



# Florida Medicaid

## **Behavior Analysis Services Coverage Policy**

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Agency for Health Care Administration



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## 1.0 Introduction

Behavior analysis (BA) services are highly structured interventions, strategies, and approaches provided to decrease maladaptive behaviors and increase or reinforce appropriate behaviors.

### 1.1 Florida Medicaid Policies

This policy is intended for use by providers that render BA services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid's General Policies (as defined in section 1.3) and any applicable service-specific and claim reimbursement policies with which providers must comply.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Coverage policies are available on the Agency for Health Care Administration's website at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

### 1.2 Statewide Medicaid Managed Care Plans

This is not a covered service in the Statewide Medicaid Managed Care program.

### 1.3 Legal Authority

Behavior analysis services are authorized by the following:

- Section 409.906, Florida Statutes (F.S.)

### 1.4 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid Definitions Policy.

#### 1.4.1 Claim Reimbursement Policy

A policy document found in Rule Division 59G, F.A.C. that provides instructions on how to bill for services.

#### 1.4.2 Coverage and Limitations Handbook or Coverage Policy

A policy document found in Rule Division 59G, F.A.C. that contains coverage information about a Florida Medicaid service.

#### 1.4.3 General Policies

A collective term for Florida Medicaid policy documents found in Rule Chapter 59G-1, F.A.C. containing information that applies to all providers (unless otherwise specified) rendering services to recipients.

#### 1.4.4 Independent Physician

A physician with financial independence in accordance with Title 42, United States Code (U.S.C.), section 1395nn (42 U.S.C.1395nn).

#### 1.4.5 Lead Analyst

Practitioner responsible for the implementation of BA services including: the completion and review of behavior assessments, reassessments, behavior plans, and behavior plan reviews.

#### 1.4.6 Medically Necessary/Medical Necessity

As defined in Rule 59G-1.010, F.A.C.

#### 1.4.7 Provider

The term used to describe any entity, facility, person, or group enrolled with AHCA to furnish services under the Florida Medicaid program in accordance with the provider agreement.

#### **1.4.8 Recipient**

For the purpose of this coverage policy, the term used to describe an individual enrolled in Florida Medicaid (including managed care plan enrollees).

### **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 BA services that are medically necessary to address behavior that impairs a recipient's ability to perform a major life activity. Such functional impairment is expressed through the following behaviors:

- Safety - aggression, self-injury, property destruction, elopement
- Communication - problems with expressive/receptive language, poor understanding or use of non-verbal communications, stereotyped, repetitive language
- Self-stimulating – abnormal, inflexible, or intense preoccupations
- Self-care - difficulty recognizing risks or danger, grooming, eating, or toileting
- Other behaviors not identified above but not limited to complexity of treatment, programming, or environmental variables

The recipient must be referred by an independent physician or practitioner qualified to assess and diagnose disorders related to functional impairment, including:

- Primary care physician with family practice, internal medicine, or pediatrics specialty
- Board certified or board eligible physician with specialty in developmental behavioral pediatrics, neurodevelopmental pediatrics, pediatric neurology, adult or child psychiatry
- Child psychologist

The referral must include a comprehensive diagnostic evaluation that recommends behavior analysis services.

Some services may be subject to additional coverage criteria as specified in section 4.0.

#### **2.3 Coinsurance and Copayment**

There is no coinsurance or copayment for this service in accordance with section 409.9081, F.S. For more information on copayment and coinsurance requirements and exemptions, please refer to Florida Medicaid's Copayments and Coinsurance Policy.

### **3.0 Eligible Provider**

#### **3.1 General Criteria**

Providers must meet the qualifications specified in this policy in order to be reimbursed for Florida Medicaid BA services.

