





HEALTH CARE  
AUTHORITY

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### Letter of Direction #53

**Date:** March 21, 2025

**To:** Turquoise Care Managed Care Organizations

**From:** Dana Flannery, Director, Medical Assistance Division   
Nick Boukas, Director, Behavioral Health Services Division 

**Subject:** Applied Behavioral Analysis (ABA) Fee Schedule Rates

**Title:** Applied Behavioral Analysis (ABA) Fee Schedule Rates

The purpose of this Letter of Direction (LOD) is to direct Managed Care Organizations (MCO) to implement the rates found in the updated ABA Fee Schedule effective 1/1/25. These rates shall apply to each provider's contracted rates with each MCO. The MCOs shall not negotiate less than the Medicaid fee-for-services (FFS) rate identified in the attached fee schedule. This includes rates negotiated between MCOs and sub-vendors or sub-contractors. Any rate paid to providers for services to Medicaid members within the state of New Mexico must use the MAD FFS rate as the minimum rate.

All rates identified in this LOD have been calculated and considered as a component of the MCO capitation rates that were effective January 1, 2025. No reductions have been applied to rates exceeding the assigned threshold and are not considered in the MCO capitation rates and should not be imposed upon providers.

All rate increases must be completed and eligible claims with dates of service on or after 1/1/2025 must be adjusted and paid within 60 days of this LOD. NOTE: Rates contained in this ABA Fee Schedule were included in LOD 36-1. MCOs must verify that rates adjustments are complete and align with the final fee schedule attached to this LOD.

This LOD will sunset when all rate increases have been implemented, and claims have been adjusted back to January 1, 2025, or 60 days from the date of LOD.

**UPDATED: APPLIED BEHAVIOR ANALYSIS (ABA) FEE SCHEDULE FOR MEDICAID FEE FOR SERVICE**

Updated: Effective 1/1/25

These additions as well as all prices on the fee schedule are subject to public comment, input, and suggestions until 30 day after posting on the HSD website. If any units or rates are changed based on the public comments, any claims already paid will be adjusted as appropriate.

Notes on the fee schedule:

1. Nothing on the fee schedule is to be interpreted as an exemption from any board license requirements or supervisory requirements.
2. FQHC's, Indian Health Service, PL 638 Tribal Healthcare Providers, other state agencies, other governmental units, hospital outpatient facilities, may also be authorized to perform some services.
3. This fee schedule is for services provided to Medicaid fee for service recipients. Managed care provider rates are determined between the provider and the MCO and may differ from the fee-for-service fee schedule. These rates also are not applicable to claims paid by the HSD Behavioral Health Services Division.

**GLOSSARY**

<b>AEP</b>	Autism Evaluation Practitioner - An AEP is the ABA STAGE 1 Autism Evaluation Practitioner. Must be a licensed psychologist, or board-certified or board-eligible physician in developmental behavioral pediatrics, pediatric neurology, or child psychiatry; and have experience in, or knowledge of, the medically necessary applications of ABA and other empirically supported intervention techniques; be qualified to conduct and document a Comprehensive Diagnostic Evaluation, a Targeted Evaluation, and a Targeted Risk Evaluation for the purposes of developing an Integrated Service Plan; and have advanced training and clinical experience in the diagnosis and treatment of ASD and related neurodevelopmental disorders, including knowledge about typical and atypical child development; and experience with variability within the ASD population; and have advance training in differential diagnosis of ASD from other developmental, psychiatric, and medical disorders.
<b>BA</b>	Behavior Analyst - a group term which includes: a Qualifying Psychologist, a BCBA-D or a BCBA
<b>BCBA-D</b>	Behavior Analyst Certification Board (BACB®) - Board Certified Behavior Analyst - Doctorate
<b>BCBA</b>	Behavior Analyst Certification Board (BACB®) - Board Certified Behavior Analyst
<b>BCaBA or BAA</b>	Behavior Analyst Certification Board (BACB®) - Board Certified Assistant Behavior Analyst (also referred to as a Behavior Assistant Analyst - BAA)
<b>BT</b>	Behavior Technician - a group term which includes: A bachelor's or non-bachelor's degree BACB® - Registered Behavior Technician (RBT); a Behavioral Intervention Certification Council (BICC®) - Board Certified Autism Technician (BCAT®); or a non-certified behavior technician completing his or her RBT or BCAT certification (time limited)
<b>CDE</b>	Comprehensive Diagnostic Evaluation used to determine if a recipient can be appropriately diagnosed with ASD or with a different diagnosis.
<b>ISP</b>	Integrated Service Plan
<b>Qualifying Psychologist</b>	A New Mexico Regulation and Licensing Department Psychologist Examiners Board licensed psychologist who is also certified by the American Board of Professional Psychology in Behavioral and Cognitive Psychologist who was tested in ABA.
<b>Supervising BAA</b>	Behavior Assistant Analyst (BAA) whose BACB approved contract with his or her approved BA supervisor allows for the BAA to supervise a Behavior Technician (BT)

