Learning Objectives

• Provide guidance about Florida Medicaid policy for Applied Behavior Analysis services
• Improve knowledge about the prior authorization request process
• Increase understanding about service codes, reimbursement rates and the billing process
• Improve compliance with Florida Medicaid policy
## Presentation Outline

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<td>b) Early Intervention Services Providers</td>
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<td><strong>Section 5</strong></td>
<td>Resources</td>
</tr>
</tbody>
</table>
Policy Updates

• Policy updates related to Applied Behavior Analysis Services (ABA) can be obtained by signing up for Florida Medicaid Health Care Alerts.

• To subscribe to the automated alert system, please visit the website at: http://ahca.myflorida.com/medicaid/alerts/alerts.shtml and complete the online form.

• An email will be delivered to your mailbox when Medicaid policy clarifications or other health care information is available that is appropriate for your selected provider type.
Recipient Eligibility Criteria

Qualified treating practitioners may render ABA services to children with full Medicaid coverage who are diagnosed with an autism spectrum disorder.

| ABA services are allowable for any of the following ICD-9 diagnosis codes |
|-----------------------------|-----------------------------|
| 299                         | 299.00                      |
| 299.1                       | 299.11                      |
| 299.80                      | 299.9                       |
| 299.91                      | 299.0                       |
| 299.01                      | 299.10                      |
| 299.8                       | 299.81                      |
| 299.90                      |                             |
Section 1
Prior Authorization Request Process
Authorization

• ABA services must be prior authorized by the Agency.

• If a physician determines a Medicaid eligible child diagnosed with an autism spectrum disorder needs ABA services, the provider must submit a request to the local Medicaid area office.
Required Information

To request ABA services, the following information must be provided:

1. Recipient’s name, date of birth, Medicaid ID, and current mailing address
2. Requesting provider’s name, national provider identifier, address, and telephone and fax numbers
3. Diagnosis of recipient and diagnosis code
4. If already assessed, expected duration of ABA treatment
5. The primary focus of ABA treatment
6. Signed medical records documenting the diagnosis of autism spectrum disorder

Note: An optional form is available online at: http://ahca.myflorida.com/chcup
Prior Authorization Process

• Submit required and supporting documentation to the recipient’s Medicaid area office.

• Contact information for the area offices can be found on the Public Provider Web Portal at: http://www.mymedicaid-florida.com
Prior Authorization Process

1. Provider completes the ABA Request Form, including signed medical documentation indicating a diagnosis of autism.

2. The request is sent to the area office coordinator.
   - If the request does not include required documentation, it is returned to the provider.
Prior Authorization Process

3. The coordinator forwards the request to AHCA headquarters.

4. The request is reviewed, and an approval letter is generated.
   - If additional documentation is necessary, the coordinator will contact the provider.
5. The approval letter is addressed to the parent, one copy is mailed to the requesting provider and a scanned copy is emailed to the area office coordinator.
Section 2
Provider Qualifications & Additional Instructions
Developmental Disability Medicaid Waiver Providers
Provider Qualifications

- Certified behavior analyst (CBA) and certified assistant behavior analyst (CABA) providers who meet the qualifications outlined in 65G-4.003 of the Florida Administrative Code are enrolled as Medicaid waiver providers through the Developmental Disabilities Home and Community Based Services Medicaid waiver programs and have received prior authorization from Medicaid for the service.
Service Codes & Reimbursement Rates

• ABA services must be prior authorized by the Agency.

• Providers should consult the *Florida Medicaid Developmental Disabilities Waiver Services Coverage and Limitations Handbook* for provider qualifications and documentation requirements (requirements for review of documentation by a Local Review Committee and submission of documentation to the waiver support coordinator do not apply).

• A total of up to 160 quarter-hour units per week of combined services may be authorized.
Service Codes and Reimbursement Rates
Instructions for Developmental Disability Waiver providers to bill fee-for-service for non-waiver recipients.

