Applied Behavioral Analysis Therapy (ABA)

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Microsoft Criteria
Applied Behavioral Analysis (ABA) requires preauthorization for initial and continued therapy. Specific coverage may be defined in the individual member contract.

Additionally, all criteria below must be met:
1. The member has a diagnosis by the treating physician, neurologist, pediatric neurologist, developmental pediatrician, psychologist, or psychiatrist experienced in the diagnosis and treatment of Autism Spectrum Disorder which includes:
   a. Childhood Disintegrative Disorder
   b. Asperger’s Syndrome
   c. Rett’s Syndrome and Pervasive Development Disorder not otherwise specified/Atypical Autism
   d. Pervasive Developmental Disorder
2. This benefit is not provided for rehabilitation services (which may be covered under the rehabilitation services benefit) or mental health services (which may be covered under the mental health, substance abuse and alcoholism treatment benefit).
3. ABA services are not covered for the following:
   a. Babysitting or doing household chores
   b. Time spent under the care of any other professional
   c. Travel time
   d. Home schooling in academics or other academic tutoring
4. A documented individualized treatment plan (ITP) is developed by a certified ABA provider and is submitted for the initial 6 months of treatment includes:
   a. A time-limited ITP that has been developed based on a diagnostic assessment within no more than 12 months of initiating treatment
   b. ITP is multidisciplinary in nature, member-centered, family focused, community based, culturally competent and least intrusive.
   c. Treatment plans that are templates or generic to a particular program are not acceptable.
   d. The ITP must address behaviors and symptoms that prevent the member from adequately participating home, school or community activities and/or present a safety risk to self or others with a focus on parent training.
   e. The ITP must include:
      i. Identification and detailed description of targeted behaviors and symptoms; and
      ii. Objective, baseline measurement levels for each target behavior/symptoms in terms of frequency, intensity, and duration, including use of standardized autism measures; and
      iii. A comprehensive description of treatment interventions and techniques specific to each of the targeted behaviors/symptoms, including documentation of the number of service hours, in terms of frequency and duration for each intervention; and
      iv. Establishment of treatment goals and objective measures of progress for each intervention specified; and
      v. Strategies for generalized learning skills; and
      vi. A description of parental education, goals, training and support services; and
      vii. Strategies for coordinating treatment with school-based special education programs; and
      viii. Plans for transition through a continuum of treatments, services and settings; and
      ix. The approved certified provider must determine that the treatment plan and services being provided are in accordance with ABA guideline.
x. Measurable discharge criteria and a discharge plan

xi. If any substantial change in the frequency or type of program is necessary during the six month treatment time, a revised Treatment Plan should be submitted to Kaiser Permanente for notification of the revision of the treatment plan.

5. Evaluation of progress: At least every 6 months document a summary outlining the member’s progress based on the establish ITP measures of progress for further coverage of therapy.
   a. If the member has reached the previously defined goals the re-evaluation should identify new goals toward progress or transition to less intensive interventions.
   b. If the member has not achieved the defined goals, there should be a reevaluation that identifies what are the reasons for not meeting the goals and a revised ITP that addresses revised interventions to meet goals.
   c. If functional and measurable progress toward treatment goals is not occurring and there is no reasonable expectation of further progress, then continued ABA services are not considered medically necessary.
   d. Progress reports should be created at least monthly by the certified provider to include documentation of the therapy assistant interventions and/or their own interventions with the Participant and a written summary of the member's progress. If the member has not made progress in the last 6 months, the updated treatment plan should reflect a change in approach. Progress reports should be available to Kaiser Permanente upon request.

Current Microsoft Summary Plan Description language
Autism/Applied Behavior Analysis (ABA) therapy
Plan pays 90%
This benefit covers behavioral interventions based on the principles of Applied Behavioral Analysis (ABA) through eligible providers.

Who is eligible
This benefit will be available to members covered by KFHPWA, whose primary diagnosis is the following (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition / DSM-5), or with any of the following Pervasive Developmental Disorders (International Classification of Diseases, 10th Revision, Clinical Modification / ICD-10-CM):

- Autistic Disorder
- Childhood Disintegrative Disorder
- Asperger’s Disorder
- Rett’s Disorder and Pervasive Development Disorder Not Otherwise Specified / Atypical Autism
- Pervasive Developmental Disorder

• If you need assistance confirming the diagnosis your doctor provides is an eligible diagnosis for the Autism/Applied Behavioral Analysis benefit you may contact Kaiser Permanente Member Services at (206) 630-4636.

Eligible providers
The benefit covers services through providers who have met established qualifications for certification (known as certified providers) and who perform services in consultation with a certified provider (known as therapy assistants).

• Call (206) 630-4636 or (888) 901-4636 or visit KFHPWA online for a list of approved Certified Autism Providers (not including Therapy Assistants) eligible for reimbursement under this benefit, to receive a copy of the certification criteria, or for an application for providers not currently on the list.

For the purpose of this benefit only, services of a certified provider will be covered even if the provider does not meet the plan's requirements as an eligible provider under the rehabilitative services or mental health and wellness benefit.
Covered services
Services must be ordered by the member’s treating physician to be covered. An approved certified provider acts as the program manager for the member. Benefits are available for time used to evaluate the member and document findings and progress reports, and to create and update treatment plans; and time used to train and evaluate the work of the therapy assistants working directly with the member to implement the treatment plan. Therapy Assistant services that are provided by a Program Manager will be paid at the Therapy Assistant rate.

