Behavior Analysis FAQ

November 30, 2022

Fee schedule Update

1. **Why is the Agency converting the behavior analysis (BA) fee schedule to Current Procedural Terminology (CPT) codes?**
   The Florida Medicaid program is updating its behavioral analysis (BA) service and billing codes to the national standard CPT codes as adopted by the American Medical Association (AMA) in 2019.

   The proposed fee schedule moves to a service-based, rather than a provider-based reimbursement methodology. This change will also improve transparency and the quality of care delivered to the recipient.

2. **When will the new fee schedule become effective?**
   The new BA fee schedule will become effective August 1, 2022.

3. **Are the BA service rates being reduced?**
   No, the Agency's proposed rates are not being reduced. The updated CPT code structure reflects the tiered service model recommended by the AMA and BA professional associations, now considered the national standards. This tiered structure reimburses for the type of service being delivered rather than the type of practitioner delivering the services utilizing current Florida Medicaid BA rates. Examples are provided below:
   - The new standard indicates that a general direct service can be provided by more than one type of provider such as a Registered Behavior Technician (RBT) or alternatively by a more qualified practitioner such as a Board-Certified Assistant Behavior Analyst (BCaBA) or Board-Certified Behavior Analyst (BCBA). The proposed fee schedule utilizes the AMA direct service code 97153 at the current rate of $12.19 per unit.
   - The new standard also indicates more complex services, such as treatment with protocol modification (97155 and 97155 HN) or family training (97156 or 97156 HN), must be performed by more qualified professionals, such as a BCBA or BCaBA. The proposed fee schedule reflects this service hierarchy by reimbursing the more complex services with the higher rates of $19.05 and $15.24.

4. **What are the major code changes?**
   The proposed fee schedule makes several changes outlined below:
   - Assessments and reassessments will now be reimbursed using the updated methodology in 15-minute increments rather than at a flat rate. Assessments and reassessments are the only BA billing codes that allow for indirect time for data analysis and report writing, as indicated in the AMA code book. The number of units available for assessment or reassessments is indicated on the fee schedule.
   - There is a unique parent training code which can be used to report parent, guardian, and caregiver training.
     - The BCBA or BCaBA can be reimbursed for in-person parent, guardian, or caregiver training. Caregiver is defined in Florida Medicaid rule 59G-1.010.
     - The BCBA can be reimbursed for up to two hours per week of parent training delivered via telemedicine. Service delivered via telemedicine

must be indicated with the 'GT' modifier. The 'GT' modifier is for claims use only; do not include the 'GT' modifier on prior authorization requests.

- The updated group code includes modifiers to indicate the number of individuals receiving group service. The group number includes Medicaid and non-Medicaid group members. The group modifier codes are used for claims and should not be included on prior authorization requests.
- There is a supervision code for Registered Behavior Technicians (RBT) and assistant behavior analysts (BCaBA) to report time spent under supervision with the recipient present. Consistent with current Medicaid reimbursement policy, these codes are not reimbursable, but the supervisor may be reimbursed using the appropriate service code.
    - The supervision codes are used for claims and are not required for prior authorizations.
    - The supervision codes do not impact the number of authorized hours available.
    - 97155 XP should be reported for a BCaBA receiving supervision while the BCBA delivers 97155. 97153 XP should be used in all other instances to report the supervisee's time.

5. **How will this change affect BA providers?**
   The change will become effective on August 1, 2022. At this time providers will now utilize these codes when submitting an authorization request for all claims with dates of service from August 1, 2022 and thereafter.
    - The Agency's systems have already been updated to allow providers to begin updating assessment, reassessment, and 180-day treatment prior authorization requests that extend past August 1, 2022, using eQHealth Solutions' prior authorization system. Instructions are available on the eQHealth website.
        - Providers should also convert existing authorizations so services to be delivered on or after August 1, 2022 indicate the August 1, 2022 fee schedule.
        - **ALL NEW** prior authorization requests should indicate the current HCPCS Level III codes for services to be delivered prior to August 1, 2022, and the new CPT codes for services to be delivered on or after August 1, 2022.

