Most Frequently Asked Questions about Applied Behavior Analysis Services for the Treatment of Children under 21 with Autism Spectrum Disorders

Common Abbreviations

ABA – Applied Behavior Analysis
AHCA – The Agency for Health Care Administration
CBA – Certified Behavior Analyst
DD – Developmental Disabilities
EIS – Early Intervention Services
ITDS – Infant Toddler Developmental Specialist
TBOS – Therapeutic Behavioral On-Site Services

Provider Qualifications

1. Is there an Applied Behavior Analysis (ABA) provider type?

Yes. At this time, only three existing Medicaid provider types are qualified to render ABA services. The approved providers are:

- Certified behavior analysts (CBA), certified associate behavior assistants (CABA), and persons licensed under chapter 490 (psychologists) or 491 (clinical social work, marriage and family therapy, and mental health counseling) who are enrolled as Developmental Disabilities Waiver providers;
- Certified behavior analysts who are enrolled as early intervention service providers with the Early Steps program; and
- Certified behavior analysts who are employed or under contract with a community behavioral health provider to provide the Therapeutic Behavioral On-Site Services-Behavior Management service.

2. How can I be added to the list from which families may choose an ABA provider?

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.
3. **How can I become a provider of ABA services?**

At this time, providers must be enrolled or become enrolled in Florida Medicaid as one of the three provider types indicated in question #1.

**Recipient Eligibility**

4. **Can I provide services in a child’s private school?**

Yes. However, ABA services in a child’s private school can only be provided by a community behavioral health provider.

Approved places of service for DD Waiver providers include:

- 11 – Office
- 12 – Home
- 13 – Assisted Living Facility
- 14 – Group Home
- 49 – Independent Clinic
- 53 – Community Mental Health Center
- 99 – Other Place of Service (Note: Place of service code “99 - Other Place of Service” is only acceptable in unusual circumstances that are documented in the recipient’s treatment or service plan, or in the recipient’s treatment notes.)

Approved places of service for early intervention services providers include:

- 11 – Office
- 12 – Home
- 99 – Other Place of Service

Approved places of service for community behavioral health providers include:

- 3 – School (public or private)
- 12 – Home
- 99 – Other Place of Service

5. **What do I do when a patient has a primary insurer, and Medicaid is secondary?**

Coverage for ABA services must be requested and denied by the primary insurer before seeking Medicaid authorization. If the primary insurer denies coverage, then you can submit a Medicaid prior authorization request that includes the primary insurer’s letter denying ABA services.

6. **As an Infant Toddler Development Specialist (ITDS), with a certification in behavior analysis and enrolled as an Early Intervention Service Provider, can I provide ABA services to a child age 3 and older?**

Updated 11/19/12
Yes. At this time, Medicaid ABA procedure codes for enrolled Early Intervention Services ITDS ABA certified providers cover through the age of five. The only way to provide Medicaid ABA services beyond that age is for the child and provider to qualify for the other two provider types listed in the alert.

7. Are recipients with Children’s Health Insurance Program (CHIP) Title XXI benefits eligible for this service?

The state plan ABA services is not available to recipients having MediKids or Healthy Kids coverage through Title XXI. Title XXI Children’s Medical Services Network provides ABA services subject to medical necessity. For more information, please access contact information for the local Children’s Medical Services Area Office at www.cms-kids.com.

Prior Authorization Request Process

8. How do I request services for a child with an autism spectrum disorder?

If a physician determines that a Medicaid eligible child diagnosed with an autism spectrum disorder needs Applied Behavior Analysis (ABA), the provider must submit a request to the Medicaid area office. When submitting the request to your local Medicaid area office, a medical diagnosis of autism from the child’s prescribing physician must be included. The authorization form may be submitted by the prescribing physician or the certified behavior analyst. For recipients with other insurance coverage, the authorization request must be accompanied by a copy of the denial letter by the third party insurer.

An optional form for submitting the prior authorization request is available online at www.ahca.myflorida.com/chcup. The following information must be included with the prior authorization request:

1. Recipient name, date of birth, Medicaid ID, and current mailing address
2. Requesting provider name, national provider identifier, address, and telephone and fax numbers
3. Diagnosis of recipient and diagnosis code that is on the autism spectrum (any of the following ICD-9 diagnoses: 299, 299.0, 299.00, 299.01, 299.1, 299.10, 299.11, 299.8, 299.80, 299.81, 299.9, 299.90, or 299.91)
4. If already assessed, expected duration of ABA treatment
5. The primary focus of ABA treatment
6. Medical records that document the diagnosis of autism spectrum disorder

Contact information for the area offices can be found at http://ahca.myflorida.com/Medicaid/index.shtml#10. If Medicaid approves the service, an authorization will be sent to the provider submitting the request and the recipient or the recipient’s parent or guardian.
9. If a child is enrolled in a Medicaid managed care plan, how do I get an authorization for treatment?

Medicaid managed care plans are not required to authorize or cover ABA services. Children should be referred to the prior authorization process described in question number eight.

10. Is a prior authorization number required for system billing?

No, a prior authorization number will not be issued with approval letters. Billing for dates prior to approval is not permitted.

11. When does the authorization of ABA services expire?

The prior authorization does not have an express expiration date.

12. Does the treatment plan also need to be approved?

No, treatment plans do not need to be submitted for approval. Treatment plans should be based on the assessment of the child’s medical need for ABA services. Providers should not bill for services not included in the treatment plan.

13. Should I include the child’s treatment plan when billing ABA services?

No, treatment plans do not need to be included for billing purposes. All services should be justified based on the child’s medical need, and included in the treatment plan.

14. How will I know how many hours of treatment are approved for the child?

The prior authorization request form includes a recommended or expected frequency and duration of treatment. However, the amount of time provided to the recipient will depend upon the results of the behavior assessment and should be documented on the recipient’s treatment plan. Likewise, the number of hours for CBA versus Behavior Assistant services should be justified in the child’s assessment and treatment plan.

Other Questions

15. Can I bill for time required to complete paperwork?

No, reimbursement is limited to the specific codes and activities identified in the provider alert. Documentation is not a reimbursable service.

16. How can I get additional assistance if I have questions?
For assistance, you can contact your local Medicaid area office. Contact information for the area offices can be found at http://ahca.myflorida.com/Medicaid/index.shtml under “Area Offices.”