Acentra HEALTH

Applied Behavior Analysis

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 (only required for initial assessment requests)
  - ✓2-prong ASD diagnostic documentation as per section 212.200

- ✓Initial Treatment Request
  - ✓DMS 641-TP*
  - ✓Comprehensive Treatment Plan**

- ✓Continued Treatment PA
  - ✓DMS 641-TP*
  - ✓Updated Comprehensive Treatment Plan**

*DMS-641 TP is valid for a maximum of 12 months from the signature date, unless otherwise noted by the PCP
**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.

Initial Assessment PA Required Documents

1. DMS-641 ER*
2. 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?

1. Current DMS 641 ER form- completed and signed by physician
2. **1st Prong**:

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

   1. A licensed Psychologist (PhD, PsyD, LP, LPE, LPE-I)
   2. A licensed Physician (MD. DO)
   3. A Speech Language Pathologist (SLP)

   2nd Prong: (*must have different credentials than 1st prong*)

   Either an additional evaluation, confirmation, or agreeance with diagnostic evaluation and conclusion in the form of:

   1. A licensed Psychologist (PhD, PsyD, LP, LPE, LPE-I)
   2. A licensed Physician (MD. DO)- MD/DO acknowledgement of diagnosis in Well Child or PCP exam notes, documenting Autism diagnosis and how it was diagnosed; or MD/DO letter of agreeance with the results of the diagnostic evaluation
   3. A Speech Language Pathologist (SLP)

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

**DMS-693 is no longer accepted. As of April 1, 2025 all services being requested must include the DMS-641.

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, *and narrative baseline/baseline data*
  - 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 *(each goal tied to maladaptive behaviors and all goals including expected mastery dates)*
  - 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, parent goals and data
  - 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 is no longer accepted. As of April 1, 2025 all services being requested must include the DMS-641.

Renewal Treatment Plan PA Required Information

In addition to all information on the previous slide:

- Updated assessment information- parent interview, functional behavior assessment, skills assessment
- 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

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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 days
Initial Treatment prior authorization request	9 days
Continued Treatment prior authorization request	9 days
Prior authorization determination Reconsideration request	30 days

Review Status and Determinations

- ✓ Approved: PA has been approved in total
- ✓ Approved COS: Continuation of Service (COS) approval is to allow continuation of services while the beneficiary decides if they want to pursue an appeal for an adverse determination. The COS is initially for 35 days and extends if an appeal is filed.
- ✓ Partially Approved: PA was approved for only appropriate dates and units
- ✓ Denied: PA was denied typically due to the documentation submitted not supporting the need for services requested
- ✓ Rejected: At the request of the provider or a critical error was identified by the review team
- ✓ Pending: Reviewer has requested additional information and/or documentation
- ✓ Void: PA was voided after transmission, typically due to error or duplication
- ✓ Submitted: Case was received and is awaiting review
- ✓ Unsubmitted: Case creation was initiated, but submission was not completed and Acentra has not received the case.

Acentra Health Contact Information

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