



# MEDICAL POLICY STATEMENT

## Arkansas PASSE

Policy Name & Number	Date Effective
Applied Behavior Analysis for Autism Spectrum Disorder- AR PASSE-MM-1227	05/01/2026
Policy Type	
<b>MEDICAL</b>	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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## A. Subject

### **Applied Behavior Analysis for Autism Spectrum Disorder**

## B. Background

The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revised (DSM-5-TR) classifies Autism Spectrum Disorder (ASD) as a neurodevelopmental disorder characterized by specific developmental deficits affecting socialization, communication, academic and personal functioning. Diagnoses typically occur before entering grade school, and symptoms are present across multiple contexts (eg, social reciprocity, nonverbal communicative behaviors, skills in developing, maintaining and understanding relationships). Restricted, repetitive patterns of behavior, interests or activities are also often present.

There is no cure for ASD, nor is there any single treatment. The diagnosis is managed through a combination of therapies (eg, behavioral, cognitive, pharmacologic, educational) to minimize severity of symptoms, maximize learning, facilitate social integration and improve quality of life. Applied behavior analysis (ABA), one such therapy, may be provided in centers or at home and provides an evidence-based practice for treatment.

ABA focuses on understanding behavior functioning and interaction with the environment, aiming to improve human conditions through behavior change. It is a flexible treatment adapted to individual needs, teaching useful and generalizable skills involving individual, group and family training. Qualified practitioners oversee ABA programs and must meet state licensure, registration or certification requirements. Clinical decisions regarding telehealth delivery should consider individual needs, strengths, preferred service modalities, caregiver availability and environmental support.

The public school system becomes responsible for the provision of services and education at school-age with services outlined in an individualized education program (IEP). ASD services do not include education services available through programs funded under 20 US Code Chapter 3, section 1400 of the Individuals with Disabilities Education Act (IDEA), reauthorized in 2004 and most recently in December 2015.

CareSource follows Arkansas law and Arkansas Dept of Health and Human Services (DHS) guidelines in the provision of ABA services. Any information from those sources supersedes information in this policy.

## C. Definitions

- **Practitioner** – All ABA services must be provided by a Behavior Analyst Certification Board (BACB)-certified professional or appropriately supervised paraprofessional:
  - Board Certified Behavior Analyst - Doctoral (BCBA-D)
  - Board Certified Behavior Analyst (BCBA)
  - Board Certified Assistant Behavior Analyst (BCaBA)

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

- Registered Behavior Technician
- **Qualified Professional** – A licensed physician, licensed psychologist, or licensed speech-language pathologist.
- **Standardized Diagnostic Assessment Tools** – Direct assessment, evidence-based tools designed to assist with identification of symptoms and criteria for a diagnosis or disorder.
- **Supervision** – Directing, guiding, training and assessing individuals who provide behavior-analytic services with responsibilities in accordance with the board from which the practitioner received a license.

#### D. Policy

##### I. Eligibility Requirements

- A. Appropriate documentation must be submitted for medical necessity review and align with the State's definition, including treatment not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results.
- B. Members must be enrolled in the Child Health Services-Early and Periodic Screening, Diagnostic and Treatment (EPSDT)-Arkansas Medicaid program and between 18 months and 21 years of age. CareSource requires that any guardianship documentation be submitted with medical necessity review documents, if applicable.

##### II. Initiation and Continuation of ABA Services

If services stopped or were terminated for any reason for a temporary length of time (eg, cancelled over summer break after school year ends, vacation or visitation with a noncustodial parent, a change in school hours), additional authorizations should be submitted as continuations. CareSource will not process those requests as initial requests. CareSource must receive the following documentation for medical necessity review based on sections in the AR DHS *ABA Provider Manual*, Section II:

- A. a qualifying diagnosis in accordance with section 212.200 and ARK. CODE ANN. § 20-77-124
- B. a referral to evaluate in accordance with section 212.300
- C. a treatment prescription according to section 212.400
- D. a comprehensive assessment in accordance with section 212.500
- E. an individualized treatment plan (ITP) signed by the BCBA and parent or guardian in accordance with section 224.000

**Note:** Documentation should show that the member has symptoms that would benefit from treatment and must be related to the diagnosis. Symptoms reported should be specific to the member and not a repetition of DSM criteria or language (eg, stereotyped or repetitive motor movements vs. lining up toy cars by size or hypo-reactivity to sensory input vs. frequently and consistently scalds hands with use of water that is too hot).

##### III. Covered Services

- A. All covered services must be reviewed for medical necessity prior to the service.

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Complete service definitions, requirements for each and other standards are set by the State, published in section 222.000 and include the following:

1. Behavior Identification Assessment Services
  2. ABA Therapy Treatment Services
  3. Adaptive Behavior Treatment with Protocol Modification Services
  4. Family Adaptive Behavior Treatment Services
- B. Telemedicine Services are covered services and outlined by the State in section 223.000. Services must be appropriate for the individual member and not used as the primary method of treatment.

#### IV. Discontinuation of ABA Therapy

ABA treatment services cease to be medically necessary if the requirements in section 224.000 B.4. are met or if parents/caregivers have refused treatment recommendations, are unable to participate in the treatment program and/or do not follow through on treatment recommendations to an extent that compromises the effectiveness of the services for member progress.

#### V. Exclusions

- A. rehabilitative services (eg, community psychiatric supportive treatment, therapeutic behavioral service, psychosocial rehabilitation service) for the provision of ABA
- B. any services not documented in the treatment plan
- C. behavioral methods or modes considered experimental
- D. education-related services or activities described under IDEA
- E. vocational services or any funded under Section 110 of the Rehabilitation Act of 1973
- F. components of adult day care programs or ABA for members receiving Autism Waiver services or any other duplicative therapy service
- G. treatment solely for the benefit of the family, caregiver or therapist or for symptoms/behaviors not part of core symptoms of ASD
- H. treatment that worsens symptoms, prompts member regression or is unexpected to cause improvement
- I. services provided by family or household members or custodial care not requiring trained ABA staff
- J. shadowing, para-professional, or companion services in any setting
- K. services more costly than an alternative service(s) likely to produce equivalent diagnostic or therapeutic result
- L. any program or service performed in nonconventional settings, even if performed by a licensed provider (eg, wilderness camp, ranch programs)

#### E. Conditions of Coverage

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. CareSource reserves the right to request therapy or supervision documentation.

**F. Related Policies/Rules**

Applied Behavior Analysis for Autism Spectrum Disorder – Reimbursement Policy  
Medical Necessity Determinations

**G. Review/Revision History**

DATE		ACTION
<b>Date Issued</b>	02/02/2022	New Policy
<b>Date Revised</b>	01/04/2023	Added definition of PCSP, PSSP to revised initial ABA treatment plan & section V.J. Parent/caregiver involvement.
	03/29/2023	Revised definitions. Restructured policy for clarity. Approved at Committee.
	04/12/2023	Removed any telehealth exclusions. Approved at Committee.
	03/13/2024	Annual review. Revised background. Added sections VII – X. Updated H. Approved at Committee.
	09/25/2024	Off cycle review. Expanded background & VI. Added paraprofessional to practitioner definition, IX.D. & E.4. Deleted X.3. Updated references. Approved at Committee.
	06/04/2025	Off cycle review. Separated MM into additional PY policy. Updated MM according to ABA manual, references. Approved at Committee.
	02/11/2026	Removed information in the AR <i>ABA Provider Manual</i> . Removed payment information – PY 1616. Updated references. Approved at Committee.
<b>Date Effective</b>	05/01/2026	
<b>Date Archived</b>		

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