



# REIMBURSEMENT POLICY STATEMENT

## Arkansas PASSE

Policy Name & Number	Date Effective
Applied Behavior Analysis for Autism Spectrum Disorder-AR PASSE-PY-1616	05/01/2026
Policy Type	
<b>REIMBURSEMENT</b>	

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.

### Table of Contents

A.	Subject .....	2
B.	Background .....	2
C.	Definitions .....	2
D.	Policy .....	2
E.	Conditions of Coverage .....	4
F.	Related Policies/Rules .....	5
G.	Review/Revision History .....	5
H.	References .....	5

## 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 & Reimbursement Rules

- A. Individual and group providers must meet participation and provider requirements outlined by the State in the *ABA 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. Additional instructions can be found in section 221.000 of the *ABA Manual*.
- 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. Fee schedule and procedure code information may be changed or updated at any time.
  2. 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.
- D. A review of medical necessity is required prior to any ABA service provision.
- E. 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.

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

1. Non-consecutive periods of service delivery over the course of a single day may be aggregated when computing a unit of service.
2. Unless otherwise specifically stated in the *ABA Provider Manual*, concurrent billing is not allowed.
3. 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.
4. Time spent on documentation alone is not billable as a service unless otherwise specifically permitted by the State (eg, treatment planning).

## II. Documentation Requirements

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. Appropriate records must be maintained for payment of claims. CareSource may request records for any member at any time. Documentation may be audited for accuracy and compliance.

- A. Professional standards protect 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.
- B. Supervision requirements and documentation standards are published by the State of Arkansas and the BACB. Supervision contract requirements are provided by the BACB and located in the BACB Handbook. Documentation related to supervision must be maintained for a minimum of 7 years from the last date of supervision and follow BACB and Arkansas standards related to RBT sessions, any supervision conducted and/or any observations conducted.

## III. Covered Services

- A. Covered services are only reimbursable when delivered in accordance with the member's individualized treatment plan (ITP). All covered services must be reviewed for medical necessity prior to the service. 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 include some covered services and are outlined by the State in section 223.000 and ARK. CODE ANN. § 17-80-401 to -407.

## IV. Special Provisions Related to RBTs

- A. BACB-certified RBTs may provide ABA under the supervision of an independent practitioner enrolled in the Medicaid program and affiliated with the organization under which the RBT 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.

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

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

#### 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 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

- 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.

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

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>	02/11/2026	Annual review. Removed manual information and added applicable section. Updated references. Approved at Committee.
<b>Date Effective</b>	05/01/2026	
<b>Date Archived</b>		

H. References

1. *Applied Behavior Analysis Provider Manual, Section II*. Arkansas Dept of Human Services. Accessed February 10, 2026. [www.humanservices.arkansas.gov](http://www.humanservices.arkansas.gov)
2. Arkansas Legislative Task Force on Autism Act, Ark. Code Ann. § § 10-3-2601 to 2603 (2024).
3. *BACB Newsletter*. Behavior Analyst Certification Board. Accessed February 10, 2026. [www.bacb.com](http://www.bacb.com)
4. *BACB Newsletter: Introducing the 2026 RBT Examination and Certification Requirements*. Behavior Analyst Certification Board. Accessed February 10, 2026. [www.bacb.com](http://www.bacb.com)
5. *Board Certified Behavior Analyst Handbook*. Behavior Analyst Certification Board. Accessed February 10, 2026. [www.bacb.com](http://www.bacb.com)
6. *Board Certified Assistant Behavior Analyst Handbook*. Behavior Analyst Certification Board. Accessed February 10, 2026. [www.bacb.com](http://www.bacb.com)
7. Coverage for Autism Spectrum Disorders Required – Definitions, ARK. CODE ANN. § 23-99-418- (2023).
8. *Ethics Code for Behavior Analysts*. Behavior Analyst Certification Board; 2020. Accessed February 10, 2026. [www.bacb.com](http://www.bacb.com)
9. Medicaid Waiver for Autism Spectrum Disorder – Definitions, ARK. CODE ANN. § 20-77-124 (2023).
10. *NCCI MUE Edits-Practitioner Services*. Centers for Medicare and Medicaid Services. Accessed February 10, 2026. [www.cms.gov](http://www.cms.gov)
11. *Registered Behavior Technician Handbook*. Behavior Analyst Certification Board. Accessed February 10, 2026. [www.bacb.com](http://www.bacb.com)

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