

# Illinois Department of Healthcare and Family Services Adaptive Behavior Support (ABS) Service

Effective 11/01/2020

Updated 09/30/2021

Please note that the appearance of a code on this fee schedule does not guarantee payment. Services are not covered in the Department's Medical Programs. See Chapter 100, Topic 104 and Chapter A-200.

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

**Key:**

**\*GT Modifier:** When providing allowable service remotely as a distant site telehealth service, providers must add the GT modifier to the specific service line of their claim.

**\*\* HT Modifier:** Indicates team services

**\*\*\*Billable only by Licensed Clinical Psychologists**

Service Name	CPT Code	Units	Daily Max Quantity
<b>Behavioral Assessment and Treatment Planning (BATP)</b>			
Behavior Identification Assessment	97151*	1/4 hr	8
Behavior Identification Supporting Assessment	97152	1/4 hr	8
Functional Analysis of Severe Maladaptive Behaviors in Specialized Settings	0362T**	1/4 hr	8
<b>Behavior Analytic Intervention (BAI)</b>			
Adaptive Behavior Treatment by Protocol	97153	1/4 hr	32
Group Adaptive Behavior Treatment by Protocol	97154	1/4 hr	12
Adaptive Behavior Treatment with Protocol Modification	97155	1/4 hr	24
Family Adaptive Behavior Treatment Guidance	97156*	1/4 hr	16
Multiple Family Group Adaptive Behavior Treatment Guidance	97157*	1/4 hr	16
Group Adaptive Behavior Treatment with Protocol Modification	97158	1/4 hr	16
Direct Treatment of Severe Maladaptive Behavior in Specialized Settings	0373T**	1/4 hr	24

**BCBA and RBT** = as defined in the Provider Notice dated 09/30/2021 at <https://www2.illinois.gov/hfs/Media/2021/09/30/21-09-30-Provider-Notice-Adaptive-Behavior-Support-Service-Updated-09-30-2021.pdf>

**COMPREHENSIVE DIAGNOSTIC EVALUATION CODES and RATIONALE**

<b>Service Description</b>	<b>Procedure Code</b>	<b>Unit Price</b>	<b>Max Qty</b>
Neuropsychological Testing evaluation services by physician or other qualified health care professional, incl. integration of patient data, interp. of standardized test results and clinical data, clinical decision making, treatment planning & report, and interactive feedback to the patient, family members, or caregivers, when performed, 1st hr.	96132***	\$49.09	1
Neuropsychological Testing evaluation services ; each additional hour (add-on code for 96132)	96133***	\$37.63	7
Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes.	96136***	\$27.15	1
Psychological or neuropsychological test administration and scoring ; each additional 30 minutes (add-on code for 96136)	96137***	\$21.33	11

## Family Services Fee Schedule

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for which medical necessity is not clearly established  
0, Section 204 for additional exclusions.

erved. Applicable FARS/DFARS apply.

should utilize the GT modifier and Place of service 02 on the

State Max		Total State Max
RBT	BCBA	
N/A	\$ 20.39	\$ 163.12
\$ 8.90	N/A	\$71.20
N/A	\$ 38.19	\$305.52
\$ 8.90	N/A	\$ 284.80
\$ 3.93	N/A	\$47.16
N/A	\$ 20.39	\$ 489.36
N/A	\$ 20.39	\$ 326.24
N/A	\$ 9.00	\$ 144.00
N/A	\$ 9.00	\$ 144.00
N/A	\$ 38.19	\$ 916.56

MedicalProviders/notices/Pages/prn210930b.aspx

TES

State Max	Prior Auth Required
\$49.09	No
\$263.41	No
\$27.15	No
\$234.63	No