

## REIMBURSEMENT POLICY STATEMENT

### Arkansas PASSE

Policy Name & Number	Date Effective
Applied Behavior Analysis for Autism Spectrum Disorder- AR PASSE-PY-1616	09/01/2025
Policy Type	
REIMBURSEMENT	

Reimbursement Policies prepared by CareSource and its affiliates 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.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management 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 federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy 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. CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

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

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 the Arkansas Code and the Dept of Human Services *Applied Behavior Analysis (ABA) Therapy Provider Manual*. Information from State sources supersedes information in this policy. 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](http://www.caresource.com) in the *Provider* tab.

## C. Definitions

- **Concurrent Billing** – Multiple practitioners bill Medicaid for services provided to the same member during the same time increment.

## D. Policy

## I. General Provisions

- A. Individual and group providers must meet the participation and provider requirements outlined by the State in the *ABA Provider Manual*.
- B. All ABA services must be delivered by a single ABA provider. Transitioning, alternating or coordinating ABA services concurrently among multiple ABA providers is prohibited.
  1. For group ABA therapy providers, all ABA therapy services must be performed by individual providers affiliated with the same group.
  2. This provision does not eliminate or in any way restrict a member's right to select or change a choice in an ABA provider.
- C. Arkansas Medicaid provides fee schedules on the Arkansas Medicaid website.
  1. Fee schedules do not address coverage limitations or special instructions applied by Arkansas Medicaid before final payment is determined, nor do fee schedules and procedure codes guarantee payment, coverage, or the reimbursement amount.
  2. Fee schedule and procedure code information may be changed or updated at any time.

## II. Reimbursement Rules

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

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- 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 Arkansas Medicaid. The maximum allowable reimbursement for a service is the same for all ABA providers.
  - C. A full unit of service must be rendered to bill a unit of service. Partial units of service may not be rounded up and are not reimbursable.
  - D. Non-consecutive periods of service delivery over the course of a single day may be aggregated when computing a unit of service.
  - E. Unless otherwise specifically stated in the *ABA Provider Manual*, concurrent billing is not allowed.
  - F. Time spent preparing a member for services, cleaning or prepping an area before or after services, and/or rest, toileting, or other break times between service activities is not billable.
  - G. Time spent on documentation alone is not billable as a service unless otherwise specifically permitted in the *ABA Provider Manual*.
- III. Documentation requirements for all Arkansas Medicaid providers can be found in section 140.000 of the *ABA Provider Manual*. Section 203.200 lists ABA service documentation requirements for each ABA covered service.
- IV. Covered Services
- Covered services are only reimbursable when delivered in accordance with the member's Individual Treatment Plan (ITP).
- A. Behavior Identification Assessment Services  
These services are reimbursed on a per unit basis and must be performed by a BCBA. 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. Group ABA therapy is prohibited.
    1. The amount of ABA therapy treatment services performed during a week cannot exceed the prescribed or authorized number of units per week.
    2. Prescribed or authorized units not performed during a week due to member illness, member unavailability, or any other reason do not carryforward and cannot be made up in earlier or later weeks.
    3. A week is defined as Monday through Sunday.
    4. A single clinician cannot perform more than 50 billable hours of ABA therapy treatment services per week.
  - C. Adaptive Behavior Treatment with Protocol Modification Services  
These services are reimbursed on a per unit basis. The unit of service calculation should only include time spent supervising, observing and interacting

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in-person with the member and BCaBA or RBT under the BCBA's supervision during an ABA therapy treatment 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:

1. A supervising BCBA must be an enrolled Arkansas Medicaid provider and meet the following minimum in-person observation thresholds for each BCaBA or RBT under supervision:
    - a. 5% of total ABA treatment hours performed by the BCaBA or RBT
    - b. 1 hour of ABA delivery performed by BCaBA or RBT every 30 days
  2. When not directly observing an ABA session, a supervising BCBA must be on-call and immediately available to advise and assist throughout the entirety of any session performed by a BCaBA or RBT under supervision. Availability by telecommunication is sufficient to meet this requirement.
  3. A supervising BCBA must review and approve the data collection and progress notes completed by a BCaBA or RBT under supervision prior to submitting a claim for any ABA therapy treatment services delivered.
  4. Supervising BCBA is limited to the lesser of the supervision caseload limits:
    - a. a maximum combined total of 12 BCaBAs and RBTs at any given time
    - b. a caseload of BCaBAs/RBTs requiring no more than 25 hours of billable adaptive behavior treatment with protocol modification services per week
  5. A BCBA delivering direct one-on-one ABA services to a member (ie, not supervising a BCaBA or RBT perform an ABA therapy treatment session) is not considered an adaptive behavior treatment with protocol modification service and must be billed as an ABA therapy treatment service.
  6. Adjusting and updating an existing ITP as required is considered an adaptive behavior treatment with protocol modification 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 occurs on a per unit basis and only includes time spent collaborating face-to-face with the parent/guardian.
- E. Telemedicine Services  
Telemedicine services include adaptive behavior treatment with protocol modification services and family adaptive behavior services. All other covered ABA services must be conducted in-person. Telemedicine services are reimbursed in the same manner and subject to the same limits as in-person, face-to-face service delivery.

