Behavior Analysis Services
Coverage Policy
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.


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.)
- Rule 59G-4.125, F.A.C.

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 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.

1.4.5 Medically Necessary/Medical Necessity
As defined in Rule 59G-1.010, F.A.C.

1.4.6 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.

1.4.7 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 medically necessary BA 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 General Policies on copayment and coinsurance.

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, operating within the scope of their practice:

- 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 Chapter 490 and 491, F.S., with training and expertise in the field of behavior analysis. This does not include interns or provisional licensees.
- Board certified assistant behavior analysts (BCaBA) credentialed by the Behavior Analyst Certification Board®
- Registered behavior technicians (RBT) credentialed by the Behavior Analyst Certification Board®
- Behavior assistants (must be credentialed as a RBT by January 1, 2019)

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
One per fiscal year, per recipient, when completed within 30 days of the start of the assessment.
4.2.2 **Behavior Analysis**
Up to 40 hours per week, per recipient, consisting of services identified on the recipient’s behavior plan in order to reduce maladaptive behaviors and to restore the recipient to his or her best possible functional level. Services include:

- Implementing behavior analysis interventions, and monitoring and assessing the recipient’s progress towards goals in the behavior plan
- Behavior analysis interventions, for example, discrete trial teaching, task analysis training, differential reinforcement, non-contingent reinforcement, conducting task analyses of complex responses, and teaching using chaining, prompting, fading, shaping, response cost, and extinction
- Training the recipient’s family, caregiver(s), and other involved persons on the implementation of the behavior plan and intervention strategies (the recipient must be present when clinically appropriate)

4.2.3 **Behavior Reassessment**
Up to three per fiscal year, per recipient.

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 General Policies on authorization requirements.

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
- Behavior plans and behavior plan reviews, separately; development of these documents is included in the reimbursement for behavior assessments and reassessments
- 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 therapeutic behavioral on-site services

6.0 **Documentation**

6.1 **General Criteria**
For information on general documentation requirements, please refer to Florida Medicaid’s General Policies on recordkeeping and documentation.
6.2 **Specific Criteria**  
Providers must maintain the following documentation in the recipient’s file:

- Behavior assessment, and assessment review that must be reviewed and signed by a lead analyst  
- Behavior plan, and behavior plan review that must be reviewed and signed by a lead analyst  
- 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

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 General Policies on authorization requirements.

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 may request authorization more frequently upon a change in the recipient’s condition requiring an increase or decrease in services.

The QIO uses the review criteria specified in section 9.0 for the first level review.

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)

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.

8.5 **Rate**  

9.0 **Appendix**

**Review Criteria for Behavior Analysis Services**
9.0 Appendix

Review Criteria for Behavior Analysis Services

Behavior analysis (BA) services are considered as either the treatment of choice or as an adjunct treatment modality for a variety of conditions and disorders where maladaptive behaviors are part of the recipient’s clinical presentation, including behavioral manifestations of diagnoses such as Autism Spectrum Disorder and other behavioral health conditions.

Critical Elements Necessary for ANY Type of Behavior Analysis Service:

The following critical elements MUST be satisfied to qualify for BA services:

a. **Eligibility** – The recipient must meet all criteria for BA services as outlined in the Behavior Analysis Services Coverage Policy, Rule 59G-4.125, F.A.C.

b. **Medical necessity** – The recipient must meet medical necessity criteria as outlined in Rule 59G-1.010, F.A.C.

c. The recipient currently engages in **maladaptive behaviors**

d. These **maladaptive behaviors interfere with the recipient’s daily functioning**

1. **Criteria for Initial Behavior Analysis Assessment** – BOTH of the following MUST be satisfied:

   a. **ALL critical elements** are met

   b. Provider submits a valid written physician’s order as stipulated in the Behavior Analysis Services Coverage Policy, Rule 59G-4.125, F.A.C.
2. Criteria for Behavior Analysis Services and Reassessments\textsuperscript{15} - ALL of the following MUST be satisfied:

a. **ALL critical elements** are met

b. An **assessment** or, if applicable, a **reassessment**, authored by a lead analyst, is provided. This (re)assessment **MUST** include, at a minimum, **ALL** of the following:\textsuperscript{16-17,18}
   i. A clear operational description of the maladaptive behavior(s)
   ii. Baseline and/or updated treatment data (if reassessment)
   iii. Progress toward identified goals (if a reassessment)
   iv. Identification of the events, times, and situations that appear to be associated to the occurrence of the maladaptive behavior(s)
   v. Identification of the functional consequences of the maladaptive behavior(s)
   vi. Development of hypotheses and summary statements that describe the maladaptive behavior(s) and its(her) functions
   vii. Summary and recommendations