6. **Can I be reimbursed for 97155 or 97156 when billed concurrently with 97153?**
   Typically, the Florida Medicaid program does not reimburse for services provided by more than one BA provider. However, the draft fee schedule provides a mechanism for concurrent billing when it is deemed to be medically necessary, prior authorized, and indicated in the approved behavior plan. The Agency's prior authorization vendor has been notified of this provision and will follow it as such.

7. **Do I have to include supervision codes on the claims?**
   Yes, the updated methodology requires each claim accurately reflect the services delivered. Providers are certifying the claims accuracy upon submittal.

8. **NEW: How do I submit supervision codes properly on a claim?**
   Supervision codes must be billed with a $0.01 dollar amount on the corresponding claim line for the FLMMIS system to accurately accept the codes. Without the $0.01 dollar amount on the supervision code claim line the claim will deny.

9. **What places of service can I be reimbursed for with these codes?**
   This change does not make any changes to the allowed places of services outlined in current policy.

10. **How can I learn more about BA CPT codes?**
    The Agency hosted a webinar introducing the Florida Medicaid BA CPT fee schedule on July 29, 2022. A recording of the webinar is available at https://ahca.myflorida.com/Medicaid/Policy_and_Quality/Policy/behavioral_health_coverage/bhfu/pdf/Behavior_Analysis_CPT_Fee_Schedule_Training.mp4

    CPT codes are trademarked by the AMA. Code details are available in AMA published resources and in materials of BA professional organizations. Additional information can be found here: https://www.ama-assn.org/practice-management/cpt.

11. ***NEW:* Can we provide services in more than one location per day?**
    Yes, Florida Medicaid will reimburse the same BA service code provided in more than one location per a day. Providers should use the place of service code for where the service was first provided during the day and the same place of service code on additional claim lines for the same code submitted for that day. Session notes must indicate where services were provided.

Coverage Policy Update

12. **Why is the Agency updating the BA coverage policy?**
    The Agency is updating the BA coverage policy to improve BA services for Florida Medicaid recipients and align the policy with updates to the reimbursement fee schedule. The revised policy will:
    - Align coverage to the AMA CPT codes.
    - Provide increased transparency for BA providers into the Agency's coverage requirements, including requirements related to prior authorizations, service delivery, and documentation.

13. **Can BA services be provided in schools?**
    Yes, Florida Medicaid covers BA services in provider clinics as well as at home, school, and other community settings.

14. **Has the Agency taken the concerns of Florida's school districts, charter schools, and autism specialty schools into consideration in the updated rule draft?**
    Yes, at the request of school districts, charter schools, and specialty schools across the state, the Agency has updated the proposed coverage policy to address concerns including:

    - Individual Education Plan (IEP)- Understanding that the process in which schools create or amend IEPs will vary based on school type of workload, the Agency has updated the provision relating to an IEP being included in an authorization request to allow for services to be approved in the absence of an IEP as follows:

      In the absence of an IEP, or when an IEP does not include BA services, the provider must include documentation providing justification for the services

requested and an estimated timeframe for when an IEP will be completed or updated.

- Specialty School Exclusions- The Agency has removed exclusions that prevent participation at autism specialty schools and recognizes the important role these schools play in supporting children enrolled in the Medicaid program.

- Extra-Curricular Exclusions- The Agency has removed exclusions that prevent coverage for settings, however, the Agency provided additional clarity to this exclusion to reinforce that certain non-covered criteria may apply as a service would be covered under another Medicaid service benefit as follows:

  Services for the delivery of recipient supervision, personal care assistance (e.g., acting as a 1:1 aid), companion, chaperone or shadow, regardless of activity or setting. This may include supports and services that are reimbursed through a different Florida Medicaid service benefit or are able to be provided by individuals without professional skills or training.

