



Connecticut Medical Assistance Program
Policy Transmittal 2025-21

Provider Bulletin 2025-57
October 2025

Andrea Barton Reeves, J.D., Commissioner

Effective Date: October 1, 2025
Contact: See below

TO: Autism Spectrum Disorder Providers

RE: October 2025 - Updates to Autism Spectrum Disorder Services

This provider bulletin (PB) supplements the guidance provided in [PB 2025-30](#) Updates to Autism Spectrum Disorder Services.

The guidance below is solely for the addition of autism services reimbursed under the HUSKY B program.

Effective for dates of service October 1, 2025, and forward, the Department of Social Services (DSS) will be adding the following procedure codes to the Autism Spectrum Disorder (ASD) fee schedule. These services are not subject to HUSKY B cost sharing.

Procedure Code	Modifier	Description	Prior Authorization
97156		Parent Training without Child	Yes
97156	U2	Parent Training with Child	Yes
T1016		Case Management, 15 minutes	Yes, after 96 units/24 hours

Procedure codes 97156 and 97156 with U2 modifier - Parent Training and Parent Training with Child, should only be billed for the training and transferring of skills to the parents of a HUSKY B member with an Autism diagnosis. This service can only be delivered by a Qualified Healthcare Professional (Board Certified Behavioral Analysts (BCBA), Licensed Marriage and Family Therapist (LMFT), Licensed Professional Counselor (LPC),

Licensed Clinical Social Worker (LCSW)) and is not to be delivered by a behavior technician. Up to one hour (4 units) per week to be delivered in conjunction with direct service delivery. One additional hour (4 units) per week will be considered based upon the documentation of extenuating circumstances.

Procedure code T1016 – Case Management, 15 minutes should be billed for the provider's attendance at any Planning and Placement Team (PPT) meetings, discharge planning, etc. for a HUSKY B member with an Autism diagnosis. Providers should not use the behavior health assessment procedure code (H0031) to bill for attending PPT meetings and other case management activities. This service can only be delivered by a Qualified Healthcare Professional (BCBA, LMFT, LPC, LCSW) and is not to be delivered by a behavior technician. Procedure code T1016 can be billed for up to 24 hours (96 units) per year without prior authorization. Prior authorization is required for 97th unit and beyond.

Comprehensive Diagnostic Evaluation (90791) billing/payment has been limited to one expanded encounter rate per authorization per provider.

Prior Authorization:

Effective for dates of service October 1, 2025, and forward procedure codes 97156 and 97156 with U2 modifier - Parent Training and Parent Training with Child require prior authorization (PA) from the Medicaid Behavioral Health (BH) Administrative Services Organization (ASO).

Procedure code T1016 – Case Management does not require prior authorization for initial 96 units; prior authorization required for any units requested beyond 96 units.

Prior Authorization Changes:

Behavior Assessment (H0031) prior authorization up to 10 hours (1 hour = 1 unit) within a six-month initial authorization period. Changes have been made to concurrent authorization process to allow up to 6 hours (1 hour = 1 unit). Changes to frequency have been revised from every 90 days to one authorization per member per six (6) months per provider unless extenuating circumstance criteria is met.

Plan of Care Development (H0032; 1 unit untimed) may be authorized with an authorization period of six months and must coincide with a request for behavior assessment. Changes to frequency have been revised from every 90 days to one authorization per member per six (6) months per provider unless extenuating circumstance criteria is met.

Program Book Development (H0032-TS; 3 units 1 unit = 1 untimed) can be authorized at a time, with an authorization period of six months, and must coincide with a request for treatment plan development. Changes to frequency have been revised from every 90 days to one authorization per member per six (6) months per provider unless extenuating circumstance criteria is met.

For information on requesting PA, please refer to Chapter 9, available on the www.ctdssmap.com Website by selecting “Information and Publications. Questions about the authorization process can be directed to the BH ASO at 1-877-552-8247.

ASD treatment intervention services may be authorized only if the comprehensive diagnostic evaluation diagnoses the member with ASD and the behavior assessment and for authorization as medically necessary.

Accessing the Fee Schedule:

The updated fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program (CMAP) Web site: www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, scroll to the bottom of the page and click on “I Accept”, then select the Autism Spectrum Disorder fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select “Open”.

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to providers of CMAP by Gainwell Technologies.

Responsible Unit:

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