c. A **behavior plan**\textsuperscript{19,20} authored or updated by a lead analyst. This **MUST** include, at a minimum, **ALL** of the following:
   i. Observable and measurable descriptions of the maladaptive behavior(s)
   ii. Identified function of the maladaptive behavior(s) behavior as a result of the assessment or reassessment conducted
   iii. Goals and strategies for changing the maladaptive behavior(s)
   iv. Written detailed description of when, where, and how often these goals will be addressed and proposed strategies will be implemented
   v. System for monitoring and evaluating the effectiveness of the plan
   vi. Safety and crisis plan, if applicable
   vii. Summary and recommendations
   viii. Discharge criteria
   ix. Transition Plan (if applicable)

\textsuperscript{15} Although the assessment and behavior plan are addressed here separately both of them can be submitted as a single document.

\textsuperscript{16} An assessment of the maladaptive behavior(s) is a necessary element of the process of identifying the frequency and magnitude of the behaviors as well as the variables associated with the occurrence of the maladaptive behavior(s). This helps in defining what are the functional consequences of the problem behavior(s) so that an adequate behavior plan can be implemented.


\textsuperscript{19} The behavior plan is cornerstone of the delivery of behavior analysis services and it is based on the information obtained in the assessment. It proposes specific interventions to reduce or eliminate the maladaptive behavior. These interventions take into consideration the variables, both present before the behavior as well as after the behavior, that influence the occurrence of the maladaptive behavior(s). This plan also includes replacement appropriate behaviors for the recipient to engage in instead of the maladaptive behaviors in order to obtain the same function. The plan must be detailed enough to warrant the requested services and include mechanisms to monitor its effectiveness.

3. Criteria for Continuation of Treatment at the Present Level and/or Using Current Methods: Providers must ensure that ALL of the following criteria are met to request continuation of treatment at the present level or using the current methods. If criteria for 3a is met, but criteria for 3b and/or 3c are not met, then a reduction of the treatment level and/or change of treatment methods may be warranted.

   a. ALL criteria listed in 2a, 2b, and 2c regarding critical elements, assessment or reassessment, and behavior plan, are met.
   b. The data provided must show evidence that the frequency of the maladaptive behavior(s) has decreased since the last review and, if not, that there is a modification of the behavior plan.
   c. The level of functional impairment justifies continuation of BA services. The reviewer utilizes the table below as a guide as it relates to the level of functional impairment:

<table>
<thead>
<tr>
<th>Functional Impairment as expressed through behaviors</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety - aggression, self-injury, property destruction, elopement</td>
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<td>Communication - problems with expressive/receptive language, poor understanding or use of non-verbal communications, stereotyped, repetitive language</td>
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4. Criteria to Assess the Intensity of Behavior Analysis Services: Providers may request up to 40 hours of BA services per week, per recipient, based upon the following:

As a rule, higher number of maladaptive behaviors, higher severity and frequency of behaviors, as well as the multiplicity of settings where the behaviors occur, would usually justify a higher number of services hours. The greater the number of goals targeted to reduce maladaptive behaviors, the more the likelihood that a higher number of services hours could also be warranted.

Providers **MUST** ensure that proper justification for the requested hours of services is adequately documented in the behavior plan. Based on the information provided in the assessment, behavior plan, and any other supporting documentation, the reviewer utilizes the table below as a guide as it relates to the level of functional impairment. The results are then utilized as a guide when reviewing the number of requested service hours.

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5. Criteria for Discharge from Behavior Analysis Services

21 - ONE or MORE of the following MUST be satisfied:

a. The critical elements are no longer met.

b. The data provided shows that the frequency and severity of maladaptive behavior(s) has declined to the point that they no longer pose a barrier to the child’s ability to function in his/her environment.

c. The data provided shows the recipient has made no progress toward any goals in the last 12 consecutive months.

d. The level of functional impairment as expressed through behaviors no longer justifies continued BA services.


The reviewer utilizes the table below as a guide as it relates to the level of functional impairment.

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When applicable, the recipient would be transitioned to other appropriate services.

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21 The clinical criteria for discharge from BA services is based on the recipient no longer meeting medical necessity for BA services.
References:


When available, direct links to reference sources are provided.