

# interChange Provider Important Message

**Attention: Physicians, Physician Groups, Advance Practice Registered Nurses (APRNs), APRN Groups, Physician Assistants, Board Certified Behavioral Health Analysts (BCBAs) and Rehabilitation Clinics.**

Effective for dates of service January 1, 2019 and forward, the Department of Social Services (DSS) has revised the Autism Spectrum Disorder (ASD) and Physician Office and Outpatient Services fee schedules for procedure code 97153 "Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to one patient, each 15 minutes". This reimbursement for this procedure code has been updated from a fee of \$9.68 to \$11.25 per unit.

Procedure code 97153 has been removed from the Rehabilitation Clinic fee schedule and is considered a non-billable service if billed by a Rehabilitation Clinic.

Once the fee schedules is updated it can be accessed and downloaded from the Connecticut Medical Assistance Program Web site at [www.ctdssmap.com](http://www.ctdssmap.com). From this Web page, go to "Provider", then to "Provider Fee Schedule Download". Click on the "I accept" button and proceed to click on the appropriate fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select "Open".