<table>
<thead>
<tr>
<th>Description of Service</th>
<th>Procedure Code</th>
<th>Modifier 1</th>
<th>Modifier 2</th>
<th>Rate</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior Analysis Assessment for Autism</td>
<td>H2020</td>
<td>UD</td>
<td>--</td>
<td>$299.85 per assessment</td>
<td>One assessment per state fiscal year</td>
</tr>
<tr>
<td>Treatment Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior Analysis Level 1 for Autism</td>
<td>H2019</td>
<td>UD</td>
<td>HP</td>
<td>$19.05 per quarter hour</td>
<td>Maximum combined daily limit of up to 32 quarter-hour units</td>
</tr>
<tr>
<td>Behavior Analysis Level 2 for Autism</td>
<td>H2019</td>
<td>UD</td>
<td>HO</td>
<td>$16.64 per quarter hour</td>
<td>Maximum combined weekly limit up to 160 quarter-hour units of all treatment services</td>
</tr>
<tr>
<td>Behavior Analysis Level 3 for Autism</td>
<td>H2019</td>
<td>UD</td>
<td>HN</td>
<td>$10.35 per quarter hour</td>
<td></td>
</tr>
<tr>
<td>Behavior Assistant Services for Autism</td>
<td>H2019</td>
<td>UD</td>
<td>HM</td>
<td>$4.31 per quarter</td>
<td></td>
</tr>
</tbody>
</table>
## Instructions for Developmental Disability (DD) Waiver Providers for Waiver Recipients

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing DD waiver recipient receives ABA waiver services.</td>
<td>Agency for Persons with Disabilities (APD) continues to cover these ABA units of services through the waiver.</td>
</tr>
<tr>
<td>Existing DD waiver recipient receives ABA waiver services but requests an increase in services.</td>
<td>APD reviews the request to determine if additional units of services are warranted. If yes, then APD will cover the additional units of services through the waiver. If no, then the recipient may request authorization to receive ABA through the state plan.</td>
</tr>
<tr>
<td>Existing DD waiver recipient, who does not receive ABA services, requests ABA.</td>
<td>APD reviews the request to determine if additional units are warranted. If yes, then APD will cover the service through the waiver. If no, then the recipient may request authorization to receive ABA through the state plan.</td>
</tr>
</tbody>
</table>
## Instructions for Developmental Disability (DD) Waiver Providers for Waiver Recipients

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual on the DD waiver waiting list who is Medicaid eligible applies for the waiver through the crisis process. ABA is one of the identified service needs.</td>
<td>APD will refer the individual to the ABA state plan authorization process for coverage of ABA.</td>
</tr>
<tr>
<td>Individual on the DD waiver waiting list who is Medicaid eligible and requests ABA services.</td>
<td>APD will refer the individual to the ABA state plan authorization process for coverage of ABA.</td>
</tr>
</tbody>
</table>
Place of Service Codes

• The following place of service codes should be used by DD Waiver Providers when submitting claims (see page 2-22 of the Florida Medicaid Developmental Disabilities Waiver Services Coverage and Limitations Handbook):

11 – Office
12 – Home
13 – Assisted Living Facility
14 – Group Home
49 – Independent Clinic
53 – Community Mental Health Center
99 – Other Place of Service

• Place of service code “99 - Other Place of Service” is not acceptable except for unusual circumstances that are documented in the recipient’s treatment or service plan, or in the recipient’s treatment notes.
Early Intervention Services Providers
Early Intervention Services Providers

• Instructions for Early Intervention Services Providers:
  – Please consult the *Florida Medicaid Early Intervention Services Coverage and Limitations Handbook* for complete service requirements.
  – In order to ensure continuity of care, contact the local Department of Health’s Early Steps Program for children ages 0-3 who are receiving services through the program.
Provider Qualifications

- Infant Toddler Developmental Specialists who have certification in behavior analysis and are enrolled as Early Intervention Services providers (see page 1-4 of the *Florida Medicaid Early Intervention Services Coverage and Limitations Handbook* for ITDS enrollment criteria) and who have received prior authorization from Medicaid for the service.
Service Codes & Reimbursement Rates

- ABA services must be prior authorized by the Agency.

- Early Intervention Services providers may use the approved codes for the treatment of recipients through age five (5).

- Services may not duplicate school-based interventions provided under the recipient’s Individualized Education Plan (IEP).
Service Codes & Reimbursement Rates

• Service delivery must take into consideration the recipient’s age and ability to actively participate in interventions.

• Daily service documentation must include a description of the specific interventions used with the child, the child’s participation and how the child benefitted from the interventions, particularly when interventions are greater than one hour in duration.

• Reimbursement shall be provided for the time that the provider is directly and actively engaged with the recipient.