#### V. Codes of Conduct

Codes of conduct exist to meet credentialing needs of professionals and function to protect members by establishing, disseminating, and managing professional standards. CareSource supports professional standards established by licensing and credentialing bodies and therefore encourages professional compliance across disciplines for the protection of members and families. The ethics code written by the Behavior Analyst Certification Board (BACB) includes the following standards (not all-inclusive) to which ABA providers must comply:

- A. Family oversight must occur by/with the BCBA or BCaBA.

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- B. Providers will create a contract for consent to services (eg, “Declaration of Professional Practices and Procedures”) at the onset of services that defines and documents, in writing, the professional role with relevant parties.
- C. Appropriate effort will be made to involve members and stakeholders in treatment, including selecting goals, designing assessments and interventions, and conducting continual progress monitoring.
- D. Providers will identify and address environmental conditions (eg, behavior of others, hazards to client or staff) that may interfere with service delivery, including the identification of effective modifications to interventions and appropriate documentation of conditions, actions taken and eventual outcomes.
- E. Continuity of services will be facilitated to avoid interruption/disruption of services for members, including documentation of actions taken and eventual outcomes.
- F. Providers will address any possible circumstances when relevant stakeholders are not complying with the behavior-change intervention(s) despite documented and appropriate efforts to address barriers to treatment.

#### VI. Supervision Expectations

The BACB enacts guidelines for supervision requirements and documentation expectations for providers. Supervision contract requirements can be found in the *BACB Handbook*. Documentation related to supervision must be maintained for a minimum of 7 years from the last date of supervision.

- A. At a minimum, RBTs must document related to supervision (not all inclusive)
  - 1. days and times behavior-analytic services were provided
  - 2. dates and duration of supervision
  - 3. supervision format (one-on-one, group)
  - 4. dates of direct observation
  - 5. names of supervisors providing supervision
  - 6. noncertified RBT supervisor form, if applicable
  - 7. proof of supervisor’s relationship to the client
  - 8. additional documentation in the event of discrepant records (session notes)
- B. Supervisors must document the following for any supervision hours conducted:
  - 1. date with start and stop times
  - 2. fieldwork type
  - 3. supervision type (group or individual)
  - 4. activity category (restricted or unrestricted)
  - 5. summary of supervision activity, including:
    - a. discussion of activities completed during independent hours and any feedback provided
    - b. progress toward individual member goals
    - c. outcome of supervision, including any modification to treatment interventions or plans of care
    - d. collaboration of care among providers
  - 6. dated signature of supervisor and supervisee, including credentials
- C. Observations must include the following (at a minimum):
  - 1. date with start and stop times
  - 2. fieldwork type

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3. setting name
  4. supervisor name
  5. activity category (restricted or unrestricted)
- D. CareSource supports BACB published ethical codes related to supervision for the provision of services to clients, including, but not limited to
1. Behavior analysts (BA) are knowledgeable about and comply with all applicable supervisory requirements and funder and organization policies, including those related to supervision modalities and structure.
  2. BAs supervise/train others only within an individually identified scope of competence.
  3. BAs take on only the number of supervisees allowing effective supervision and training. When a threshold volume for providing effective supervision has been met, documentation of this self-assessment and communication of results to employer(s) and relevant parties must occur.
  4. BAs are accountable for supervisory practices and professional activities (eg, client services, supervision, training, research activity, public statements) of supervisees occurring as part of that relationship.
  5. BAs ensure that documentation, and the documentation of supervisees or trainees, is accurate and complete.
  6. BAs deliver supervision/training in compliance with applicable requirements (eg, BACB rules, licensure requirements, funder and organization policies, State rules and regulations) and design and implement supervision and training procedures that are evidence based, focus on positive reinforcement, and are individualized for each supervisee and circumstances.
  7. BAs actively engage in continual evaluation of supervisory practices using feedback from others and client and supervisee outcomes. Self-evaluations are documented and timely adjustments made to supervisory and training practices as indicated.

