

Behavior Analysis: Change of Provider Form, Instructions, and Process

Purpose: The following is applicable when a parent/caregiver elects to change providers during an approved care period that has an authorization (PA) number.

Form Instructions: The Change of Provider Form (COP) is required to document the parent/caregiver provider choice. It is important to complete the entire form, especially:

- Recipient Information
- Previous Provider Name and Last Date that recipient received care from the provider.
- Signatures of Parent/Caregiver and New Provider

Process Instructions: Providers writing new behavior plans will follow the medical necessity review process by submitting the PA request in eQSuite. The COP form must be uploaded with the PA request.

Providers electing to continue the same services from a previously approved behavior plan or assessment/reassessment will follow the process below to obtain a new PA number.

Provider Transition for 97151 (Assessment) or 97151TS (Reassessment)

- The new provider will enter the request in eQSuite® as an Admission and document in the Summary Tab **PA Transfer**
- The new provider will attach the (COP) Form as an attachment.
- Once approved, a new PA # will be issued to the new provider.

Provider Transition for 97153, 97155, etc. (Continued Stay)

The new BA Provider will need to complete a COP Form and include the previously approved behavior plan. These two steps are required, as follows:

- First, enter the request in eQSuite® as an Admission. Request only the codes on the previously approved plan. No variations are allowed. Enter each CPT code with 1 unit and eQHealth clinical staff will make the calculation of the units for the remainder of the authorization.

Add							Refresh	
Code	Description	MOD	MOD2	From Date	Thru Date	Total Units		
97153	Adaptive Behavior Treatment - Technician			05/16/2023	08/27/2023	1	Edit	Delete
97155	Adaptive Behavior Treatment - Physician			05/16/2023	08/27/2023	1	Edit	Delete
97156	Family Adaptive Behavior Training	HN		05/16/2023	08/27/2023	1	Edit	Delete

- Enter the new review with a current from date and thru date. The thru date must be the same as the last date of service (LDS) from the previously approved plan.

Example: If the previous provider had an authorization with a date span of 3/1/2023 - 8/27/2023, the LDS from the previous provider will be 8/27/2023. The new review entered by

the new provider should have the date span no earlier than the current date of the submission with an end date of 8/27/2023 and the units entered should be entered as 1.

- The new provider will document in the Summary Tab **PA Transfer**

Start DX CODES/ITEMS CLINICAL INFO **SUMMARY**

Please enter any additional information you feel is needed to complete utilization review here. Note: It is NOT necessary to repeat any information that was already indicated on previous tabs.

PA TRANSFER

Florida Agency for Health Care

eQHealth Solutions certification determination does not guarantee Medicaid payment for services. Eligibility for and payment of Medicaid services are subject to all terms and conditions of the Medicaid program. **PROVIDER**

A service provider who knowingly or willfully makes, or causes to be made any false statement or representation of a material fact in any application for Medicaid benefit under federal and/or state criminal laws and may be subject to civil monetary penalties and/or fines.

By clicking [Submit for Review]

CANCEL SAVE/CLOSE SUBMIT FOR REVIEW

- The new provider will upload the COP Form and the approved treatment plan from the previous provider in eQSuite.
- Second, submit a helpline ticket request in eQSuite® to request a discharge to the current authorization. Example: "We just submitted a BA transfer request review ID# 1234567 please add discharge date of 00/00/2023. The change of provider form has been uploaded with the review."
- Once approved, a new PA # will be issued to the new provider.



Behavior Analysis: Change of Provider Form

This form must accompany any new prior authorization request form when a recipient has a current and active PA under a different provider number. If this is a change of ownership, you must contact Recipient Provider Assistance at 877-254-1055. Please fill in the boxes below.

Recipient Information

Client Name:	Medicaid ID#:
Date of Birth:	Current PA Number (if known):

Previous Provider Information

Name:	Last Date of Services (Must be a Valid Date):
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New Provider Information

Name:	Provider ID#:
Start Date of Service:	Provider Signature:

This notice is to inform you that I, _____
(Recipient's name)

have changed providers effective: _____
(Date)

I am changing from provider: _____
(Provider's name)

to provider: _____
(New provider's name)

Parent/Guardian Signature or (Recipient's if applicable)

(Date)