• Reimbursement will not be provided for services rendered by paraprofessionals, for the supervision of paraprofessionals, or for rest breaks between sessions.
Eligible service codes and rates of reimbursement for Applied Behavior Analysis services are:

<table>
<thead>
<tr>
<th>Description of Service</th>
<th>Procedure Code</th>
<th>Modifier 1</th>
<th>Modifier 2</th>
<th>Modifier 3</th>
<th>Rate</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening</td>
<td>T1023</td>
<td>UD</td>
<td></td>
<td></td>
<td>$50.00 per assessment</td>
<td>Three screenings per calendar year</td>
</tr>
<tr>
<td>Evaluation</td>
<td>T1024</td>
<td>UD</td>
<td>HN</td>
<td>UK</td>
<td>$27.75 per half-hour unit</td>
<td>Maximum of four units per event, one event per lifetime</td>
</tr>
<tr>
<td>Follow-up Evaluation</td>
<td>T1024</td>
<td>UD</td>
<td>TS</td>
<td></td>
<td>$27.75 per half-hour unit</td>
<td>Maximum of four units per event; maximum of three events per calendar year</td>
</tr>
<tr>
<td><strong>Treatment Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Intervention Individual Session</td>
<td>T1027</td>
<td>UD</td>
<td>SC</td>
<td></td>
<td>$12.50 per quarter-hour unit</td>
<td>Maximum combined daily limit of up to 32 quarter-hour units</td>
</tr>
<tr>
<td>Early Intervention Group Session</td>
<td>T1027</td>
<td>UD</td>
<td>TT</td>
<td>SC</td>
<td>$6.25 per quarter-hour unit</td>
<td>Maximum combined weekly limit up to 160 quarter-hour units of treatment services</td>
</tr>
</tbody>
</table>
Place of Service Codes

• The following place of service codes should be used by Early Intervention Services Providers when submitting claims (see page 2-10 of the Florida Medicaid Early Intervention Services Coverage and Limitations Handbook):

  11 – Office
  12 – Home
  99 – Other Place of Service
Community Behavioral Health Services Providers
Provider Qualifications

- Qualified treating practitioners of Therapeutic Behavioral On-Site Behavior Management Services and behavioral health technicians providing Therapeutic Behavioral On-Site Therapeutic Support Services working under a Medicaid-enrolled provider type 05 – Community Behavioral Health Services Provider (see pages 2-1-39 and 2-1-41 of the *Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook* for provider qualifications) who have received prior authorization from Medicaid for the service.
Provider Qualifications

• Therapeutic Behavioral On-Site-Behavior Management Services must be provided by a certified behavioral analyst or certified assistant behavior analyst.

• Therapeutic Behavioral On-Site-Therapeutic Support Services must be provided, at a minimum, by a behavioral health technician supervised by a master’s level practitioner.
Service Codes & Reimbursement Rates

• ABA services must be prior authorized by the Agency.

• Please consult the *Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook* for complete service requirements and the fee schedule.
Service Codes & Reimbursement Rates

• For children with an autism spectrum disorder diagnosis, who have received prior authorization, an assessment procedure code may be used to assess the recipient.

• The treatment planning code may be utilized to develop a plan of care, and up to two service procedures may be used to render treatment.
Service Codes & Reimbursement Rates

- For recipients under the age of 21, Medicaid will no longer enforce the service exclusion language located on page 2-1-4 of the *Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook* as it relates to the provision of ABA for treatment of autism spectrum disorders.
Place of Service Codes

- The following place of service codes should be used by Community Behavioral Health Providers when submitting claims (see page 2-1-35 of the *Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook*):
  - 3 – School *
  - 2 – Home
  - 99 – Other Place of Service

*Services may not duplicate school-based interventions provided under the recipient’s Individualized Education Plan (IEP).*
Section 3
Billing Process
Billing

• To bill for the services, providers must submit claims in accordance with the Provider Reimbursement Handbook, CMS-1500 located on the Provider Handbook page of the Public Provider Web Portal at: http://www.mymedicaid-florida.com

• All claims for ABA services for children with autism spectrum disorders must be billed to Medicaid fee-for-service, even for those recipients enrolled in a Medicaid managed care plan.
Billing

• When billing for services for treatment of autism spectrum disorders, the claim must include one of the following primary diagnoses: 299, 2990, 29900, 29901, 2991, 29910, 29911, 2998, 29980, 29981, 2999, 29990, or 29991.

• Enter “1” for the diagnosis code reference number (pointer) to relate the procedures performed to the primary diagnosis.
Billing

• Billing will be allowed for dates of service beginning with the date of prior authorization, but not for dates before April 2, 2012.

• DO NOT SEND any attachments or medical records to the Medicaid fiscal agent with the CMS-1500 claim form.

• All CMS-1500 claims for Applied Behavior Analysis services for children with autism spectrum disorders will be processed per these instructions.
Section 4
Managed Care Plans
Instructions for Managed Care Plans

• Managed care plans are not currently required to authorize or cover Applied Behavior Analysis Services for the treatment of autism spectrum disorders.

