CareSource

REIMBURSEMENT POLICY STATEMENT
Ohio Medicaid

Policy Name & Number	Date Effective
Applied Behavior Analysis for Autism Spectrum Disorder-OH MCD-PY-1638	09/01/2026
Policy Type	
REIMBURSEMENT	

Reimbursement Policies are intended to provide a general reference regarding billing, coding, and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design, and other factors are considered in developing Reimbursement Policies. Reimbursement Policies do not guarantee authorization or payment for services. Coverage and payment determinations are subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreements, and applicable referral, authorization, notification, and utilization management guidelines.

Please refer to the plan contract (e.g., Evidence of Coverage, Member Handbook) for the service(s) referenced herein. Except as otherwise required by law, if there is a conflict between the Reimbursement Policy and the plan contract and/or provider agreement, then the plan contract and/or provider agreement will be the controlling document used to make the determination. Reasonable discretion may be used in interpreting and applying this policy to services provided in a particular case and the policy may be modified at any time. Reimbursement policies may be superseded by federal and state laws and regulations, as applicable. In the case of a discrepancy between the Policy Statement's effective date and any applicable legal or regulatory requirement, the law or regulation will govern.

Coverage for mental health and substance use disorder (MH/SUD) benefits are provided at the same level as coverage for medical and surgical (M/S) benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). MH/SUD benefits are not subject to limits or requirements that are more restrictive than those that apply to M/S benefits.

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A. Subject

Applied Behavior Analysis for Autism Spectrum Disorder

B. Background

Provider reimbursement issues for Applied Behavior Analysis (ABA) services for Autism Spectrum Disorder (ASD) can arise from various factors, impacting families, providers and the overall accessibility of care. Key issues relating to payment problems can include coverage issues, billing and coding challenges, access to services and legislative and policy issues. Billing and coding issues are common due to a variety of factors, some of which include the complexity of coding, incorrect coding, insufficient documentation, authorization issues and billing for supervision and telehealth services.

CareSource strives to provide clear practices regarding reimbursement for services and follows Ohio Department of Medicaid (ODM) guidance regarding payment of claims. Medical criteria for the provision of ABA services is located in CareSource's Applied Behavior Analysis for Autism Spectrum Disorders medical policy at www.caresource.com in the Provider tab.

C. Definitions

- **Medically Unlikely Edit (MUE)** – Maximum units of service for 1 Current Procedural Terminology (CPT) code a provider can report for 1 member on 1 date of service.

D. Policy

I. General Guidelines

A. Providers must meet the participation and provider requirements outlined by the State and CareSource.

B. Ohio Medicaid provides fee schedules on the Ohio Medicaid website. Fee schedules and procedure codes do not guarantee payment, coverage or the reimbursement amount, and fee schedule and procedure code information may be changed or updated at any time.

C. The member's treatment record (eg, plans of care, treatment plans, behavior support plans, functional assessments) must be completed by the provider or practitioner and submitted to CareSource prior to claim submission. Claims will not be accepted without accompanying treatment documentation.

II. Reimbursement Rules

A. A review of medical necessity is required prior to any ABA service provision.

B. Covered services use fee schedule reimbursement methodology in which reimbursement is made at the lower of the billed charge for the service or the maximum allowable reimbursement for the service under Ohio Medicaid. The maximum allowable reimbursement for a service is the same for all ABA providers.

C. ODM's *Medicaid Behavioral Health (BH) State Plan Services Provider Requirements and Reimbursement Manual* (hereafter shortened to *BH Manual*) provides information on billing time-based CPT codes.
D. Unless specifically stated in State rules, laws or other sources, concurrent billing (eg, occupational therapy, physical therapy, speech therapy), time spent preparing a member for services, cleaning or preparing an area before or after services, rest, toileting or other break times between service activities is not billable.
E. Time spent on documentation alone is not billable as a service unless specifically permitted by the State or code description (eg, treatment planning).

III. Documentation Requirements

ODM establishes guidelines related to record documentation requirements located in the OAC. Appropriate records must be maintained for payment of claims. CareSource may request records for any member at any time and audit records for accuracy and compliance.