## VII. Special Provisions Related to RBTs

### A. Current Standards for RBTs

1. The BACB publishes information regarding the structure of supervision and parameters for group and individual supervision in the RBT Handbook.
2. An RBT who is certified by the BACB may provide ABA under the supervision of an independent practitioner if enrolled in the Medicaid program and affiliated with the organization under which he/she 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 board mandated supervision, the RBT may not continue to provide services to the member.

### B. Upcoming RBT Changes from the Behavior Analyst Certification Board

1. **Effective January 1, 2026:** The BACB approved a recommendation that RBT supervisors must hold BCBA or BCaBA certification. Noncertified supervisors will not be allowed to provide BACB-required supervision to RBTs. During this transition, RBT Requirements Coordinators who currently

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attest to the qualifications of noncertified supervisors should make preparations to ensure continuity of care for clients.

2. **Effective January 1, 2026:** New rules regarding eligibility for and maintenance of certification for RBTs were adopted by the BACB and can be located in the *BACB Newsletter: December 2023* at [www.bacb.com](http://www.bacb.com).

#### E. Conditions of Coverage

- I. 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.
- II. 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.
- III. CareSource reserves the right to request therapy or supervision documentation, particularly related to telehealth services.

#### F. Related Policies/Rules

Applied Behavior Analysis for Autism Spectrum Disorders Medical Policy

#### G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	06/04/2025	New policy. Split payment information from MM policy and revised according to ABA manual (new 1/1/25). Approved at Committee.
<b>Date Revised</b>		
<b>Date Effective</b>	09/01/2025	
<b>Date Archived</b>		

#### H. References

1. *NCCI MUE Edits-Practitioner Services*. Centers for Medicare and Medicaid Services. Updated April 1, 2025. Accessed April 3, 2025. [www.cms.gov](http://www.cms.gov)
2. Application for a 1915(c) Home and Community-Based Services Waiver. AR.0188.R06.01. Updated July 1, 2022. Accessed April 3, 2025. [www.humanservices.arkansas.gov](http://www.humanservices.arkansas.gov)
3. *Applied Behavior Analysis Provider Manual, Section II*. Arkansas Dept of Human Services; 2025. Accessed April 3, 2025. [www.humanservices.arkansas.gov](http://www.humanservices.arkansas.gov)
4. Arkansas Legislative Task Force on Autism Act, Ark. Code Ann. § § 10-3-2601 to 2603 (2024).
5. *BACB Newsletter*. Behavior Analyst Certification Board; September 2023. Accessed April 3, 2025. [www.bacb.com](http://www.bacb.com)

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6. *BACB Newsletter: Introducing the 2026 RBT Examination and Certification Requirements*. Behavior Analyst Certification Board; December 2023. Accessed April 3, 2025. [www.bacb.com](http://www.bacb.com)
7. *Board Certified Behavior Analyst Handbook*. Behavior Analyst Certification Board. Updated December 2023. Accessed April 3, 2025. [www.bacb.com](http://www.bacb.com)
8. *Board Certified Assistant Behavior Analyst Handbook*. Behavior Analyst Certification Board. Updated December 2023. Accessed April 3, 2025. [www.bacb.com](http://www.bacb.com)
9. Contents of a Request for a Waiver, 42 C.F.R. § 441.301 (2024).
10. Coverage for Autism Spectrum Disorders Required – Definitions, ARK. CODE ANN. § 23-99-418- (2023).
11. Ethics Code for Behavior Analysts. Behavior Analyst Certification Board; 2020. Updated January 1, 2022. Accessed April 3, 2025. [www.bacb.com](http://www.bacb.com)
12. Medicaid Waiver for Autism Spectrum Disorder – Definitions, ARK. CODE ANN. § 20-77-124 (2023).
13. Person-Centered Service Plan, 42 C.F.R. § 441.725 (2024).
14. *Registered Behavior Technician Handbook*. Behavior Analyst Certification Board. Updated December 2023. Accessed April 3, 2025. [www.bacb.com](http://www.bacb.com)

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