Illinois Department of Healthcare and Family Services
Adaptive Behavior Support (ABS) Services Fee Schedule
Updated 05/14/2026

Please note that the appearance of a code on this fee schedule does not guarantee payment. Services for which medical necessity is not clearly established are not covered in the Department's Medical Programs. See Chapter 100, Topic 104 and Chapter A-200, Section 204 for additional exclusions.

National Correct Coding Institute (NCCI) procedure-to-procedure and medically unlikely edits apply.

All fees listed on this schedule are statewide rates and do not vary by population group or geographical region.

Adaptive Behavior Support (ABS) Services Coding

Service Name	CPT Code	Modifier	Prior Authorization	Units	Daily Max Quantity	Statewide Unit Price			Statewide Maximum Rate
						Level 2	Level 1	Team	
Behavioral Assessment and Treatment Planning (BATP)									
Behavior Identification Assessment	97151	GT or 93*	Yes if >6 hours	1/4 hr	8	N/A	$20.39	N/A	$163.12
Behavior Identification Supporting Assessment	97152		Yes if >6 hours	1/4 hr	8	$13.00	N/A	N/A	$104.00
Functional Analysis of Severe Maladaptive Behaviors in Specialized Settings	0362T	HT**	Yes if >6 hours	1/4 hr	8	N/A	N/A	$46.39	$371.12
Behavior Analytic Intervention (BAI)									
Adaptive Behavior Treatment by Protocol	97153		Yes	1/4 hr	32	$13.00	N/A	N/A	$416.00
Group Adaptive Behavior Treatment by Protocol	97154		Yes	1/4 hr	12	$5.72	N/A	N/A	$68.64
Adaptive Behavior Treatment with Protocol Modification	97155	GT or 93*	Yes	1/4 hr	24	N/A	$20.39	N/A	$489.36
Family Adaptive Behavior Treatment Guidance	97156	GT or 93*	Yes	1/4 hr	16	N/A	$20.39	N/A	$326.24
Multiple Family Group Adaptive Behavior Treatment Guidance	97157	GT or 93*	Yes	1/4 hr	16	N/A	$9.00	N/A	$144.00
Group Adaptive Behavior Treatment with Protocol Modification	97158		Yes	1/4 hr	16	N/A	$9.00	N/A	$144.00
Direct Treatment of Severe Maladaptive Behavior in Specialized Settings	0373T	HT**	Yes	1/4 hr	24	N/A	N/A	$46.39	$1,113.36

* Only use the GT or 93 modifier when providing allowable service remotely as a distant site telehealth service along with Place of Service (POS) 02 or 10, as applicable, on the specific service line of the claim.
**Only use the HT modifier for services, assessment, or evaluation performed by a coordinated team of qualified professionals.

Key:

Level 1 Providers:
HFS-enrolled Board Certified Behavior Analysts (BCBA)
HFS-enrolled ABS Certified Developmental Clinician (LPC, LCSW, LCPC, LMFT, OT, SLP)

Level 2 Providers:
HFS-enrolled ABS Registered Behavior Technicians (RBT)
HFS-enrolled ABS Developmental Technicians (DT)

Team Service(s):
Requires, at a minimum, the following HFS-enrolled staff:
1 BCBA + 2 RBTs
-OR-
1 Developmental Clinician + 2 DTs