Utilization Management Guide

Humana Healthy Horizons® in Florida adheres to the Behavior Analysis Service Coverage Policy, offering direction on the utilization management (UM) criteria for providers delivering behavior analysis (BA) services to qualified Humana Healthy Horizons beneficiaries.

Following the guidelines below will facilitate a more seamless transition in the UM/authorization process:

- Use the **Behavioral Analysis Authorization form**.
- Provide all the documentation required by the Florida Agency for Health Care Administration (AHCA) in the **Behavior Analysis Services Coverage policy**.
  - Crisis management plan on behavior plan
  - Signature of caregiver on behavior plan
- For units/hours maximum, please refer to the BA Services Coverage Policy and **AHCA fee schedule**.
  - No more than 40 hours of treatment per week
    - This applies to any codes, except 97151 or 97152 as explained below.
  - No more than 24 units initial assessment (97151)
  - No more than 18 units reassessment (97151TS)
  - No more than 8 units (97152)
- Include reassessment (97151TS x 18) with all treatment authorization requests.
- Distribute requests across multiple dates for members instead of submitting 5 or more in 1 day, as the timeframe for decision-making is quite restricted.

Due to the limited timeframe regarding approval:

- Provide the best contact information while submitting the authorization request.
- Ensure you have submitted all necessary documents before requesting authorization. Humana Healthy Horizons cannot approve authorization without these documents.
- Respond promptly by fax or phone call when Humana Healthy Horizons requests further documentation or clarification regarding any inquiries, as this will help expedite the authorization review process.

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For continuity of care (COC), the member's Humana coverage begins after Feb. 1, 2025.

- If there is an approval letter from any previous Managed Care Organization, please provide that approval letter and Humana Healthy Horizons will build a COC authorization similar to the Transition of Care (TOC) for those members whose Humana coverage began Feb. 1, 2025. There is no need to request new treatment authorization for a full 6 months at the beginning of the member's Humana Healthy Horizons coverage.
- Please note that the end date of the COC authorization may be extended due to the COC period.
- The applied behavior analysis best practice calls for the continuation of the reauthorization and reassessment of the member's behavior plan following the standard 6-month update schedule process. Please request the member's next authorization on schedule—even if the dates of service overlap with the COC authorization's extended end date.
- You can submit this COC request using the same process as the prior authorization request process.
- Availity Essentials™ error message – Availity Essentials may occasionally display an error on the authorization creation tab, despite the authorization being successfully generated. To avoid duplication, please call the intake team at **888-856-8974**.
- Modifiers – If you experience any problems with Availity Essentials and modifiers, please provide a detailed explanation in the Notes section on your Availity Essentials submission and attach it to the authorization request form.
  - Humana's approval notifications don't show modifiers yet, but the claims department has been notified.
    - Example Approval Notification fax
    - 97155 x 108
    - 97155HN x 108
    - May appear as 97155 x 216
  - Board Certified Behavior Analyst (BCBA) and facility provider information ensure the authorization request matches the information submitted on the claims.
  - You must provide both the provider's Tax Identification Number (TIN) and National Provider Identifier (NPI).
  - The NPI needs to be attached to the active Medicaid ID in the Florida Medicaid Web Portal.
  - BCBA name, credentials, NPI, TIN and address are to be included as treating/servicing provider.

Prior authorization requests

Visit the Humana Healthy Horizons **prior authorization (PA) notification lists** online. Except where noted, PA requests for medical services may be initiated:

- Online via **Availity Essentials**—the preferred and most-efficient method (registration required)
- Via telephone by calling **866-856-8974**, Humana's interactive voice response line, 24 hours a day; Customer Care representatives are available Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

You can fax clinical information for a medical service PA request to **813-321-7220**.

Provider Relations and other helpful contacts

- For participating and nonparticipating providers' general questions and support, please email our BA Provider Relations mailbox at **FLBA@humana.com**.

Call centers and websites

- Provider call center: **800-477-6931**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time
- Member call center: **800-477-6931**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time
- Interpreter: **877-320-2233**. This is the concierge phone number for the service accessibility line to schedule interpreters.
- Humana clinical pharmacy review: **800-555-2546**, Monday – Friday, 8 a.m. – 6 p.m., Eastern time
- **Humana Healthy Horizons in Florida provider website**

BA fee schedule

- Humana Healthy Horizons aligns with the AHCA-approved fee schedule for billable procedure codes and service limitations.
- Please note that specific reimbursement amounts will depend upon your Humana Healthy Horizons contract and not the amounts on the AHCA schedule.
- Visit AHCA's **Provider Reimbursement Schedules and Billing Codes page** and select the appropriate link to view the BA fee schedule.

Submitting BA claims to Humana Healthy Horizons:

- Use the CMS-1500 form to submit claims for BA services.
  - Reimbursement for all services is allotted in 15-minute increments. Ensure you bill with the appropriate modifier for the services rendered. Add-on codes must be billed with the corresponding base code.
  - If the rendering provider is with a group and the group is receiving payment, the group will be captured in the billing provider section (box 33), and then the rendering provider will be captured in the rendering provider section (box 24).
  - If the rendering provider is the provider being reimbursed, the rendering provider will be captured in box 33.
  - Treating provider: Enter the individual rendering (treating) provider's number in Item 24 J. Enter the rendering provider's ID number only when it is different from the pay-to provider number entered in items 33a or 33b.
- Humana payer ID, fee-for-service claims: 61101

Provider training and education

Visit the **Humana Healthy Horizons in Florida Provider education and training page**.