A. Professional standards support compliance for the protection of members, including ethics code written by the Behavior Analyst Certification Board (BACB). All ABA providers must comply with written ethical standards, including published codes for the supervision of member services. Documentation should follow guidance in OAC 4783-7-01, at a minimum. Other documentation standards are located in OAC 5160-8-05.
B. Supervision requirements regarding documentation standards are published by the State of Ohio and the BACB. Supervision plan requirements are located in OAC 4783-3-01. Supervision documentation must be maintained for a minimum of 5 years following the termination of supervision. Additional supervision information, including documentation requirements, are located in OAC 4783-6.

IV. Covered Services

Covered services are only reimbursable when delivered in accordance with the member's Individual Treatment Plan (ITP). Assessment and service descriptions, along with allowed provider types, are located on ODM's website and incudes instruction for billing the following services (not an all-inclusive list):

A. Behavior Identification Assessment Services

These services must be performed by a BCBA and are, generally, not to exceed 6-10 hours every 6 months unless additional justification is provided. The unit of service calculation should only include

1. face-to-face time spent by the BCBA with the member and/or parent/guardian conducting a comprehensive evaluation
2. any non-face-to-face time spent by the BCBA preparing the accompanying comprehensive evaluation report and developing the member's initial ITP

B. ABA Therapy Treatment Services

These services are reimbursed on a per unit basis and must be performed one-on-one by a BCBA, BCaBA supervised by a BCBA, or an RBT supervised by a BCBA.

C. Adaptive Behavior Treatment with Protocol Modification Services
The unit of service calculation should only include face-to-face time spent supervising, observing and interacting in-person with the member and BCaBA or RBT under the BCBA's supervision during a session. Each BCaBA or RBT performing ABA therapy treatment services must be supervised by a BCBA who is responsible for the quality of the services rendered. Appropriate uses of the service include
   1. adjustments to specific components of a protocol face-to-face with a member (eg, treatment targets, treatment goals, observation and measurement, reinforcer delivery, prompts, instructions, materials, discriminative stimuli, contextual variables)
   2. 1:1 direct treatment by a qualified provider to observe a member for determining if protocol components are effective for the member or require adjustments
   3. active direction of a technician while delivering a face-to-face service with a member to train the implementation of a new or modified protocol
   4. qualified provider implementation of a protocol with a member to determine if changes are needed to improve progress or test a modified protocol service

D. Family Adaptive Behavior Treatment Service
Services must include participation of the parent/guardian or other appropriate caregiver and performed by a BCBA. Reimbursement only includes time spent collaborating face-to-face with the parent/guardian.

E. Telemedicine Services
Telemedicine services are reimbursed in the same manner and subject to the same limits as in-person, face-to-face service delivery.

V. Special Provisions Related to RBTs

A. Current Standards for RBTs
   1. RBT services must be supervised by a qualified RBT supervisor. RBTs must obtain ongoing supervision for a minimum of 5% of the hours spent providing ABA services per month. Additionally, the BACB publishes information regarding the structure of supervision and parameters for group and individual supervision in the RBT Handbook.
   2. A BACB-certified RBT may provide ABA under the supervision of an independent practitioner when the independent practitioner is enrolled and active in the Medicaid program and affiliated with the organization under which the provider is employed or contracted. If the independent practitioner leaves the affiliated organization and no longer provides supervision, the RBT may not continue to provide services under that independent practitioner. Additionally, if the RBT leaves the affiliated organization and no longer receives mandated supervision, the RBT may not provide services to the member(s).
   3. RBTs must use appropriate modifiers that indicate qualifications of staff delivering services, if appropriate.

B. RBT Changes from the Behavior Analyst Certification Board

1. RBT supervisors must hold BCBA or BCaBA certification. Noncertified supervisors are not allowed to provide BACB-required supervision to RBTs. Continuity of care for members is required.
2. RBTs must comply with new rules adopted by the BACB, effective January 1, 2026, regarding eligibility for and maintenance of certification.

