

**CFR Attachment 35 - Autism Services - (Proposed to be effective March 1, 2022)**

TOS*	Procedure Code	Long Description	Modifier 1	Age Range	Non-Facility (N)/ Facility (F)	2/1/2022		3/1/2022		Percent Change from Current Medicaid
						2/1/22 Medicaid Fee	2/1/22 Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97151	**	HO	0-20		\$24.71	\$24.71	\$24.71	\$24.71	0.00%
1	97153	**		0-20		\$7.58	\$7.58	\$11.25	\$11.25	48.42%
1	97154	**		0-20		\$1.26	\$1.26	\$1.88	\$1.88	49.21%
1	97155	**	HO	0-20		\$21.06	\$21.06	\$21.06	\$21.06	0.00%
1	97155	**	HN	0-20		\$16.85	\$16.85	\$16.85	\$16.85	0.00%
1	97156	**	HO	0-20		\$20.00	\$20.00	\$20.00	\$20.00	0.00%
1	97156	**	HN	0-20		\$16.00	\$16.00	\$16.00	\$16.00	0.00%
1	97158	**	HO	0-20		\$3.51	\$3.51	\$3.51	\$3.51	0.00%
1	97158	**	HN	0-20		\$2.81	\$2.81	\$2.81	\$2.81	0.00%
1	99366	**		0-20	N	\$9.54	\$9.54	\$9.54	\$9.54	0.00%
1	99366	**		0-20	F	\$8.98	\$8.98	\$8.98	\$8.98	0.00%

*Type of Service (TOS)	
1	Medical Services
Modifier	
HO	Licensed behavior analyst
HN	Licensed assistant behavioral analyst

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