisor may be reimbursed using 97155 or 97155HN
Behavior treatment by protocol	97153		\$12.19 per 15 minutes	Service provided by a Registered Behavior Technician (RBT), a BCaBA, or a Lead Analyst
Behavior treatment by protocol, under concurrent supervision, per 15 minutes, non-reimbursable	97153	XP	Not reimbursed	Supervisee only, supervisor may be reimbursed using 97153, 97155 or 97155HN
Treatment add-on practitioner	0373T		\$12.19 per 15 minutes	Need must be prior authorized and determined to be medically necessary
Family training by Lead Analyst	97156		\$19.05 per 15 minutes	Service provided by a Lead Analyst
Family training via telemedicine	97156	GT	\$19.05 per 15 minutes	Service provided by a Lead Analyst; Florida Medicaid reimburses up to 2 hours per week
Family training by assistant	97156	HN	\$15.24 per 15 minutes	Service performed by a BCaBA
Group BA services by protocol, two clients in group	97154	UN	\$7.58 per 15 minutes	Maximum 6 clients per group, service provided by Lead Analyst, BCaBA, or RBT
Group BA services protocol, three clients in group	97154	UP	\$7.08 per 15 minutes	Maximum 6 clients per group, service provided by Lead Analyst, BCaBA, or RBT
Group BA services by protocol, four clients in group	97154	UQ	\$6.58 per 15 minutes	Maximum 6 clients per group, service provided by Lead Analyst, BCaBA, or RBT
Group BA services by protocol, five clients in group	97154	UR	\$6.08 per 15 minutes	Maximum 6 clients per group, service provided by Lead Analyst, BCaBA, or RBT
Group BA services by protocol, six clients in group	97154	US	\$5.58 per 15 minutes	Maximum 6 clients per group, service provided by Lead Analyst, BCaBA, or RBT
Group BA services with protocol modification, two clients in group	97158	UN	\$9.58 per 15 minutes	Maximum 6 clients per group, service provided by Lead Analyst or BCaBA
Group BA services with protocol modification, three clients in group	97158	UP	\$9.08 per 15 minutes	Maximum 6 clients per group, service provided by Lead Analyst or BCaBA
Group BA services with protocol modification, four clients in group	97158	UQ	\$8.58 per 15 minutes	Maximum 6 clients per group, service provided by Lead Analyst or BCaBA
Group BA services with protocol modification, five clients in group	97158	UR	\$8.08 per 15 minutes	Maximum 6 clients per group, service provided by Lead Analyst or BCaBA
Group BA services with protocol modification, six clients in group	97158	US	\$7.58 per 15 minutes	Maximum 6 clients per group, service provided by Lead Analyst or BCaBA

NOTE: One BA practitioner's services are reimbursable when concurrent services are provided by more than one BA practitioner, unless determined to be medically necessary, prior authorized, and indicated in the approved behavior plan.