DESCRIPTION	DETAILED SERVICE	CODE	MODIFIERS		RATE
			MOD 1	MOD 2	
<b>Mental health assessment</b> 1 Unit = 1 hour Maximum of 10 one hour units per CDE Prior Auth: NO Qualifying practitioners: AEP -CDE to be performed every 36 months or sooner, if medically warranted.	New Comprehensive Diagnostic Eval (CDE)	T1026	TG		\$ 206.33
	Development of Integrated Service Plan (ISP) Initial - following a CDE	T1026	HI	TG	\$ 206.33
	ISP Update	T1026	HI	HK	\$ 206.33
DESCRIPTION	DETAILED SERVICE	CODE	MODIFIERS		RATE
			MOD 1	MOD 2	
<b>Mental health assessment - for a Targeted Evaluation or a Risk Evaluation</b> 1 Unit = 1 hour Prior Auth: NO Qualifying practitioners: AEP -A Targeted Evaluation is performed after a CDE is completed. Use the Targeted Evaluation when aspects of the recipient's presentation change. -When aspects of the current ISP require updating without a new type of evaluation (CDE or Targeted Evaluation) being completed, use the ISP Update. -The AEP determines if the changes in the patient's presentation warrants a revised CDE.	Targeted Evaluation or Risk Evaluation	T1026	HK		\$ 206.33
	Development of ISP - following a Targeted Evaluation or Risk Evaluation	T1026	HI	TG	\$ 206.33
	ISP Update - following a Targeted Evaluation or Risk Evaluation	T1026	HI	HK	\$ 206.33
DESCRIPTION	ALLOWED PRACTITIONERS	CODE	MODIFIERS		RATE
			MOD 1	MOD 2	
<b>Behavior Identification Assessment</b> (described as Behavior or Functional Analytic Assessment in program rules) 1 unit = 15 minutes Prior Auth: NO -The assessment is the gathering from data, interviews, observations that is then incorporated into a Behavior or Functional Analytic Assessment report and an ABA Stage 3 Treatment Plan . -To be done annually or sooner, if medically warranted.	Qualifying Psychologist 431/150	97151	U5		\$130.94
	BCBA-D 445/099	97151	U4		\$130.94
	BCBA 445/099	97151	U3		\$112.65
DESCRIPTION	ALLOWED PRACTITIONERS	CODE	MODIFIERS		RATE
			MOD 1	MOD 2	
<b>Behavior Identification Supporting Assessment</b> Behavior identification supporting assessment, administered by one technician under the direction of a BCBA, face-to-face with the patient. 1 unit = 15 minutes Prior Auth: NO The code is used when the assessment is conducted over more than one day and is to be billed for each date the assessment follow-up service is rendered.	Qualifying Psychologist 431/150	97152	U5		\$ 65.47
	BCBA-D 445/099	97152	U4		\$ 65.47
	BCBA 445/099	97152	U3		\$ 58.33
DESCRIPTION	ALLOWED PRACTITIONERS	CODE	MODIFIERS		RATE
			MOD 1	MOD 2	
<b>Behavior Identification Supporting Assessment - refer to CPT description for required providers</b> 1 unit = 15 min(new units for 2019) Prior Auth: NO -This code is typically used for recipients that have more specific severe destructive	Qualifying Psychologist 431/150	0362T	U5		\$ 130.94
	BCBA-D 445/099	0362T	U4		\$ 130.94

