



# Applied Behavior Analysis

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2025

# Applied Behavior Analysis

- ✓ January 1, 2025
  - ✓ New Applied Behavior Analysis (ABA) Medicaid Manual released by DHS.
  - ✓ Establishes eligibility, clinician qualifications, supervision, service delivery, service delivery documentation, billing, and extension of benefit requirements in connection with the performance of ABA therapy services.
    - ✓ Medicaid manuals found [HERE](#). Please review the manual for changes to the program before submitting your PA.
- ✓ ABA Therapy consists of three review submission types
  - ✓ Initial Assessment
  - ✓ Initial Treatment Plan
  - ✓ Renewal of Assessment and Treatment Plan
- ✓ The initial assessment PA request and the treatment plan PA request (with renewal assessment code) must be submitted separately, and in that order
- ✓ Each PA must not be submitted until the previous PA has been approved. Doing otherwise will result in cancellations or denials



# Prior Authorization Requests

- ✓ Initial Assessment Request
  - ✓ DMS 641-ER
  - ✓ 2-prong ASD diagnostic documentation as per section 212.200
  
- ✓ Initial Treatment Request
  - ✓ DMS 641-TP
  - ✓ Comprehensive Treatment Plan\*
  
- ✓ Continued Treatment PA
  - ✓ DMS 641-ER is *not* required for a renewal assessment
  - ✓ DMS 641-TP
    - ✓ Every six (6) months for a beneficiary 18 months to eight (8) years of age
    - ✓ Every 12 months for a beneficiary eight (8) to 21 years of age
  - ✓ Updated Comprehensive Treatment Plan\*

\* Treatment Plan data requirements can be located in the Applied Behavior Analysis Medicaid manual by clicking [HERE](#) and locating the ABA manual. Please refer to section 222.200.

\*\* DMS-693 forms initiated prior to January 1, 2025, will continue to be accepted until April 1, 2025.



# Initial Assessment PA Required Documents

## ➤ [DMS-641 ER\\*](#)

### ➤ 2-prong diagnosis of ASD diagnosis including

- A delineation of American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders criteria; or
- The results of one or more formalized ASD evaluation instruments administered by qualified professionals as defined in Ark. Code Ann. § 20-77-124.

### What does this look like? \*\*

One or more ASD specific evaluation (CARS, ADOS, etc..) completed by:

1. A licensed Psychologist (PhD, PsyD, LP, LPE, LPE-I) or
2. A Speech Language Pathologist (SLP)

Confirmation or agreeance with diagnostic evaluation and conclusion in the form of:

1. MD/DO acknowledgement of diagnosis in Well Child or PCP exam notes, documenting Autism diagnosis and how it was diagnosed; or
2. MD/DO letter of agreeance with the results of the diagnostic evaluation

Required Diagnosis and Assessment request data and documents found in ABA Therapy Manual sections 212.200 and 212.300

\*DMS-693 will be accepted through March 2025. As of April 1, 2025 the DMS-641 ER must be used as the prescription

\*\*If two evaluations are provided, or an evaluation by a qualifying team such as evaluations by MD, PhD/LPE-I, and SLP no confirmation or agreeance is needed.



# Treatment Plan PA Required Information

## ➤ [DMS-641 TP\\*](#)

- Beneficiary's pertinent history (medical, school, home, family, other therapies, etc.)
- Treatment plan, including:
  - Summary or one or more interviews with the parents, caregivers, or other individuals involved in the life of the beneficiary
  - Results of one nationally recognized skills-based assessment instrument accepted by the Department of Human Services found [here](#)
  - Any targeted interfering behavior, the administration and results of a functional behavior assessment
  - Location and setting where BCBA conducted direct observation and data collection of the beneficiary
  - BCBA's analysis of the beneficiary's current skills and functional strengths, deficits, delays, limitations, and barriers across multiple domains; including how the BCBA reached those conclusions and detailed description of how ABA therapy will address listed deficits, delays, limitations, and barriers
  - BCBA's recommendations on frequency, duration, and intensity of ABA therapy services and interpretation of beneficiary's medical and family history, parent/caregiver interviews, assessment results, observations, and data collected to support the frequency, duration, and intensity
  - Individualized goals and objectives to address each deficit, functional limitation, and problem behavior
  - Recommended setting for ABA Therapy treatment service delivery and how and why the treatment delivery setting is appropriate for beneficiary
  - The parent, guardian, or other family member of caregiver home program, which should include schedule and explanation of why the frequency and duration are appropriate
  - Signature and credentials of the BCBA who performed and completed the comprehensive evaluation report.

Required Assessment and Treatment plan data can be found in ABA Manual sections 203.200, 212.400, 212.500, 222.200, 222.300, 222.400, 223.000, and 224.000

\*DMS-693 will be accepted through March 2025. As of April 1, 2025 the DMS-641 TP must be used as the prescription.



# Renewal Treatment Plan PA Required Information

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In addition to all information on the previous slide:

- Response to any prior treatments performed by the current ABA Therapy provider
- Date beneficiary began receiving ABA therapy services and explanation of any gaps in services
- Summary of individualized treatment goals or objectives met in the treatment period since the start of the previous Assessment
- Summary of communication, social, self help, or other adaptive behavioral skills improvements or skills acquired to areas of functional deficits since previous Assessment
- Summary of specific replacement behaviors, tasks, or activities successfully implemented since previous Assessment
- List of interfering behaviors minimized or eliminated since previous Assessment
- Direct or indirect evidence of beneficiary's replacement behaviors, problem behavior reduction or elimination, or skill acquisition transitioning across natural environment settings since previous Assessment
- Evidence of improvement or decline across all goals in the form of data inclusion, graphs preferred (section 224.000 B.3)
- Discharge criteria for the beneficiary transitioning out of prescribed ABA therapy (section 224.00 B.4)

Required Assessment and Treatment plan data can be found in ABA Manual sections 203.200, 212.400, 212.500, 222.200, 222.300, 222.400, 223.000, and 224.000



# ABA Codes and Description of Services

Code	Description of Services
97151	Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/pr guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
97155	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes *
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes. *

\* Telehealth services allowed for 97155 and 97156 only – no modifier required. Use telehealth place of service on claim

\*\* Group services 97154 and 97158 are not reimbursable



# Review Completion Times

Prior Authorization	Review Turn Around Times
Initial Assessment prior authorization request	9 business days
Initial Treatment prior authorization request	9 business days
Continued Treatment prior authorization request	9 business days
Prior authorization determination Reconsideration request	45 calendar days





# Review Status and Determinations

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- ✓ Certified in Total: PA has been approved in total
- ✓ Partially Certified: PA was approved for only appropriate dates and units
- ✓ Not Certified: PA was denied typically due to the documentation submitted not supporting the need for services requested
- ✓ Cancelled: At the request of the provider or a critical error was identified by the review team
- ✓ Action Required: Reviewer has requested additional information and/or documentation



# Acentra Health Contact Information

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**PHONE: 888-660-3831**

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**PROVIDER WEBSITE: [AR.ACENRA.COM](http://AR.ACENRA.COM)**

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