

## Behavior Analysis Coverage Policy Frequently Asked Questions

### Who Can Receive Services

1. **Question:** When will we get the criteria that will be used for clients without a diagnosis of autism?

**Response:** Florida Medicaid reimburses for medically necessary services for all eligible recipients under the age of 21 years. Services covered under the [Behavior Analysis \(BA\) services coverage policy](#) are not diagnosis specific. Eligible recipients must meet criteria provided below listed under section 2.0 of the coverage policy:

#### **2.0 Eligible Recipient**

##### **2.1 General Criteria**

An eligible recipient must be enrolled in the Florida Medicaid program on the date of service and meet the criteria provided in this policy.

Provider(s) must verify each recipient's eligibility each time a service is rendered.

##### **2.2 Who Can Receive**

Florida Medicaid recipients under the age of 21 years requiring medically necessary BA services. Some services may be subject to additional coverage criteria as specified in section 4.0.

### Documentation

2. **Question:** What documentation is needed for recipients of Behavior Analysis Services?

**Response:** Providers must refer to [Florida Medicaid's General Policies on recordkeeping and documentation](#) in addition to the BA service-specific documentation criteria located in section 6.0 of the coverage policy. Eligible providers must maintain the following documentation in the recipient's file:

- Behavior plan and behavior plan review
- Notations when the recipient's family or caregiver is not able to participate in BA services, and instances when it was clinically inappropriate for the recipient to be present during training services
- Written physician's order

### Fee Schedule and Billing

3. **Question:** What are the rates for all covered services listed under the BA policy and when can I start billing for services? What are the rates for each provider type?

**Response:** The Behavior Analysis fee schedule is located on the [Agency Rules website](#) under reimbursement policies. Providers may begin billing for BA services starting March 1, 2017. The rate for each provider type is outlined in the description section of the fee schedule. The rate for a

Registered Behavior Technician (RBT) and a Behavior Assistant are the same. A copy of the fee schedule is provided below:

### Behavior Analysis Fee Schedule

HCPCS	Mod I	Mod II	Description	Rate
H0031	BA		Behavioral Assessment	\$385.19(Max. 1 per recipient, per fiscal year)
H0032	BA		Behavior Reassessment	\$192.59 (Max. 3 per recipient, per fiscal year)
H2019	BA		Behavior Analysis - Lead Analyst	\$19.05 per quarter hour
H2012	BA		Behavior Analysis - Assistant Behavior Analyst	\$15.24 per quarter hour
H2014	BA		Behavior Analysis - Technician	\$12.19 per quarter hour
H2014	BA	GK	Behavior Analysis – Group(up to 6)	\$7.58 per quarter hour

4. **Question:** In terms of group code, is there a different rate for a RBT vs a BCBA when conducting group therapy?

**Response:** No. The rate for all BA group services, regardless of provider type, is listed in the BA Fee Schedule under Behavior Analysis-Group (view fee schedule above).

5. **Question:** Will we continue to bill through the Medicaid portal or will everything go through the Beacon website?

**Response:** Providers will continue to bill as they have previously, through the Agency’s fiscal agent, Hewitt Packard(HP). Providers will seek authorization for BA services through Beacon. For information regarding the prior authorization process and webinar-based provider training visit [Beacon Health Options’ website](#) or contact Beacon customer service at 1-866-827-7737. Hours of Operation: 8 a.m. – 5 p.m. ET, Monday through Friday. Additionally, please view section **8.0 Reimbursement** of the [Behavior Analysis \(BA\) services coverage policy](#) for additional information on claims and reimbursement.

## Supervision

6. **Question:** Is supervision covered under the BA services coverage policy?

**Response:** Florida Medicaid does not reimburse separately for supervision services.

## Prior Authorization

7. **Question:** Will the prior authorization for Applied Behavior Analysis (ABA) recipients be acceptable as the prior authorization for Beacon Health Options (Beacon)?

**Response:** No. All providers of BA services are required to submit a new request for prior authorization from Beacon. Prior authorization must be approved by Beacon in order to receive reimbursement for BA services starting May 15, 2017.

8. **Question:** What is considered as medically necessary under this coverage policy?

**Response:** In accordance with [Florida Medicaid's general definitions policy](#), medically necessary or medical necessity means that the medical or allied care, goods, or services furnished or ordered must:

**a)** Meet the following conditions:

- 1) Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain;
- 2) Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs;
- 3) Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigation;
- 4) Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative less costly treatment is available; statewide; and
- 5) Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider

**b)** "Medically necessary" or "medical necessity" for inpatient hospital services requires that those services furnished in a hospital on an inpatient basis could not, consistent with the provisions of appropriate medical care, be effectively furnished more economically on an outpatient basis or in an inpatient facility of a different type.

**c)** The fact that a provider has prescribed, recommended, or approved medical or allied goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered services.

9. **Question:** How many hours can each BA provider request weekly? Is there a maximum number of hours I can request?

