Clinical Policy: Behavior Analysis Services

Reference Number: FL.CP.BH.500
Date of Last Revision: 06/24

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

This clinical policy outlines the utilization management of authorization requests for behavior analysis services within Sunshine Health based off Florida Agency for Health Care Administration behavior analysis services coverage policy[1], authorized by section 409.906, Florida Statutes (F.S.)[2], and deemed medically necessary as defined in Rule 59G-1.010, F.A.C.[3]

Behavior analysis (BA) services are highly structured interventions, strategies, and approaches provided to decrease maladaptive behaviors and increase or reinforce appropriate behaviors.[1]

Required documentation and materials for determining prior authorization are stored and maintained in Sunshine Health's Health Insurance Portability and Accountability (HIPPA) Compliant EMR System.

Policy/Criteria

I. It is the policy of Sunshine Health Plan and Centene Advanced Behavioral Health that behavior analysis (BA) services are medically necessary when meeting all of the following:
- A. Member/Enrollee is <21 years of age;
- B. Member/Enrollee presents with behavior concerns, contributing to functional impairment in any of the following areas:
  1. Safety, any of the following:
     a. Aggression;
     b. Self-injury;
     c. Property destruction;
     d. Elopement;
  2. Communication, any of the following:
     a. Problems with expressive/receptive language;
     b. Poor understanding or use of non-verbal communications;
     c. Stereotyped;
     d. Repetitive language;
  3. Self-stimulation, any of the following:
     a. Abnormal;
     b. Inflexible;
     c. Intense preoccupations;
  4. Self-care, any of the following:
     a. Difficulty recognizing risks or danger;
     b. Grooming;
     c. Eating,
     d. Toileting;
  5. Other behaviors not identified but not limited to complexity of treatment, programming, or environmental variables;

C. Referred by an independent physician or practitioner qualified to assess and diagnose disorders related to functional impairment, including one of the following:
   1. Primary care physician with family practice, internal medicine, or pediatrics specialty;
   2. Board certified or board eligible physician with specialty in one of the following:
      a. Developmental behavioral pediatrics;
      b. Neurodevelopmental pediatrics;
      c. Pediatric neurology;
      d. Adult or child psychiatry;
   3. Child psychologist;

D. *Comprehensive diagnostic evaluation (CDE),* performed according to national evidence-based practice standards by a multidisciplinary team or individual practitioner who is supervised by a licensed practitioner working within their scope of practice, includes all of the following:
   1. Assessment findings and treatment recommendations appropriate to the member/enrollee;
   2. Data from behavioral reports by parents, guardians, and/or teachers;
   3. Diagnostic testing using tools including any of the following:
      a. Autism Diagnostic Observation Schedule (ADOS-2);
      b. The Childhood Autism Rating Scale – 2nd edition (CARS2);
      c. Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R);
      d. Communication and Symbolic Behavior Scales (CSBS);
      e. Autism Diagnostic Interview, Revised (ADI-R);
      f. Social Communication Questionnaire;
      g. Battelle Developmental Inventory– 2nd edition;
   4. Hearing, and/or vision test;
   5. Genetic testing;
   6. Other neurological and/or medical testing;

E. *Behavior assessment*, conducted prior to the initiations of services, includes all of the following:
   1. Member/enrollee information;
   2. Reason for referral;
   3. Medical and developmental history, including medications prescribed to ameliorate behaviors;
   4. Relevant family history;
   5. Clinical interview;
   6. Review of recent assessments/reports;
   7. Administration, scoring, and reporting (to include outcome measures) of any assessments noted in I.D., using the following core standardized behavior instruments. Note PDF versions of the sore sheet must be included:
      a. The Vineland 3 Parent/Caregiver Comprehensive form, completed by or with the parent for all members/enrollees;
      b. The Vineland 3 Maladaptive Domain form, completed by or with the parent for all members/enrollees aged 3 years old and older;
      c. The BASC-3 PRQ, completed by or with the parent for all members/enrollees ages 2 years through 18 years old;

