REIMBURSEMENT POLICY STATEMENT
TrueCare

Policy Name & Number	Date Effective
Applied Behavior Analysis for Autism Spectrum Disorder-TrueCare-PY-1639	08/01/2026
Policy Type	
REIMBURSEMENT	

Reimbursement Policies 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 agreements, 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 or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan 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 or Certificate of Coverage) for the service(s) referenced herein. Except as otherwise required by law, if there is a conflict between the Reimbursement Policy Statement and the plan contract, then the plan contract will be the controlling document used to make the determination. We may use reasonable discretion in interpreting and applying this policy to services provided in a particular case and we 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

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.

TrueCare strives to provide clear practices regarding reimbursement for services and follows Mississippi state law and the Division of Medicaid (DOM) policy and procedure information. Information from State sources supersedes information in this policy. Medical criteria for the provision of ABA services are located in TrueCare's Applied Behavior Analysis for Autism Spectrum Disorders medical policy at www.TrueCare.com in the Provider tab. Specific coding information for claim submission is located at on the MS DOM website. Additional information published by the Behavior Analyst Certification Board can be found at www.bacb.com.

C. Definitions
- **Medically Unlikely Edit (MUE) –** Maximum units of service for 1 Current Procedural Terminology (CPT) code a provider can report for 1 member on 1 date of service.

D. Policy
I. General Guidelines
A. Providers must meet the participation and provider requirements outlined by the State and TrueCare.
B. DOM provides fee schedules on the MS Medicaid website. Fee schedules and procedure codes do not guarantee payment, coverage or the reimbursement amount, and fee schedule and procedure code information may be changed or updated at any time.
C. The member's treatment record (eg, plans of care, treatment plans, behavior support plans, functional assessments) must be completed by the provider or practitioner and submitted to TrueCare prior to claim submission. Claims will not be accepted without accompanying treatment documentation.

II. Reimbursement Rules
A. A review of medical necessity is required prior to ABA service provision.
B. DOM reimburses ASD services in accordance with the most recent Current Procedural Terminology (CPT®) codebook published by the American Medical Association. Reimbursement for ASD service codes is the lesser of the usual and customary charge or a fee from the statewide uniform fee schedule.
C. Unless specifically stated in State rules, laws or other sources, concurrent billing (eg, occupational therapy, physical therapy, speech therapy), 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.

D. Time spent on documentation alone is not billable as a service unless specifically permitted by the State or code description (eg, treatment planning).

III. Documentation Requirements

The Department of Mental Health (DMH) establishes documentation requirements. Appropriate records must be maintained for payment of claims and may be requested for any member at any time. TrueCare audits records for accuracy and compliance.

A. Compliance with professional standards is mandatory for the protection of members, including ethics code written by the BACB. All ABA providers must comply with written ethical standards, including State requirements for supervision.

B. Standards for supervision documentation are published by MS and the BACB. This documentation must be maintained for a minimum of 5 years following the termination of supervision. Additional information, including documentation requirements, are located on the MS Autism Board's website.

IV. Covered Services

Covered services are only reimbursable when delivered in accordance with the member's Individual Care Plan (ICP). Additional information on service descriptions and allowed provider types can be located on the MS Medicaid website, including the following services (not an all-inclusive list):

A. Behavior Identification Assessment Services

These services must be performed by a BCBA and are, generally, not to exceed 6-10 hours every 6 months unless additional justification is provided. 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 ICP

B. ABA Therapy Treatment Services

These services must be performed one-on-one by a BCBA, BCaBA supervised by a BCBA, or an RBT supervised by a BCBA.

C. Adaptive Behavior Treatment with Protocol Modification Services

The unit of service calculation should only include face-to-face time spent by a BCBA or BCaBA supervising, observing and interacting in-person with the member and BCaBA or RBT under the BCBA's supervision during a session. Each BCaBA or RBT performing ABA therapy treatment services must be supervised by a BCBA responsible for the quality of services rendered. Appropriate service uses include

1. adjustments to specific components of a protocol face-to-face with a member (eg, treatment targets, treatment goals, observation and measurement, reinforcer delivery, prompts, instructions, materials, discriminative stimuli, contextual variables)

2. 1:1 direct treatment by a qualified provider to observe a member for determining if protocol components are effective for the member or require adjustments
3. active direction of a technician while delivering a face-to-face service with a member to train the implementation of a new or modified protocol
4. qualified provider implementation of a protocol with a member to determine if changes are needed to improve progress or test a modified protocol 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 only includes time spent collaborating face-to-face with the parent/guardian.