**Response:** Requests for BA services should be based on each recipient's individual need. Determination of approved hours will be made by Beacon based on medical necessity (view question # 8).

### **Maladaptive Behaviors**

10. **Question:** What are maladaptive behaviors? How are determinations made for the authorization of BA services?

**Response:** Maladaptive behaviors significantly interfere with the recipient's home, school, or community activities or are of such a severity that it presents a danger to the recipient's personal safety or the safety of others in the child's environment. Beacon will utilize the Agency's medical necessity criteria to determine if services requested by providers are medically necessary.

### **General**

11. **Question:** Where can I view the adopted BA rule?

**Response:** The Behavior Analysis services coverage policy rule is available for public viewing by visiting the following website: <http://ahca.myflorida.com/medicaid/review/index.shtml>

12. **Question:** Can two BA providers provide BA services to one recipient simultaneously?

**Response:** No. Florida Medicaid does not reimburse for duplicative services.

13. **Question:** Can a recipient receive speech, OT, or PT at the same time as BA services?

**Response:** Recipients are eligible to receive all medically necessary services. However, only one provider may bill for services rendered to the same recipient during the same time.

14. **Question:** Are we able to provide services in schools and day cares?

**Response:** Yes. There is no limitation on the place of service. Providers should render BA services in the most appropriate setting relevant to the behavior problem(s) being addressed.

15. **Question:** Can a child enrolled in the Healthy Kids plan access Behavior Analysis services?

**Response:** Healthy Kids is a Florida KidCare Program administered by Florida Healthy Kids Corporation (FHKC). For information on Florida Healthy Kids benefits, providers should contact the

Florida KidCare customer service center by dialing 1-888-540-5437 or visiting their website at: <https://www.healthykids.org/benefits/medical/>.

16. **Question:** Can a Children's Medical Services(CMS) plan enrollee receive BA services?

**Response:** Medicaid health plans are not required to provide BA services. Behavior analysis services are reimbursed through the fee-for-service delivery system. However, health plans play an important role in coordinating care for their enrollees, including making appropriate referrals for non-covered services. Health plans should refer enrollees to the Agency at (877) 254-1055 or visit the [Behavior Analysis Services Information](#) page to obtain a list of qualified BA providers in their area in order to provide them with assistance in accessing this service.

17. **Question:** Do we need to have a new prescription written for existing clients to begin BA services?

**Response:** Yes. Providers must obtain a written physician's order in accordance with the Behavior Analysis coverage policy.

18. **Question:** Is telemedicine allowed in this policy?

**Response:** Yes. Telemedicine is available to practitioners licensed within their scope of practice to perform the service, in accordance with [Florida Medicaid's telemedicine policy](#).

### **Provider Enrollment**

19. **Question:** We are waiting to hear back from AHCA or HPE about the status of our applications submitted a while ago. How can we check on the status of our application? How can we verify what is missing from a deficient application?

**Response:** Please visit the [Florida Medicaid Web Portal](#) and enter the Application Tracking Number (ATN) and the Business or Last Name exactly as submitted on the application, including punctuation, in the search tool. **The current status of the application will be displayed along with a list of required supporting documents indicating which have been received or are still needed by the Agency to complete the application process.** If you need assistance or have questions about the Medicaid Provider Enrollment Application, enrollment forms, supporting documentation, or background screening, please visit the [Medicaid Provider Enrollment](#) website or contact Call Center at 1-800-289-7799, Option 4.

20. **Question:** Is there any way to expedite the enrollment process?

**Response:** Providers can ensure timely processing of enrollment applications by having all documentation ready before completing the online enrollment application located on the Florida Medicaid Web Portal. To ensure that your application is completed accurately, please follow the

instructions and checklist provided in the online [Florida Medicaid Provider Enrollment Application Guide](#).

In addition to the instructions and checklist provided in the Florida Medicaid Provider Enrollment Application Guide, other information that will be useful in completing the enrollment application is available by visiting the **Enrollment Begins Now** section of the [Behavior Analysis Services Provider Information page](#).

### **Recipient Information**

21. **Question:** Will recipients be informed of the changes from ABA to BA services?

**Response:** Yes. The Agency has provided recipients with information regarding the changes.

22. **Question:** Do families need to do anything to move services from ABA to BA services or is it all on the provider? During this transition time what should I tell recipients?

**Response:** The Agency has provided information regarding BA services to recipients. If recipients or providers have additional questions, they should contact the Medicaid Helpline at 1-877-254-1055.

### **Assessment**

23. **Question:** Do providers need to complete a new assessment if they previously completed an assessment under the ABA coverage policy?

**Response:** Yes. Providers must complete or submit a behavior assessment that addresses the need for BA services.

24. **Question:** Can BA providers who are not lead analyst sign off on an assessment?

**Response:** Providers must work within the scope of their practice. Providers who are not lead analysts may participate in the creation of an assessment; however, the lead analyst is responsible for the completion and review of the assessment.

25. **Question:** Do we have to use any specific assessment for reimbursement of the BA assessment.

**Response:** No.