behaviors and are assessed using structured testing to examine events, cues, responses, and associated consequences. Otherwise, code 97151 or 97152 may be more appropriate. Refer to CPT description for required providers.	BCBA 445/099	0362T	U3		\$ 112.29
DESCRIPTION	ALLOWED PRACTITIONERS	CODE	MODIFIERS		RATE
			MOD 1	MOD 2	
<b>ABA Clinical Management (modifier UC)</b> 1 unit = 1 Hour session Prior Auth: NO -At least 1 hour of clinical management is to be performed for every 10 hours of STAGE 3 services. More than 2 hours of clinical management per 10 hours of Stage 3 services requires prior authorization, not as a program limit, but, rather, to assure medical necessity. -If a full 60 minutes is not provided in one day, bill a partial unit using decimal points. When the session continues on a different day, the time spent on that day is also billed using the decimal point as appropriate to account for the full hour. The full hour of service does not need to be provided in a single day. A BCaBA may bill T1026 UC under their supervising BA's first modifier and be reimbursed at the rate of their supervising BA.	Qualifying Psychologist 431/150	T1026	UD	U5	\$ 142.84
	BCBA-D 445/099	T1026	UC	U4	\$ 142.84
	BCBA 445/099	T1026	UC	U3	\$ 142.84
<b>ABA Direct and Indirect Case Supervision (modifier UD)</b> 1 unit = 1 Service Prior Auth: NO -At least 1 hour of case supervision is to be performed for every 10 hours of STAGE 3 services. More than 2 hours of case supervision per 10 hours of STAGE 3 services requires prior authorization to, not as a program limit, but, rather, to assure medical necessity. -If more than one session is required, the additional session is not required to be on the same date of service, but must be specific to the units of service that the first session covers. -If a full 60 minutes is not provided in one day, bill a partial unit using decimal points. When the session continues on a different day, the time spent on that day is also billed using the decimal point as appropriate to account for the full hour. The full hour of service does not need to be provided in a single day.	Qualifying Psychologist 431/150	T1026	UD	U5	\$ 142.84
	BCBA-D 445/099	T1026	UD	U4	\$ 142.84
	BCBA 445/099	T1026	UD	U3	\$ 142.84
	BCaBA (Supervising) 430/151	T1026	UD	U9	\$ 109.27
DESCRIPTION	ALLOWED PRACTITIONERS	CODE	MODIFIERS		RATE
			MOD 1	MOD 2	
<b>Adaptive Behavior Treatment by Protocol</b> 1 unit = 15 min Prior Auth: YES	Qualifying Psychologist 431/150	97153	U5		\$ 38.02
	BCBA-D 445/099	97153	U4		\$ 37.99
	BCBA 445/099	97153	U3		\$ 32.31
	BCaBA 430/151	97153	U9		\$ 23.35
	BT (with or without bachelor's degree) 430/098	97153	U1		\$ 19.85