15. Has the Agency updated provisions related to Parent and Guardian Involvement?

The proposed policy includes language to ensure a recipient receives services, regardless of a parent or guardian participation. However, to promote participation, the policy includes a provision to provide steps to encourage parent or guardian involvement if the parent or guardian cannot participate by documenting the following in the medical record:

- Reason for non-participation;
- Efforts the provider has made to facilitate their participation;
- The potential impacts of non-participation; and
- How potential impacts are being mitigated.

Research consistently demonstrates that parent involvement improves outcomes for the child. Engagement helps parents:

- Better understand and communicate with their child;
- Learn how to support their child outside of treatment;
- Become associated with the changed behavior in transference of settings; and
- Reduce unintended mitigation of treatment & unintended reinforcement of maladaptive behavior.

Florida Medicaid expects parents and guardians to participate in treatment by:

- Acknowledging treatment strategies and goals by signing the treatment plans;
- Observing and/or participating in treatment sessions when clinically appropriate; and
- Participating in parent training.

Other caregivers may also participate in treatment if approved by the parent/guardian and BCBA or supervising behavior analyst. Caregiver involvement does not replace parental or guardian involvement.

16. Why are specific instruments required for BA assessments?

A behavior assessment must be conducted prior to the initiation of BA interventions and for each successive 6-month service authorization period. Each assessment and annual

reassessment must include the administration and scoring of two core standardized behavior assessments, as follows:

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

This requirement is a component of the Agency's quality improvement initiatives. Using these core instruments across the Florida Medicaid BA population provides consistency in assessment findings and improves transparency into the BA treatment program. The selected instruments are norm-referenced and widely used in the medical community for individuals diagnosed with autism and other intellectual or developmental disabilities.

17. **Can providers use different instruments for the assessments?**
The Vineland-3 and BASC-3 PRQ core assessments are required to be included for each assessment and annually for reassessments. Providers can use other assessments in addition to the two required instruments.

18. **Who can perform the Comprehensive Diagnostic Evaluation (CDE)?**
To initiate Florida Medicaid coverage of BA services, BA providers must submit an initial prior authorization request for a BA assessment to eQHealth. The initial request must include a referral for BA treatment from an independent physician or practitioner qualified to assess and diagnose disorders related to functional impairment. The referral must include:
    - A medical diagnosis appropriate for BA treatment; and
    - A report of the completed Comprehensive Diagnostic Evaluation (CDE), sometimes referred to as a Comprehensive Development Evaluation.

    The CDE is the national practice standard necessary to diagnose autism as well as other developmental or behavioral disorders and indicate the most appropriate treatment(s) to address the child's needs. A CDE is a thorough review and assessment of the child's development and behavior using evidence-based methods and instruments. The CDE must be led by a licensed qualified practitioner working within their scope of practice.

19. **Can BA services be delivered using telemedicine?**
Parent and guardian training for up to two hours per week may be delivered by a BCBA via telemedicine in accordance with Rule 59G-1.057, F.A.C.

20. **Why does Florida Medicaid require supervision but not reimburse concurrently for supervision?**
Supervision is a professional practice requirement of the Behavior Analysis Certification Board.

    Consistent with current policy, Florida Medicaid reimburses supervision by a BCBA and BCaBAs but not the supervisee. In these instances, the BCBA or BCaBA can be reimbursed while supervising an RBT or BCaBA (i.e., the supervisee) when the:
    - Supervisor and supervision meet certification board requirements;
    - Child, supervisor, and supervisee are present during the individual visit; and
    - Supervisor observes, evaluates, and/or directs the supervisee during the visit.

    The supervision codes should be included on claims that include services during which supervision was conducted.

21. **Why does the claim need to include co-occurring disorder diagnoses?**
    Co-occurring disorders can impact the efficacy of BA services and provide transparency into the overall medical needs of the recipient.