VI. Exclusions

Reimbursement for the following services or activities is not permitted:

A. any services not documented in the treatment plan
B. behavioral methods or modes considered experimental
C. education-related services or activities described under IDEA
D. vocational services funded under the Rehabilitation Act of 1973
E. components of adult day care programs
F. treatment solely for the benefit of the family, caregiver, or therapist
G. treatment focused on recreational activities
H. treatment worsening symptoms, prompting member regression or part of core symptoms of ASD
I. personal training or life coaching
J. services more costly than an alternative service(s) that are likely to produce equivalent diagnostic or therapeutic results for the member
K. programs or services performed in nonconventional settings, even if performed by a licensed provider (eg, spas/resorts, wilderness camp, ranch programs)

E. Conditions of Coverage

I. Providers are required to bill at the appropriate practitioner level (ie, modifiers) and service code for service rendered, as appropriate and outlined by ODM. Providers must use applicable procedure codes with MUE limits, modifiers, and place of service codes as applicable.

A. Providers agree to bill Medicaid for only those services rendered by a qualified provider or by a provider under the provider's direct supervision. Under no circumstances may a provider bill for services rendered by another practitioner enrolled or eligible to enroll as a provider.
B. Providers must utilize the procedure code(s) best describing the service rendered and not bill under separate procedure code(s) for services included under a single procedure code. Coding of both diagnoses and procedures is required for all claims and must be to the highest level.
C. CareSource will ensure a continued and uninterrupted path for providers to bill ABA services as previously billed with H0036, facilitating a smooth transition while maintaining access to necessary services for members. Providers will be supported in billing practices to ensure compliance with current regulations and upholding quality of care for members. However, it is important to note that CareSource will not reimburse H0036 if the provider is able to use designated ABA codes.

D. Providers cannot submit multiple dates of service on a single claim line. Each claim line must be specific to a single date of service and the units provided on that single date of service.
E. CareSource complies with the Centers for Medicare and Medicaid Services (CMS) medically unlikely edit (MUE) table. If CMS updates the MUE list, the update will take precedence over this policy.
F. Treatment codes are based on daily total units of service in 15-minute increments. A unit of time is attained when the mid-point is passed. ODM provides examples of correct unit usage for number of minutes per treatment session.

II. Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis, subsequent medical review audits, recovery of overpayments identified and provider prepayment review. Program Integrity will be engaged for an annual review of data.

III. When a member has other insurance, Medicaid is always the payer of last resort. CareSource will not pay more than the Medicaid rate totals for service. Primary payer must provide evidence of determinations for consideration of Medicaid coverage for services.

F. Related Policies/Rules

NA

G. Review/Revision History

	DATE	ACTION
Date Issued	02/11/2026	New policy. Split payment information from MM 0028 & revised. Approved at Committee.
Date Revised		
Date Effective	09/01/2026	
Date Archived		

H. References

1. NCCI MUE Edits-Practitioner Services. Centers for Medicare and Medicaid Services. Accessed February 10, 2026. www.cms.gov
2. BACB Newsletter. Behavior Analyst Certification Board. Accessed February 10, 2026. www.bacb.com
3. BACB Newsletter: Introducing the 2026 RBT Examination and Certification Requirements. Behavior Analyst Certification Board. Accessed February 10, 2026. www.bacb.com
4. Board Certified Behavior Analyst Handbook. Behavior Analyst Certification Board. Accessed February 10, 2026. www.bacb.com
5. Board Certified Assistant Behavior Analyst Handbook. Behavior Analyst Certification Board. Accessed February 10, 2026. www.bacb.com

6. Ethics Code for Behavior Analysts. Behavior Analyst Certification Board. Accessed February 10, 2026. www.bacb.com
7. Registered Behavior Technician Handbook. Behavior Analyst Certification Board. Accessed February 10, 2026. www.bacb.com
8. State Board of Psychology – Certified Ohio Behavior Analysts, OHIO ADMIN. CODE 4783 (2025).

Approved by Ohio Department of Medicaid 06/05/2026