DESCRIPTION	ALLOWED PRACTITIONERS	CODE	MODIFIERS		RATE
			MOD 1	MOD 2	
<b>Group Adaptive Behavior Treatment by Protocol</b> , with 2 to 4 recipients Note the modifier UA is used to identify this size of group In considering the number in the group, include both Medicaid and non-Medicaid recipients 1 unit = 15 min Prior Auth: NO 1 unit is billed for each recipient on separate claims.	Qualifying Psychologist 431/150	97154	UA	U5	\$ 21.88
	BCBA-D 445/099	97154	UA	U4	\$ 21.88
	BCBA 445/099	97154	UA	U3	\$ 18.59
	BCaBA 430/151	97154	UA	U9	\$ 13.43
	BT (with or without bachelor's degree) 430/098	97154	UA	U1	\$ 11.43
DESCRIPTION	ALLOWED PRACTITIONERS	CODE	MODIFIERS		RATE
			MOD 1	MOD 2	
<b>Group Adaptive Behavior Treatment by Protocol</b> , with 5 to 8 recipients Note the modifier UB is used to identify this size of group In considering the number in the group, include both Medicaid and non-Medicaid recipients 1 unit = 15 min Prior Auth: NO 1 unit is billed for each recipient on separate claims.	Qualifying Psychologist 431/150	97154	UB	U5	\$ 21.88
	BCBA-D 445/099	97154	UB	U4	\$ 21.88
	BCBA 445/099	97154	UB	U3	\$ 18.59
	BCaBA 430/151	97154	UB	U9	\$ 13.43
	BT (with or without bachelor's degree) 430/098	97154	UB	U1	\$ 11.43
DESCRIPTION	ALLOWED PRACTITIONERS	CODE	MODIFIERS		RATE
			MOD 1	MOD 2	
<b>Adaptive Behavior Treatment by Protocol Modification</b> with 1 recipient 1 unit = 15 min Prior Auth: NO This code allows the BA, while rendering the ABA Treatment Plan, to modify the plan with the recipient present (as compared to updating the ABA Treatment Plan without the recipient present). A BCaBA may bill under their supervising BA's U3 corresponding 1st modifier and be reimbursed at the rate of the supervising BA.	Qualifying Psychologist 431/150	97155	U5		\$ 55.55
	BCBA-D 445/099	97155	U4		\$ 55.55
	BCBA 445/099	97155	U3		\$ 39.69
DESCRIPTION	ALLOWED PRACTITIONERS	CODE	MODIFIERS		RATE
			MOD 1	MOD 2	
<b>Family Adaptive Behavior Treatment Guidance</b> without the Recipient Present 1 unit = 15 min Prior Auth: NO 1 unit is billed for only one family set, not individual members of the family set. A BCaBA may bill under their supervising BA's U3 corresponding 1st modifier and be reimbursed at the rate of the supervising BA.	Qualifying Psychologist 431/150	97156	U5		\$ 35.79
	BCBA-D 445/099	97156	U4		\$ 35.79
	BCBA 445/099	97156	U3		\$ 25.78
DESCRIPTION	ALLOWED PRACTITIONERS	CODE	MODIFIERS		RATE
			MOD 1	MOD 2	

<b>Multi Family Group Adaptive Behavior Treatment Guidance</b> without the Recipient Present 1 unit = 15 min Prior Auth: NO 1 unit is billed for each recipient on separate claims.	Qualifying Psychologist 431/150	97157	U5		\$ 71.43
	BCBA-D 445/099	97157	U4		\$ 71.43
	BCBA 445/099	97157	U3		\$ 51.59
DESCRIPTION	ALLOWED PRACTITIONERS	CODE	MODIFIERS		RATE
			MOD 1	MOD 2	
<b>Adaptive Behavior Treatment Social Skill Group</b> with 2 to 4 Recipients Note the modifier UA is used to identify this size of group In considering the number in the group, include both Medicaid and non-Medicaid recipients. 1 unit = 15 min Prior Auth: NO 1 unit is billed for each recipient on separate claims.	Qualifying Psychologist 431/150	97158	UA	U5	\$ 15.88
	BCBA-D 445/099	97158	UA	U4	\$ 15.88
	BCBA 445/099	97158	UA	U3	\$ 12.69
<b>Adaptive Behavior Treatment Social Skill Group</b> with 5 to 8 Recipients In considering the number in the group, include both Medicaid and non-Medicaid recipients. 1 unit = Per session 1 unit is billed for each recipient on separate claims.	Qualifying Psychologist 431/150	97158	UB	U5	\$ 15.88
	BCBA-D 445/099	97158	UB	U4	\$ 15.88
	BCBA 445/099	97158	UB	U3	\$ 12.69
DESCRIPTION	ALLOWED PRACTITIONERS	CODE	MODIFIERS		RATE
			MOD 1	MOD 2	
<b>For Specialty Care: Adaptive Behavior Treatment with Protocol Modification,</b> requiring 2 or more BTs, BAAs, other BAs or Combinations 1 unit = 15 minutes Prior Auth: YES The code billed at one unit includes all the BTs, BAAs, and BAs in combination. The Specialty Care Practitioner is the only individual who bills for the service. Refer to CPT description for provider and service requirements.	Qualifying Psychologist 431/150	0373T	U5		\$ 119.05
	BCBA-D 445/253	0373T	U4		\$ 119.05
	BCBA 445/253	0373T	U3		\$ 107.13