In most cases, therapy assistants will provide the implementation portion of the treatment plan. Therapy assistant time is eligible for face-to-face time with the member to perform the tasks described in the treatment plan and to document outcomes; and time to meet with the program manager for training and to discuss treatment plan issues. Therapy Assistant services that are provided by a Program Manager will be paid at the Therapy Assistant rate.

Claims for ABA services should clearly list the level of service (certified provider/program manager; or therapy assistant), the date the service was provided, the time the service started and ended, the hourly charge for the service, and the total charge for that service.

ABA services are not covered for the following:
- Babysitting or doing household chores
- Time spent under the care of any other professional
- Travel time
- Home schooling in academics or other academic tutoring

Benefit coverage above the allowable amount
If you obtain services from a non-KFHPWA provider or at a non-KFHPWA facility that nevertheless are covered under this SPD you may be billed for charges assessed above the allowable charge. Any amounts you pay for charges in excess of allowable charges will not count towards satisfying any deductible requirements, or out-of-pocket maximums that may apply to other benefits provided through this plan.

An allowable charge where expenses incurred from a non-KFHPWA provider or facility are covered under this SPD is the negotiated amount that KFHPWA providers and facilities have agreed to accept as payment in full for those same services. Members shall be responsible for paying any difference between the non-KFHPWA provider’s or facility’s charge for the services and the allowable charge.

Prior Authorization
Prior authorization, also referred to as a pre-service review, is recommended to determine coverage is available before the service occurs. Either the member or the provider may contact KFHPWA for prior authorization.

Prior authorization is an advance determination by KFHPWA that the service is medically necessary, and that the member’s plan has benefits available for the service being requested. This determination is offered in certain situations where medical records must be provided to establish medical necessity before the plan will pay for the service. Services are subject to eligibility and benefits at the time of service.

Prior authorization confirms that the treatment plan submitted by the treating provider is medically necessary for the condition based on national, evidence-based guidelines. KFHPWA and Microsoft reserve the right to have appropriate medical professionals review current treatment at any time to determine if medical necessity criteria continue to be met.

For ABA/Autism benefits, the prior authorization requires the following documents:
- The treating physician’s order for ABA services
- The clinical documentation of the qualifying diagnosis

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The Plan of Treatment created by the approved Program Manager

KFHPWA will issue a prior authorization that will provide services for a six-month period of time. The prior authorization process and subsequent clinical review includes the following steps:

The following is the process for a prior authorization for the autism/ABA therapy benefit and subsequent clinical review:

1. The treating physician or specialist diagnoses the member with an Autism Spectrum Disorder (Autistic Disorder, Childhood Disintegrative Disorder, Rett's Disorder, Pervasive Developmental Disorder Not Otherwise Specified, and Asperger’s Disorder) and refers the member for ABA treatment.

2. An initial evaluation is performed by the approved certified provider to determine if the member is a candidate for an ABA and/or related structured behavioral program. If the member is determined to be a candidate by the evaluating approved certified provider, the approved certified provider would create and submit a treatment plan including type and frequency of services planned for the immediate six-month period. The approved certified provider must send the treatment plan to KFHPWA so that eligibility for services can be determined.

3. Every six months, the approved certified provider who is overseeing the treatment must submit an updated treatment plan to KFHPWA. The approved certified provider must determine that the treatment plan and services being provided are in accordance with ABA guidelines. If any substantial change in the frequency or type of program is necessary during the six-month treatment time, a revised Treatment Plan should be submitted to KFHPWA for notification of the revision of the treatment plan.

4. Progress reports should be created at least monthly by the certified provider to include documentation of the therapy assistant interventions and/or their own interventions with the member and a written summary of the member's progress. If the member has not made progress in the last six months, the updated treatment plan should reflect a change in approach. Progress reports should be available to KFHPWA upon request.

Services for this treatment that do not meet criteria described in the program are subject to retrospective denial of benefits. Claims for these services must be accompanied by a completed Autism/ABA Therapy Services Billing Summary signed by the certified provider and the child’s parent if therapy is for a minor dependent.

Additional exclusions and limitations for autism/ABA therapy

In addition to the plan’s exclusions and limitations, the following services and supplies are excluded from this benefit:

- This benefit is not provided for rehabilitative services (which apply under the rehabilitation services benefit) or mental health services (which apply under the Mental health counseling, mental health and wellness inpatient and outpatient services, and substance use disorder benefit).

- Benefits for services provided by volunteers, childcare providers, or family members, and benefits paid for by state, local, and Federal agencies will not be covered. Volunteer services or services provided by a family member of the child receiving the services by or through a school, books, and other training aids will also not be covered.

- Other unspecified developmental disorders or delays, or any other delay or disorder in a member’s motor, speech, cognitive, or social development are not covered under this benefit.

- This benefit covers only the allowable fees for eligible services performed by the approved certified provider and those providing interventions based on principles of ABA and/or related structured behavioral programs under the supervision of the approved certified provider. Other expenses associated with providing the treatment, such as the tuition, program fees, travel, meals, and lodging of the approved certified provider and expenses of those working under the approved certified provider's supervision, the member, and their family members will not be covered.

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<table>
<thead>
<tr>
<th>Revision History</th>
<th>Description</th>
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<tbody>
<tr>
<td>08/03/2021</td>
<td>Updated Microsoft SPD language from 2021 document. Removed references to ICD-9 in criteria.</td>
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<tr>
<td>01/03/2022</td>
<td>Updated Microsoft SPD language from 2022 document - replaced the terms child or dependent with ‘member’ throughout.</td>
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