• Managed care plans must share information on how to access ABA services with their contracted community behavioral health and physician providers.
Instructions for Managed Care Plans

• If a child enrolled in a Medicaid managed care plan requires ABA services, the plan may refer the recipient to any of the identified qualifying providers to receive the service under Medicaid fee-for-service.

• Alternatively, the managed care plan may refer the recipient to the Medicaid area office for assistance with finding a qualified provider.
Medicaid Coverage & Prior Authorization
For Applied Behavior Analysis Services

Section 5
Resources
Medicaid Child Health Services Child Health Check-Up Website

- Visit the Medicaid Child Health Services Child Health Check-Up website at: http://ahca.myflorida.com/chcup

- An optional form to Request for Medicaid State Plan Coverage of Applied Behavioral Analysis is available online at this site.
Request for Medicaid State Plan Coverage of Applied Behavioral Analysis for a Child Under Age 21

Patient Name: ___________________________ Date of Birth: ______________ Medicaid ID: __________________

Mailing Address: __________________________ Street Address __________________________ City __________ State __________ Zip __________

This section must be completed by a physician

Requesting Physician Name: __________________________ National Provider ID: __________________ Telephone: __________ Fax: __________

Mailing Address: __________________________ Street Address __________________________ City __________ State __________ Zip __________

Diagnosis of Patient: __________________________ Diagnosis Code: __________________

(299.0-299.9)

Is a behavioral analysis assessment needed? Yes [ ] No [ ]

If the child has been assessed, what is the expected frequency/duration of treatment? __________________________

What is the primary focus of treatment:

[ ] Maladaptive target behavior is of such severity that the child’s personal safety, or the safety of others in the child’s environment, is jeopardized or very significantly or even completely interferes with ability to function?

[ ] Developing social and communication skills to allow the child to fit into environments with their typically developing peers?

Is the parent willing to participate in the child’s treatment? Yes [ ] No [ ]

Requestor’s Signature and Credentials: __________________________ License #: __________________ Date: __________

Please attach related medical records that document the child’s diagnosis of autism spectrum disorder

Send completed form and attachments to your local Medicaid area office
Medicaid Applied Behavior Analysis Service Providers

- Please see the following list of Behavior Analysts who provided Applied Behavior Analysis Services under the Florida Medicaid Program, since July 1, 2011. There may be other providers available in your area.

- If you need additional assistance finding a provider, please contact your local Area Medicaid office. The phone number for your local Area Medicaid Office is listed at: www.MyMedicaid-Florida.com

- Any Certified Behavior Analyst enrolled in Florida Medicaid as a qualified ABA provider type may email: Area8MedicaidHelp@ahca.myflorida.com and request to be added to this list.
# Medicaid Applied Behavior Analysis Service Providers

This is a list of Behavior Analysts who provided Applied Behavior Analysis Services under the Florida Medicaid Program, since July 1, 2011. There may be other providers available in your area. If you need additional assistance finding a provider, please contact your local Area Medicaid office. The phone number for your local Area Medicaid Office is listed at [www.MyMedicaid-Florida.com](http://www.MyMedicaid-Florida.com). Any Certified Behavior Analyst enrolled in Florida Medicaid as a qualified ABA provider type may email AreaMedicaidHelp@ahca.myflorida.com and request to be added to this list.