E. Telemedicine Services
Telemedicine services are reimbursed in the same manner and subject to the same limits as in-person face-to-face service delivery.

V. Special Provisions Related to RBTs

A. A BACB-certified RBT may provide ABA under the supervision of an independent practitioner enrolled in the Medicaid program and affiliated with the organization under which the provider 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 mandated supervision, the RBT may not provide services.

B. RBTs must comply with new rules adopted by the BACB effective January 1, 2026 regarding eligibility for and maintenance of certification.

VI. Exclusions
Reimbursement for the following services or activities is not permitted:

A. any services not documented in the treatment or care plan
B. behavioral methods or modes considered experimental
C. education-related services or activities described under IDEA
D. vocational services or those available through programs funded under Section110 of the Rehabilitation Act of 1973
E. components of adult day care programs
F. treatment solely for the benefit of the family, caregiver, or therapist
G. treatment focused on recreational activities, even if provided by licensed providers (eg, wilderness camps, ranch programs)
H. treatment worsening symptoms, prompting member regression or not part of core symptoms of ASD
I. personal training or life coaching
J. services more costly than an alternative service(s) that are likely to produce equivalent diagnostic or therapeutic results for the member

E. Conditions of Coverage

I. Providers are required to bill at the appropriate practitioner level (ie, modifiers) and service code for service rendered, as appropriate and outlined by DOM. Providers

must use applicable procedure codes with MUE limits, modifiers and place of service codes as applicable.

A. Providers agree to bill Medicaid for only those services rendered by a qualified provider or by a provider under direct supervision. Under no circumstances may a provider bill for services rendered by another practitioner enrolled or eligible to enroll as a provider.
B. Providers must utilize the procedure code(s) best describing the service rendered and not bill separately for services included under a single procedure code. Coding of both diagnoses and procedures is required for all claims and must be to the highest level of specificity.
C. Providers cannot submit multiple dates of service on a single claim line. Each claim line must be specific to a single date of service and the units provided on that single date of service.
D. TrueCare complies with the Centers for Medicare and Medicaid Services (CMS) medically unlikely edit (MUE) table. If CMS updates the MUE list, the update will take precedence over this policy.
E. Treatment codes are based on daily total units of service in 15-minute increments. A unit of time is attained when the mid-point is passed. ODM provides examples of correct unit usage for number of minutes per treatment session.

II. 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.

III. When a member has other insurance, Medicaid is always the payer of last resort. TrueCare 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.

F. Related Policies/Rules

Applied Behavior Analysis for Autism Spectrum Disorder – Medical Policy

G. Review/Revision History

	DATE	ACTION
Date Issued	02/11/2026	New policy. Approved by Committee.
Date Revised		
Date Effective	08/01/2026	
Date Archived		

H. References

1. BACB Newsletter. Behavior Analyst Certification Board. Accessed February 2, 2026. www.bacb.com
2. BACB Newsletter: Introducing the 2026 RBT Examination and Certification Requirements. Behavior Analyst Certification Board. Accessed February 2, 2026. www.bacb.com

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

3. Board Certified Behavior Analyst Handbook. Behavior Analyst Certification Board. Accessed February 2, 2026. www.bacb.com
4. Board Certified Assistant Behavior Analyst Handbook. Behavior Analyst Certification Board. Accessed February 2, 2026. www.bacb.com
5. Ethics Code for Behavior Analysts. Behavior Analyst Certification Board; 2020. Accessed February 2, 2026. www.bacb.com
6. Information about RBTs. Mississippi Autism Board. Accessed February 2, 2026. www.msautismboard.ms.gov
7. Licensed Behavior Analysts. MISS. CODE ANN. 75-73-1 – 27 (2025).
8. *Mississippi Department of Mental Health Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Use Community Service Providers*. Mississippi Department of Mental Health. Effective November 1, 2024. Accessed February 2, 2026. www.dmh.ms.gov
9. *Mississippi Department of Mental Health Record Guide for Mental Health, Intellectual and Developmental Disabilities, and Substance Use Disorders Community Providers.* Mississippi Department of Mental Health. Revision 2022. Accessed February 2, 2026. www.dmh.ms.gov
10. NCCI MUE Edits-Practitioner Services. Centers for Medicare and Medicaid Services. Accessed February 2, 2026. www.cms.gov
11. *Registered Behavior Technician Handbook*. Behavior Analyst Certification Board. Accessed February 2, 2026. www.bacb.com

DOM Approved - DOM050226.21