8. Signed by the Lead Analysist and the member/enrollee's parent or guardian;

F. *Initiation of treatment services* includes all of the following:
   1. Behavior assessment noted in I.E.;
   2. *Behavior plan* includes all of the following documentation requirements:
      a. Requested authorization period for up to six months;
      b. Treatment setting(s);
      c. Proposed treatment targets, goals, and objectives related to medically necessary behavioral interventions;
      d. Each goal contains all of the following:
         i. Definition in observable, measurable terms;
         ii. Direct observation and measurement procedures;
         iii. Current level (baseline);
         iv. Behavior reduction or acquisition procedures;
         v. Condition(s) under which behavior is to be demonstrated and mastery criteria;
         vi. Date of introduction;
         vii. Estimated date of mastery;
         viii. Plan for generalization;
         ix. Timely reporting of progress, including statements as to whether goal or objective is met; not met; or, modified (with explanation);
      e. Parent/guardian/caregiver training includes all of the following:
         i. Proposed targets, goals, and objectives, meet criteria noted in I.F.2.c.;
         ii. Training procedures;
      f. Number of units requested for each billing code, along with justification for the medical necessity of the requested amount of services;
      g. Supervision plan, including the name(s) of all authorized supervisors;
      h. Care coordination with parents/caregivers, schools, state disability programs, and others (as applicable);
      i. Transition (fading) plan;
      j. Crisis management plan;
      k. Discharge plan;
   3. Intervention services include all of the following:
      a. Rendered by one of the following Lead Analyst. Note: Supervision of BCaBAs and RBTs are required in accordance with certification board requirements and specified in the supervision plan of the approved behavior plan.:
         i. Board certified behavior analyst (BCBA) credentialed by the Behavior Analyst Certification Board®;
         ii. Florida certified behavior analyst (FL-CBA) credentialed by the Behavior Analyst Certification Board®;
         iii. Practitioner fully licensed in accordance with Chapters 490 or 491, F.S., performing within their scope of practice;
         iv. Board certified assistant behavior analysts (BCaBA) credentialed by the Behavior Analyst Certification Board® working under the supervision of a BCBA;
         v. Registered behavior technicians (RBT) credentialed by the Behavior Analyst Certification Board® working under the supervision of a BCBA or BCaBA

b. Treatment intensity, individualized and based on the member/enrollee's response to treatment and falls into one of following as indicated in the behavior plan:
   i. Focused ABA, 10-25 hours of direct treatment per week;
   ii. Comprehensive ABA, 30-40 hours of direct treatment per week;
c. Participation of a parent or guardian when possible and clinically appropriate. Note: The provider must make every effort to accommodate parental participation and must document those efforts in treatment plan updates. If parent or guardian participation is not possible, the treatment plan and session notes must document the reasons for non- participation, explaining potential impacts of non-participation and how potential impacts are being mitigated;
d. Treatment services include all of the following:
   i. Adaptive behavior treatment by protocol, provided according to the authorized treatment protocol:
      a) Provided by Lead Analyst, BCaBA, or RBT;
   ii. Adaptive behavior treatment with protocol modification, provided with modifications to the authorized treatment protocol to address behavior and/or response changes or progress:
      a) Provided by Lead Analyst or BCaBA;
   iii. Group adaptive behavior treatment by protocol, provided in a group setting according to the authorized treatment protocol:
      a) Maximum group size is six;
      b) Provided by Lead Analyst, BCaBA, or RBT;
   iv. Group adaptive behavior treatment with protocol modification, provided in a group setting with modifications to the authorized treatment protocol to address behavior and/or response changes or progress:
      a) Maximum group size is six;
      b) Provided by Lead Analyst or BCaBA;
   v. Family adaptive behavior treatment guidance, parent, guardian, and/or caregiver training on the implementation of the behavior plan and intervention strategies:
      a) Member/enrollee may or may not be present depending upon clinical appropriateness;
      b) Provided by Lead Analyst or BCaBA;
      c) The Lead Analyst may provide up to two hours per week of training to parents or guardians via telemedicine in accordance with Rule 59G-1.057, Florida Administrative Code (F.A.C.);
e. Authorization requests for services to be delivered in a school must include the member/enrollee's, individualized education plan (IEP). Note: 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 of when an IEP will be completed or updated. If a school does not conduct IEPs, a 504 plan may be submitted in its place. If a school does not provide either, the provider must include documentation that includes the name of the school and an explanation that neither plan is available.

