LOUISIANA MEDICAID APPLIED BEHAVIORAL ANALYSIS FEE SCHEDULE

Effective for Dates of Service January 1, 2017 through December 31, 2018

Codes	CPT Description	Unit	LBA	SCABA	TECH
0359T TG	Behavior Identification Assesment	1 unit	\$400		
0359T TF	Behavior Identification Assesment	1 unit		\$ 320.00	
0360T TG	Observational behavioral follow-up assessment (first 30 min)	30 min	\$50		
0360T TF	Observational behavioral follow-up assessment (first 30 min)	30 min		\$40	
0360T	Observational behavioral follow-up assessment (first 30 min)	30 min			\$22
0361T TG	Observational behavioral follow-up assessment (each additional 30 min)	30 min	\$50		
0361T TF	Observational behavioral follow-up assessment (each additional 30 min)	30 min		\$40	
0361T	Observational behavioral follow-up assessment (each additional 30 min)	30 min			\$22
0364T TG	Adaptive behavior treatment by protocol (first 30 min)	30 min	\$23		
0364T TF	Adaptive behavior treatment by protocol (first 30 min)	30 min		\$23	
0364T HN	Adaptive behavior treatment by protocol (first 30 min)	30 min			\$23
0364T	Adaptive behavior treatment by protocol (first 30 min)	30 min			\$19
0365T TG	Adaptive behavior treatment by protocol (each additional 30 min)	30 min	\$23		
0365T TF	Adaptive behavior treatment by protocol (each additional 30 min)	30 min		\$23	
0365T HN	Adaptive behavior treatment by protocol (each additional 30 min)	30 min			\$23
0365T	Adaptive behavior treatment by protocol (each additional 30 min)	30 min			\$19
0366T TG	Group adaptive behavior treatment by protocol (first 30 min)	30 min	\$9		
0366T TF	Group adaptive behavior treatment by protocol (first 30 min)	30 min		\$9	
0366T	Group adaptive behavior treatment by protocol (first 30 min)	30 min			\$9
0367T TG	Group adaptive behavior treatment by protocol (each additional 30 min)	30 min	\$9		
0367T TF	Group adaptive behavior treatment by protocol (each additional 30 min)	30 min		\$9	
0367T	Group adaptive behavior treatment by protocol (each additional 30 min)	30 min			\$9
0368T TG	Adaptive behavior treatment with protocol modification (first 30 min)	30 min	\$45		
0368T TF	Adaptive behavior treatment with protocol modification (first 30 min)	30 min		\$35	
0369T TG	Adaptive behavior treatment with protocol modification (each additional 30 min)	30 min	\$45		
0369T TF	Adaptive behavior treatment with protocol modification (each additional 30 min)	30 min		\$35	
0370T TG	Family adaptive behavior treatment guidance (without patient present)	1 unit	\$90		
0370T TF	Family adaptive behavior treatment guidance (without patient present)	1 unit		\$70	
0371T TG	Multiple-family group adaptive behavior treatment guidance (without patient present)	1 unit	\$36		
0371T TF	Multiple-family group adaptive behavior treatment guidance (without patient present)	1 unit		\$28	
0372T TG	Adaptive behavior treatment social skills group (with multiple patients)	1 unit	\$40		
0372T TF	Adaptive behavior treatment social skills group (with multiple patients)	1 unit		\$30	

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Unit Description:

The units of service billed do not require one full hour, or 30 minutes, of time spent on actual service delivery to be billed as a unit For billing of one hour units, 46 minutes or more of services must be provided for the unit of service. For 30 minute units of service, 16 minutes or more of services must be provided in order to bill for a unit of service.

Use of Modifiers:

Modifiers should be used in billing to reflect the credentials of staff delivering services and allow for proper claims payment.

Modifier Descriptions:

HN-Bachelor's Degree level

TF-Intermediate level of care

TG-Complex/high tech level of care