

Medicaid Research-Based Behavioral Health Treatment (RB-BHT) for Autism Spectrum Disorder

Services must be in the provider's contract with Vaya Health (Vaya). Acronyms are defined below. For services that do not require authorization, a concurrent request must be submitted if the maximum (if it exists) is exhausted. Guardianship paperwork is required as applicable for all services. Benefit limits may be exceeded for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requests. Clinical coverage policies are available on the [NC Medicaid website](#).

Medicaid RB-BHT for ASD Effective date: 08-01-2026			
Service	Service Code	Documentation Requirements	Guidelines (refer to Vaya Provider Communication Bulletin 2022-23 Issue 37 , Vaya's Treatment Guidance , and the May 2026 NC Medicaid Bulletin for clinical considerations when submitting a request)
Behavior Identification Assessment (CCP 8F)	97151	Passthrough: Notification SAR Initial/concurrent requests for more than 32 units: SAR; SO; clinical documentation by MD, DO, or psychologist validating diagnosis of ASD using scientifically validated tool(s) - Adaptive assessment within three years	Passthrough notification: 32 units over a 180-day period (16 units over a 90-day period). Requests for more than 32 units over a 180-day span will be reviewed for medical necessity.
Observational Behavioral Assessment and Follow-Up (CCP 8F)	97152	Initial: SAR; FBA; treatment plan; SO (annually); clinical documentation by MD, DO, or psychologist validating diagnosis of ASD using scientifically validated tool(s) Concurrent: SAR, FBA, treatment plan, SO (annually) - Adaptive assessment within three years	90-day authorizations for treatment plans that exceed 16 hours per week (all service codes) 180-day authorizations for treatment plans that fall at or less than 16 hours per week (all services codes)

Medicaid RB-BHT for ASD

Effective date: 08-01-2026

Service	Service Code	Documentation Requirements	Guidelines (refer to Vaya Provider Communication Bulletin 2022-23 Issue 37 , Vaya's Treatment Guidance , and the May 2026 NC Medicaid Bulletin for clinical considerations when submitting a request)
Direct Intervention by Paraprofessional (CCP 8F)	97153 (97153 96)	Initial: SAR; FBA; treatment plan; SO (annually); clinical documentation by MD, DO, or psychologist validating diagnosis of ASD using scientifically validated tool(s) Concurrent: SAR, FBA, treatment plan, SO (annually) ALL: Adaptive assessment within three years	90-day authorizations for treatment plans that exceed 16 hours per week (all service codes) 180-day authorizations for treatment plans that fall at or less than 16 hours per week (all services codes)
Group Adaptive Behavioral Protocol (CCP 8F)	97154 (97154 96)	Initial: SAR; FBA; treatment plan; SO (annually); clinical documentation by MD, DO, or psychologist validating diagnosis of ASD using scientifically validated tool(s) Concurrent: SAR, FBA, treatment plan, SO (annually) ALL: Adaptive assessment within three years	90-day authorizations for treatment plans that exceed 16 hours per week (all service codes) 180-day authorizations for treatment plans that fall at or less than 16 hours per week (all services codes)
Modifications to Protocol by BCBA-LP (CCP 8F)	97155	Passthrough: Notification SAR Initial requests for more than one hour per 10 hours of direct intervention/concurrent: SAR; SO; clinical documentation by MD, DO, or psychologist validating diagnosis of ASD using scientifically validated tool(s); FBA; treatment plan ALL: Adaptive assessment within three years	90-day Authorizations for treatment plans that exceed 16 hours per week. (all service codes) 180-day authorizations for treatment plans that fall at or less than 16 hours per week (all services codes) Up to two hours per 10 hours of direct intervention (97153 and 97154) Cannot exceed 50% telehealth without additional clinical justification and must be indicated on the treatment plan

Medicaid RB-BHT for ASD

Effective date: 08-01-2026

Service	Service Code	Documentation Requirements	Guidelines (refer to Vaya Provider Communication Bulletin 2022-23 Issue 37 , Vaya's Treatment Guidance , and the May 2026 NC Medicaid Bulletin for clinical considerations when submitting a request)
Family Caregiver Training by BCBA (CCP 8F)	97156	Initial: SAR; FBA; treatment plan; SO (annually); clinical documentation by MD, DO, or psychologist validating diagnosis of ASD using scientifically validated tool(s) Concurrent: SAR, FBA, treatment plan, SO (annually) ALL: Adaptive assessment within three years	90-day Authorizations for treatment plans that exceed 16 hours per week. (all service codes) 180-day authorizations for treatment plans that fall at or less than 16 hours per week (all services codes)
Family Training Program (Multi-Family Groups) (CCP 8F)	97157	Initial: SAR; FBA; treatment plan; SO (annually); clinical documentation by MD, DO, or psychologist validating diagnosis of ASD using scientifically validated tool(s) Concurrent: SAR, FBA, treatment plan, SO (annually) ALL: Adaptive assessment within three years	90-day Authorizations for treatment plans that exceed 16 hours per week. (all service codes) 180-day authorizations for treatment plans that fall at or less than 16 hours per week (all services codes)
Accepted diagnostic assessment tools per CCP 8F:	<i>All codes</i>	<i>Diagnosis of ASD must be validated with at least one of the following assessments:</i> <i>Brief Observation of Symptoms of Autism (BOSA);</i> <i>Tele-ASD-Peds (TAP);</i> <i>Autism Diagnostic Observation Schedule, Second Edition (ADOS-2); or</i> <i>Childhood Autism Rating Scale, Second Edition (CARS2-ST and CARS2-HF.</i>	

ACRONYM	DEFINITION
ASD	Autism Spectrum Disorder
BCBA	Board-Certified Behavior Analyst
CCP	(NC Medicaid) Clinical Coverage Policy
FBA	Functional Behavior Assessment
RB-BHT	Research-Based Behavioral Health Treatment
SAR	Service Authorization Request
SO	Service Order