G. *Continuation of treatment services*, all of the following:

1. Behavior health assessment and plan requirements noted in I.E and I.F.2, continues to be met, in addition to both of the following:
   a. Each behavior under treatment must have its own data table and corresponding graph, reflecting progress;
   b. Narrative discussion of progress and a statement of justification for continuation of care at the intensity level requested. Note: if significant clinical progress is not made over the course of an authorization period, the provider must explain why clinically progress was not made and treatment changes to promote progress;
2. Reassessment and updated behavior plan completed every six months, with the core instruments included with reassessments every twelve months. Note: More frequent assessments must be conducted when a new behavior emerges contributing to functional impairment;
3. A new assessment can be requested if there is a change in provider. Note: A change in *practitioner status* (e.g., an RBT becoming certified as a BCaBA) *does not* warrant a reassessment or updating a behavior plan;

H. *Discharge*, includes all of the following:
   1. One or more of the following:
      a. Member/enrollee 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.;
      b. Member/enrollee no longer meets medical necessity criteria as defined in Rule 59G- 1.010, F.A.C.;
      c. Member/enrollee no longer engages in maladaptive behaviors;
      d. Data indicates the frequency and severity of maladaptive behavior(s) or level of functional impairment no longer poses a barrier to the member/enrollee's ability to function in the environment;
      e. The level of functional impairment as expressed through behaviors no longer justifies continued BA services;
      f. Parent or guardian withdraws consent for treatment.

II. It is the policy of Sunshine Health Plan that all of the following are *excluded and not covered* as a part of behavior analysis services:

A. Requested services do not meet medical necessity criteria as defined in Rule 59G-1.010, F.A.C.;
B. Member/enrollee does not meet criteria requirements noted in I A-D;
C. The requested service unnecessarily duplicates another provider's service;
D. Any procedure or physical crisis management technique that involves the use of seclusion or manual, mechanical, or chemical restraint utilized to control behaviors;
E. Services for the delivery of member/enrollee supervision, personal care assistance (e.g., acting as a 1:1 aid), companion, chaperone, or shadow regardless of activity or setting. Note: 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;
F. Caregiver or childcare services;
G. Psychological testing, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, or long-term counseling;

H. Services funded under section 110 of the Rehabilitation Act of 1973;
I. Services not listed on the fee schedule;
J. Services on the same day as behavioral health overlay services;
K. Services on the same day as therapeutic behavioral on-site services;
L. Services on the same day as therapeutic group care services;
M. Services provided simultaneously by more than one BA provider, unless determined to be medically necessary, prior authorized, and indicated in the approved behavior plan;
N. Travel Time.

Background

Early and Periodic Screening, Diagnosis, and Treatment[1]

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 Authorization Requirements Policy.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2023, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT®* Codes	Description
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s)

CPT®* Codes	Description
	administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes

Reviews, Revisions, and Approvals	Revision Date	Approval Date
New policy based off Florida Agency for Health Care Administration Behavior Analysis Service coverage policy, authorized by section 409.906, Florida Statutes (F.S.), deemed medically necessary as defined in Rule 59G-1.010, F.A.C.	06/24	

References

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2. State of Florida Agency for Health Care Administration. Definitions Policy. https://www.flrules.org/gateway/RuleNo.asp?id=59G-1.010. Published June 17, 2024. Accessed June 21, 2024.
3. Florida State Statutes. Chapter 491. Clinical counseling and psychotherapy services. https://www.flsenate.gov/Laws/Statutes/2023/Chapter491/All. Published 2023. Accessed June 21,2024.
4. Florida Administrative Code and Florida Administrative Register. Telemedicine. https://www.flrules.org/gateway/ruleno.asp?id=59G-1.057. Published June 20, 2016. Accessed June 21, 2024.

5. U.S. Department of Education. Office of Special Education and Rehabilitative Services. Pre-employment transition services. Section 110 of the Rehabilitation Act of 1973.https://rsa.ed.gov/sites/default/files/subregulatory/RSA-VR-1_Pre_ETS_092018.pdf. Published September 2018. Access June 21, 2024.
6. Medicaid. Early and Periodic Screening, Diagnostic and Treatment. https://www.medicaid.gov/medicaid/benefits/downloads/epsdt-coverage-guide.pdf. Published June 2014. Accessed June 21, 2024.
7. Florida Agency for Health Care Administration. Behavior Analysis Services Information. https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/medical-and-behavioral-health-coverage-policy/behavioral-health-and-health-facilities/behavior-analysis-services-information.. Accessed. June 21, 2024.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to

recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.