#### **3.2 Who Can Provide**

Services must be rendered by one of the following:

- Lead Analysts who are one of the following:
  - Board certified behavior analyst (BCBA) credentialed by the Behavior Analyst Certification Board®
  - Florida certified behavior analyst (FL-CBA) credentialed by the Behavior Analyst Certification Board®
- Practitioner fully licensed in accordance with Chapters 490 or 491, F.S., with training and expertise in the field of behavior analysis

- Board certified assistant behavior analysts (BCaBA) credentialed by the Behavior Analyst Certification Board® working under the supervision of a BCBA
- Registered behavior technicians (RBT) credentialed by the Behavior Analyst Certification Board® working under the supervision of a BCBA or BCaBA

## 4.0 Coverage Information

### 4.1 General Criteria

Florida Medicaid covers services that meet all of the following:

- Are determined medically necessary
- Do not duplicate another service
- Meet the criteria as specified in this policy

### 4.2 Specific Criteria

Florida Medicaid covers the following BA services in accordance with the applicable Florida Medicaid fee schedule(s), or as specified in this policy:

#### 4.2.1 Behavior Assessment and Behavior Plan

A behavior assessment must be conducted prior to the initiation of behavior analysis interventions. The assessment must identify behavioral deficits that interfere with a major life activity including the events and subsequent interactions that elicit and sustain targeted behavior.

The assessment must include the administration and scoring of two standardized behavior assessments, as follows:

- Vinland-3 Comprehensive Parent Interview Form Including Maladaptive Behavior Domain
- Behavior Assessment System for Children, Third Edition, Parenting Relationship Questionnaire (BASC-3 PRQ)

The complete scoring report must be submitted with service prior authorization requests. Additional standardized tools may be used at the Lead Analyst's discretion.

The behavior plan identifies intervention strategies that are likely to eliminate, mitigate or replace the behavior to produce change sufficient to reengage the recipient in the major life activity. The plan must include specific behavior goal(s), intervention strategies for each goal, anticipated timeframes that are of sufficient duration to address the targeted behavior, and how the ongoing progress of intervention strategies will be reported.

The behavior plan must reflect the requested authorization period (up to six months).

An assessment and updated behavior plan to renew prior authorization for continued services must be completed at least every six months. More frequent assessments must be conducted when:

- New behavior emerges that interferes with a recipient's participation in a major life activity
- BA services are medically necessary and are likely to address the emergent behavior

Each assessment to renew prior authorization for continued services must include a re-administration of the two required behavior assessment measures.

A full assessment may be requested if there is a change in provider; however, a change of a practitioner status (e.g., an RBT becoming certified as a BCaBA) is not grounds for conducting a reassessment or updating a behavior plan.

#### **4.2.2 Behavior Analysis Interventions**

Florida Medicaid covers BA intervention services as indicated in the recipient's prior-authorized behavior plan. These services must be delivered to reduce maladaptive behaviors and assist the recipient reach the best possible functional level for that individual. The recipient's parent or guardian must participate in treatment. Services include:

- Adaptive behavior treatment by protocol – behavior analysis services provided according to the authorized treatment protocol
  - Services may be provided by Lead Analyst, BCaBA, or RBT
- Adaptive behavior treatment with protocol modification – behavior analysis services provided with modifications to the authorized treatment protocol to address behavior and/or response changes or progress
  - Services may be provided by Lead Analyst or BCaBA
- Group adaptive behavior treatment by protocol – behavior analysis services provided in a group setting according to the authorized treatment protocol
  - Maximum group size is six recipients
  - Services may be provided by Lead Analyst, BCaBA, or RBT
- Group adaptive behavior treatment with protocol modification – behavior analysis services provided in a group setting with modifications to the authorized treatment protocol to address behavior and/or response changes or progress
  - Maximum group size is six recipients
  - Services may be provided by Lead Analyst or BCaBA
- Family adaptive behavior treatment guidance – parent / guardian training on the implementation of the behavior plan and intervention strategies
  - The recipient may or may not be present depending upon clinical appropriateness
  - Services may be provided by Lead Analyst or BCaBA
  - The Lead Analyst may provide up to two hours per week via telemedicine in accordance with Rule 59G-1.057, Florida Administrative Code (F.A.C.)