<table>
<thead>
<tr>
<th>SPECIALTY</th>
<th>COUNTY</th>
<th>PROVIDER NAME</th>
<th>PHONE</th>
<th>ADDRESS</th>
<th>CITY/STATE/FL</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPLIED BEHAVIOR ANALYSIS</td>
<td>ALACHUA</td>
<td>ASSOC FOR RETARDED CITIZENS OF ALA</td>
<td>(352) 334-4050</td>
<td>ARC OF ALACHUA COUNTY</td>
<td>GAINESVILLE,FL 32606-6227</td>
</tr>
<tr>
<td>APPLIED BEHAVIOR ANALYSIS</td>
<td>ALACHUA</td>
<td>BEHAVIOR ANALYSIS SUPPORT SCVS, INC</td>
<td>(352) 332-8588</td>
<td>10929 NW 35TH PLACE</td>
<td>GAINESVILLE,FL 32606-0000</td>
</tr>
<tr>
<td>APPLIED BEHAVIOR ANALYSIS</td>
<td>ALACHUA</td>
<td>BEHAVIORAL LEARNING SYSTEMS</td>
<td>(352) 373-4411</td>
<td>1409 NW 6TH ST STE 120</td>
<td>GAINESVILLE,FL 32601-2234</td>
</tr>
<tr>
<td>APPLIED BEHAVIOR ANALYSIS</td>
<td>ALACHUA</td>
<td>CHOICE BEHAVIOR SERVICES LLC</td>
<td>(352) 262-6525</td>
<td>1951 NW 39TH PLACE</td>
<td>GAINESVILLE,FL 32653-0000</td>
</tr>
<tr>
<td>APPLIED BEHAVIOR ANALYSIS</td>
<td>ALACHUA</td>
<td>GREGORY D JANSEN</td>
<td>(352) 373-1602</td>
<td>3426 N.W. 68TH ROAD</td>
<td>GAINESVILLE,FL 32653-0000</td>
</tr>
<tr>
<td>APPLIED BEHAVIOR ANALYSIS</td>
<td>ALACHUA</td>
<td>JANICE E GABOURY</td>
<td>(352) 373-4411</td>
<td>1409 NW 6TH ST STE 120</td>
<td>GAINESVILLE,FL 32601-2234</td>
</tr>
<tr>
<td>APPLIED BEHAVIOR ANALYSIS</td>
<td>ALACHUA</td>
<td>JUDY A HASAN-LEWIS</td>
<td>(352) 472-3791</td>
<td>25051 NW 4TH AVENUE</td>
<td>NEWBERRY,FL 32669-0000</td>
</tr>
<tr>
<td>APPLIED BEHAVIOR ANALYSIS</td>
<td>ALACHUA</td>
<td>LINDA R HOLLIMAN</td>
<td>(352) 339-0923</td>
<td>14104 NW 140TH ST</td>
<td>ALACHUA,FL 32616-</td>
</tr>
<tr>
<td>APPLIED BEHAVIOR ANALYSIS</td>
<td>ALACHUA</td>
<td>MERIDIAN BEHAVIORAL HEALTHCARE, INC.</td>
<td>(352) 374-5600</td>
<td>4300 SW 13TH STREET</td>
<td>GAINESVILLE,FL 32608-</td>
</tr>
<tr>
<td>APPLIED BEHAVIOR ANALYSIS</td>
<td>ALACHUA</td>
<td>NORTH AMERICAN FAMILY INSTITUTE, INC</td>
<td>(352) 872-5152</td>
<td>3430 NE 39TH AVE</td>
<td>GAINESVILLE,FL 32609-2638</td>
</tr>
<tr>
<td>APPLIED BEHAVIOR ANALYSIS</td>
<td>ALACHUA</td>
<td>TRANSITIONS BEHAVIORAL &amp; SUPPORT SERVICES, INC</td>
<td>(386) 462-2007</td>
<td>10507 NW 146 PLACE</td>
<td>ALACHUA,FL 32615-0000</td>
</tr>
<tr>
<td>APPLIED BEHAVIOR ANALYSIS</td>
<td>ALACHUA</td>
<td>TRANSITIONS BEHAVIORAL AND SUPPORT SERVICES, INC.</td>
<td>(386) 462-2007</td>
<td>NEW BEGINNINGS WSC AND CMS</td>
<td>ALACHUA,FL 32615-5723</td>
</tr>
<tr>
<td>APPLIED BEHAVIOR ANALYSIS</td>
<td>BAKER</td>
<td>NORTHEAST FLORIDA STATE HOSPITAL</td>
<td>(904) 259-4671</td>
<td>84 W LOWDER ST STE C</td>
<td>MACCLENNY,FL 32053-2638</td>
</tr>
<tr>
<td>APPLIED BEHAVIOR ANALYSIS</td>
<td>BAY</td>
<td>BEHAVIOR SOLUTIONS INC</td>
<td>(636) 265-0407</td>
<td>5017 OAK AVE</td>
<td>PANAMA CITY,FL 32466-0000</td>
</tr>
<tr>
<td>APPLIED BEHAVIOR ANALYSIS</td>
<td>BAY</td>
<td>BEHAVIOR SOLUTIONS INC</td>
<td>(850) 785-1172</td>
<td>3225 DOUGLAS RD</td>
<td>PANAMA CITY,FL 32405-0000</td>
</tr>
</tbody>
</table>
The Agency has thirteen Medicaid area offices in eleven areas throughout the state that serve as the local liaisons to providers and recipients.

For questions regarding Applied Behavioral Analysis, contact your local Medicaid area office at:
http://www.mymedicaid-florida.com/