
SOUTHWEST MICHIGAN BEHAVIORAL HEALTH

TO: REGIONAL COMPLIANCE COMMITTEE; REGION 4 NETWORK AUTISM SERVICE PROVIDERS
FROM: ALISON STRASSER
SUBJECT: 97151 BILLING & DOCUMENTATION REQUIREMENTS
DATE: FEBRUARY 8, 2024

The purpose of this memo is to clarify the billing and documentation requirements for 97151; applicable to all providers utilizing this code.

In 2021, MDHHS updated the Autism Fee Schedule to include payment of indirect time for 97151. In January 2022, this code was opened to non-ABA providers in addition to ABA providers. Please note that all ABA-provider 97151 must include the U5 modifier to delineate from other 97151 services.

Per the FY24 MDHHS Code Chart, "if 97151 occurred over the course of multiple days, report as multiple units on the date the service concluded (not the date it started). Also, it may be reported by a single provider."

Effective April 1, 2024, SWMBH will require providers to bill 97151 as follows:

- **One claim line** is submitted for the entirety of the 97151 direct and indirect services. The total number of units claimed will be calculated using the start/end times for each day the service was rendered directly or indirectly. The date of service for the claim will be the date the 97151 service was fully completed, and the documentation signed.
- The service **documentation** (not the claim) must include all dates, start/end times, and whether the service was direct or indirect for the entirety of the 97151 claim. This documentation will be used to validate the 97151 claimed date of service and units claimed.

Example:

- 97151 was conducted over the multiple days:
 - 1/10/24 was direct (face-to-face) from 10am-12pm (2 hours/120 minutes = 8 units)
 - 1/12/24 was indirect time analyzing the data from 3pm-4pm (1 hour/60 minutes = 4 units)
 - 1/13/24 was indirect time writing the full assessment/service documentation from 2pm-3pm (1 hour/60 minutes = 4 units)
- **The claim must be a single claim line:**
 - Date of service = 1/13/24
 - Units = 16 (4 hours/240 minutes)
- Documentation will note all three dates of service, start/end times and direct/indirect and will be signed by the clinician prior to submission of the claim/encounter.

If you have any questions or concerns regarding this requirement, please contact

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