#### **4.2.3 Supervision**

Florida Medicaid covers supervision by Lead Analysts and BCaBAs for supervision of an RBT or BCaBA (i.e., the supervisee) in accordance with the supervision plan specified in the approved behavior plan, as follows:

- The supervisor and supervision must meet certification board requirements
- The child, supervisor, and supervisee must all be present during the individual visit
- The supervisor must observe, evaluate, and direct the supervisee during the visit

#### **4.2.4 Discharge**

Recipients receiving Florida Medicaid BA services must meet one or more of the following to be discharged from services:

- The recipient is no longer eligible for BA services as outlined in the Florida Medicaid Behavior Analysis Services Coverage Policy, incorporated by reference in Rule 59G-4.125, F.A.C.
- The recipient no longer meets medical necessity criteria as defined in Rule 59G-1.010, F.A.C.
- The recipient no longer engages in maladaptive behaviors.
- Maladaptive behaviors no longer interfere with the recipient's daily functioning.
- The data provided demonstrates that the frequency and severity of maladaptive behavior(s) has declined to the point that the maladaptive behavior(s) no longer pose a barrier to the recipient's ability to function in their environment.

- The level of functional impairment as expressed through behaviors no longer justifies continued BA services.
- Parent or guardian withdraws consent for treatment.

#### **4.3 Early and Periodic Screening, Diagnosis, and Treatment**

As required by federal law, Florida Medicaid provides services to eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in section 1905(a) of the Social Security Act, codified in Title 42 of the United States Code 1396d(a). As such, services for recipients under the age of 21 years exceeding the coverage described within this policy or the associated fee schedule may be approved, if medically necessary. For more information, please refer to Florida Medicaid's Authorization Requirements Policy.

### **5.0 Exclusion**

#### **5.1 General Non-Covered Criteria**

Services related to this policy are not covered when any of the following apply:

- The service does not meet the medical necessity criteria listed in section 1.0
- The recipient does not meet the eligibility requirements listed in section 2.0
- The service unnecessarily duplicates another provider's service

#### **5.2 Specific Non-Covered Criteria**

Florida Medicaid does not cover the following as part of this service benefit:

- Any procedure or physical crisis management technique that involves the use of seclusion or manual, mechanical, or chemical restraint utilized to control behaviors
- BA services provided at an autism specialty school
- BA services provided at recreational, leisure, or educational camps
- BA services provided during extra-circular activities for the purpose of participation in the activities
- Caregiver or childcare services
- Psychological testing, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, or long-term counseling
- Services funded under section 110 of the Rehabilitation Act of 1973
- Services not listed on the fee schedule
- Services on the same day as behavioral health overlay services
- Services on the same day as therapeutic behavioral on-site services
- Services on the same day as therapeutic group care services
- Services provided simultaneously by more than one BA provider, unless determined to be medically necessary, prior authorized, and indicated in the approved behavior plan

### **6.0 Documentation**

#### **6.1 General Criteria**

For information on general documentation requirements, please refer to Florida Medicaid's Recordkeeping and Documentation Requirements Policy.

#### **6.2 Specific Criteria**

Providers must maintain the following documentation in the recipient's file:

##### **6.2.1 Referral Information**

Original referral documentation must be maintained in the recipient's medical record, including:

- Written physician's referral for BA services

- The Comprehensive Diagnostic Evaluation and other documentation of relevant diagnosis(es) prepared by a qualified medical professional according to professional practice standards

### **6.2.2 Behavior Assessment and Behavior Plan**

The behavior assessment and behavior plan must be signed by the Lead Analyst and the recipient's parent or guardian. Each behavior assessment and behavior plan must include:

- Patient information
- Reason for referral
- Thorough medical history, including medications prescribed to ameliorate behaviors
- Clinical interview
- Review of recent assessments/reports (file review)
- Assessment procedures and results
- Behavior plan
  - Treatment setting(s)
  - Proposed treatment targets, goals, and objectives related to medically necessary behavioral interventions
  - For each:
    - Definition in observable, measurable terms
    - Direct observation and measurement procedures
    - Current level (baseline)
    - Behavior reduction or acquisition procedures
    - Condition(s) under which behavior is to be demonstrated and mastery criteria
    - Date of introduction
    - Estimated date of mastery
    - Plan for generalization
    - Timely reporting of progress, including statements as to whether goal or objective is met; not met; or, modified (with explanation)
- Parent/guardian training
  - Proposed targets, goals, and objectives (as above)
  - Training procedures
  - Date of introduction
  - Estimated date of mastery
- Number of hours or units requested
  - Direct services to patient
  - Parent/caregiver training
  - For each:
    - Medical necessity for hours/units requested
    - Billing codes (CPT, HCPCS) and modifiers if applicable
- Supervision plan, including name(s) of authorized supervisor(s)
- Care coordination with parents/caregivers, schools, state disability programs, and others as applicable
- Transition (fading) plan
- Crisis management plan
- Discharge plan

### **6.2.3 Assessment and Behavior Plan for Reauthorization and Continuation of Services**

In addition to the documentation requirements indicated in 6.2.2, subsequent assessments and behavior plans for reauthorization and continuation of services must include:



- Data reflecting progress of all behaviors targeted for improvement. Each behavior under treatment must have its own data table and corresponding graph.
- A narrative discussion of progress and a statement of justification for continuation of care at the intensity level requested.

If significant clinical progress is not made over the course of an authorization period, the provider must explain why clinically significant progress was not made and treatment changes to promote progress.

#### **6.2.4 Session Notes**

Session notes must be signed and dated by the rendering practitioner and parent/guardian. Session notes must include:

- Date, time, and duration of services
- Maladaptive behaviors observed during the session
- The replacement/compensatory skills targeted during the session
- Description of the recipient's response to the treatment interventions
- Protocol modification, changes to goals/objectives, and/or therapist directions provided during the session, if included
- Explanation if recipient's parent or guardian is not present during BA service delivery
- Participants, including observers, teachers, parents, or other health care providers if present

Providers must maintain confidentiality of other recipients receiving services in a group setting.

## **7.0 Authorization**

### **7.1 General Criteria**

The authorization information described below is applicable to the fee-for-service delivery system. For more information on general authorization requirements, please refer to Florida Medicaid's Authorization Requirements Policy.

### **7.2 Specific Criteria**

Providers must obtain authorization from the quality improvement organization (QIO) prior to the initiation of BA services and at least every 180 days thereafter.

Providers must request a new authorization if clinical conditions require a new assessment as described in Section 4.2.1.

Authorization requests for services to be delivered in a school must include the recipient's Individualized Education Plan (IEP).

Authorization requests must include assessment findings, including outcome measure scores. The complete scoring report must be submitted to the QIO as part of the request for initial treatment and in all continuation of care behavior plan.

Authorization requests for service continuation must include data about parental guardian participation in services.

## **8.0 Reimbursement**

### **8.1 General Criteria**

The reimbursement information below is applicable to the fee-for-service delivery system.

### **8.2 Claim Type**

Professional (837P/CMS-1500)

Providers must only bill for services performed for 8 minutes or more when determining the number of billable 15-minute units. For services that exceed 15 minutes, providers must use the total minutes of service provided and divide by 15 to obtain the number of units. Remaining minutes of service greater than or equal to 8 minutes count as one unit and may be billed as such. Remaining minutes less than 8 do not count as a unit and are not billable.

**8.3 Billing Code, Modifier, and Billing Unit**

Providers must report the most current and appropriate billing code(s), modifier(s), and billing unit(s) for the service rendered, as incorporated by reference in Rule 59G-4.002, F.A.C.

**8.4 Diagnosis Code**

Providers must report the most current and appropriate diagnosis code to the highest level of specificity that supports medical necessity, as appropriate for this service.

**8.4.1 Co-occurring Disorders**

Providers must report diagnoses of co-occurring disorders that may impact the medical necessity for BA services.

**8.5 Rate**

For a schedule of rates, as incorporated by reference in Rule 59G-4.002, F.A.C., visit the AHCA Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

**8.5.1 Supervision**

The supervisor may be reimbursed for observing a supervisee implementing the behavior plan. The supervisee will not be reimbursed when the supervisor is reimbursed for the same time period.