



September 12, 2019

RE: Autism Program under Early and Periodic Screening, Diagnostic and Treatment services (EPSDT)

Providers,

Providers with a **Medicaid ID ending in 90** should use the CPT codes below to bill Empower for **Autism services**. Providers may bill this service from **3/1/19** to present. Providers can submit retroactive authorization for these services until 9/30/19. Services rendered beginning 9/1 will require a Prior Authorization (PA) from Empower. Documentation will be required for all authorizations including the initial assessment indicating the Autism Diagnosis.

EPSDT Autism Program Provider Type 90-BC

CODE	Modifier	Description	RATE	PA REQ
96136	EP	Psychological testing for the purpose of diagnosing Autism	\$40.75/unit (1 unit = 30 mins)	No PA 1 unit without EOB
96137	EP	Psychological testing for the purpose of diagnosing Autism	\$40.75/unit (1 unit = 30 mins)	No 11 units without EOB
97151	EP	Behavior Identification Assessment	\$20.00/unit (1 unit = 15 mins)	Yes
97152	EP	Behavior Identification-supporting Assessment	\$15.00/unit (1 unit = 15 mins)	Yes
97153	EP	Individual adaptive behavior treatment	\$15.00/unit (1 unit = 15 mins)	Yes
97155	EP	Individual adaptive behavior treatment	\$22.50/unit (1 unit = 15 mins)	Yes
97154	EP	Group adaptive behavior treatment provided by Behavioral Paraprofessional	\$8.00/unit (1 unit = 15 mins)	Yes
97158	EP	Group adaptive behavior treatment provided by a BCBA® or BCBA-D®	\$10.00/unit (1 unit = 15 mins)	Yes
97156	EP	Family adaptive behavior treatment, provided by a BCBA® or BCBA-D®	\$20.00/unit (1 unit = 15 mins)	Yes



Program Eligibility:

- A medical diagnosis made by a licensed physician;
- Cognitive/developmental testing administered or approved by a licensed psychologist; and
- A speech/language/communication assessment from a licensed speech-language pathologist.

In addition to discipline-specific testing, the multidisciplinary team is required to use an autism specific testing measure (e.g. ADOS-2 or CARS-2) for the diagnosis of autism spectrum disorder (ASD). It is also recommended that the diagnostic team determine a Severity Level for ASD. Preferred severity levels are those dictated in the DSM-5, i.e. Level 1: Requiring Support, Level 2: Requiring Substantial Support, and Level 3: Requiring Very Substantial Support.

Because ABA therapy is offered under the EPSDT program, the child's primary care provider (PCP) must refer the child for evaluation and services using the DMS-693. Documentation must include the PCP's EPSDT screening.

- Must be receiving AR Medicaid
- Must have had a recent EPSDT visit and received a prescription for ABA services from the PCP (see above)
- Cannot be receiving ABA through EPSDT program and the Autism Waiver (Provider Type 06) at the same time

If you have questions about this information, please contact Provider Services at 855-429-1028 or email EmpowerHealthcareSolutionsPR@empowerarkansas.com.