Florida Insurance Code Breakdown for Caregivers/Parents/Professionals

Disclaimer – Each insurance has its own set of guidelines that may change depending on the state and plan. Please contact your insurance provider with any specific questions. The information below is high level overview of insurances.

Medicaid/Sunshine

- Typically, only covers up to 21 years old
- Providers typically cannot bill for telehealth. If you see your BCBA billing for telehealth, ensure it has been approved by Medicaid

97151 (assessment/reassessment)

- around 6 hours for initial assessment (IA) and 4.5 for Re-assessment (RA)
- Medicaid typically requests for the Vineland and BASC (types of assessments) to be completed at least yearly if not every 6 months.
- Caregivers must sign off on the assessment and re-assessment before it is submitted to Medicaid
- For reassessment Medicaid will require data on every goal from assessment
- Must include caregiver goals

97153 (1:1 therapy with RBT)

- Larger quantity of hours are more difficult to be approved
- Can be billed in schools with Medicaid approval.

97155 (supervision/treatment adjustment)

- Usually, must be in person unless specifically approved
- Typically, cannot be billed at the same time as 97153 unless deemed medically necessary.

97156 (caregiver training)

- Usually, must be in person unless specifically approved.
- Typically cannot be billed the same time as 97153 unless deemed medically necessary.

Blue Cross Blue Shield

- Some consider BCBS (Lucet) to be easier to obtain hours from.
- BCBS will need to specifically approve school services prior to starting therapy in schools.
- Usually cannot bill more than 8 hours a day per client

97151

- around 8 hours for initial assessment (IA) and 6 for Re-assessment (RA)
- Assessments and reassessments can be submitted through portal
- Can be billed without being in person.
- A combination of Vineland, Adaptive Behavior Assessment Scale, Behavior Assessment System for Children (BASC), and/or Pervasive Developmental Disorder Behavior Inventory is typically required per authorization period.
- Must include caregiver goals
- Usually, cannot bill more than 2 hours a day

97153

- BCBS will sometimes allow more than one RBT to work with a client at a time if there is a clear behavioral need.
- School, clinic, and home services are able to be approved.

97155

- BCBA may bill when actively modifying the treatment plan
- Can be billed alongside 97153 if documented appropriately
- May be subject to daily time restrictions (e.g., up to 2 hours per day)

97156

- Allowed both in-person and via telehealth
- Cannot overlap with 97153 unless medically necessary and approved

Optum / UnitedHealthcare

- Frequently requires reassessments every six months, or every 3 months in some cases
- Requires prior authorization for school-based services and telehealth usage

97151

- around 8 hours for initial assessment (IA) and 6 for Re-assessment (RA)
- Standard assessments required (e.g., Vineland, BASC)
- May require peer review phone calls to discuss goals and data prior to approval

97153

- High quantities of RBT hours must be justified
- Can be authorized in multiple settings with pre-approval

97155

- Provider contracts often exclude supervisory billing—verify contract
- If allowed, billing requires real-time protocol modifications, not passive observation or casual conversation with RBT

97156

- Available in some plans with telehealth coverage, but not universally allowed
- Must be explicitly authorized before delivery

Aetna

- Known for more restrictive school-based coverage
- Telehealth for caregiver training reinstated in late 2023

97151

- About 8 hours for initial assessment and 6 hours for reassessment
- May restrict billing to 2–4 hours per day

97153

- Home and clinic services are easier to authorize than school-based
- Requires pre-authorization

97155

- BCBA must document real-time protocol adjustments
- Passive oversight is not enough; authorization typically required

97156

- Telehealth coverage was reinstated in December 2023, subject to medical necessity – Confirm it is still allowed
- Not permitted concurrently with 97153 unless justified

Cigna

- May require use of 97155 instead of 97153 when BCBA is directly providing care
- Demands thorough clinical documentation

97151

- Typically, about 8 hours for initial assessment and 6 hours for reassessment however some plan approve more hours (12 for example)
- Frequently limited to 4 hours per day

97153

- Must be delivered by RBT under supervision
- Approval required for school-based settings

97155

- Used when BCBA is directly providing services or modifying protocols
- Cigna may deny 97153 if BCBA handles direct care
- Strong documentation is required

97156

- Allowed, but telehealth coverage varies by plan
- Concurrent billing with 97153 is generally prevented unless medically necessary

Magellan (Florida Medicaid Contractor)

- Covers ABA under Medicaid in Florida
- Requires caregiver involvement throughout the authorization period

97151

- Typically approves about 8 hours for initial assessment and 6 hours for reassessment
- Must include standardized tools and caregiver goals

97153

- Delivered by RBT under BCBA supervision
- School or home services may be authorized with justification

97155

- Permitted even if RBT is not present, as long as protocol modifications occur directly with client or caregiver

97156

- Typically limited to 6 sessions per 6-month authorization period
- Must involve caregiver-focused training with goals and documentation
- Telehealth availability varies and must be approved

TRICARE

- Not regional Medicaid—ABA services are part of a federal study
- Known for strict documentation and frequent audits

97151

- Up to 32 units (8 hours) for initial evaluation; up to 24 units (6 hours) for re-evaluation
- Must comply with strict timelines (initial units used within 14 calendar days)
- Telehealth not permitted for these assessments

97153

- BT-delivered services not authorized in schools—only BCBA supervisor can deliver 97153 in a school setting, with IEP and pre-authorization
- Direct RBT services in schools are not covered

97155

- Must be in-person with active protocol modification; telehealth is prohibited
- Cannot be billed concurrently with 97153 under any circumstances
- Providers must include client contact and real-time changes; passive supervision isn't allowed

97156

- Parent/caregiver training must occur within 30 days of authorization start
- Telehealth only allowed after initial 6-month approval period, if authorized
- Max 8 units per day, and cannot be billed with 97153 if client present

- Must meet minimum 6 sessions per authorization period to avoid denial of future treatment authorization