

**UR 61: Applied Behavior Analysis (ABA)
Medical Necessity Criteria**

Department: Behavioral Health
Section: KPNW Region
Applies to: KPNW Region
Review Responsibility: UROC
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Number: UR 61
Effective: 10/24/12
Last Reviewed: 3/21, 3/22, 4/25
Last Revised: 3/23, 4/24

DEFINITIONS

Applied Behavior Analysis- A natural science discipline examining behavior within environmental contexts. The application involves applying scientific principles and procedures to improve socially important behavior to make lasting meaningful change. Extensive research demonstrates the efficacy of ABA procedures in building skills and reducing challenging behavior across varying settings and populations.

BACB- The Behavior Analyst Certification Board, Inc.® (BACB®) is a corporation established in 1998 to meet professional credentialing needs identified by behavior analysts, governments, and consumers of behavior analysis services. The BACB's certification requirements, examination content, and procedures undergo regular review according to established standards for organizations that grant professional credentials. All BACB requirements and examination content are developed by experts in the discipline.

BCBA- The Board-Certified Behavior Analyst® (BCBA®) is a graduate-level certification in behavior analysis. Professionals certified at the BCBA level are independent practitioners who provide behavior analysis services, assess and develop treatment plans, and train staff and caregivers.

BCaBA- The Board-Certified Assistant Behavior Analyst® (BCaBA®) is an undergraduate-level certification in behavior analysis. Professionals certified at the BCaBA level provide behavior analysis services under the supervision of Board-Certified Behavior Analyst® (BCBA®).

Mid-Level Provider- Mid-Level Providers assist in the supervision and deliver of behavior analytic services and practice under the direction of the BCBA.

Mid-Level Providers must meet the follow criteria:

(A) Possesses a Bachelor of Arts or Science Degree and has either:

1. Twelve semester units in applied behavior analysis and one year of experience in designing and/or implementing behavior modification intervention services; or
2. Two years of experience in designing and/or implementing behavior modification intervention services.

(B) Is registered appropriately with the state in which services are provided

Technician- Technicians assist in delivering behavior analysis services and practice under the direction and close supervision of a BCBA Supervisor, who is responsible for all work technicians perform. Technicians must meet state guidelines of where they provide services.

POLICY AND CRITERIA

Coverage Guidance: Applied Behavior Analysis (ABA) may be excluded from coverage. Check CM for exclusions or limitations.

Source	Policy
For Medicare Members	
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article	None
Kaiser Permanente Medical Policy for Medicare members	UR 61 applies. Due to the absence of a NCD, LCD, or other coverage guidance, Kaiser Permanente has chosen to use their internally-developed Clinical Review Criteria below, "Applied Behavior Analysis (ABA)", for medical necessity determinations for Medicare members.
For Medicaid Members	
OR Medicaid	UR 61 does not apply. Check Linefinder
WA Medicaid	UR 61 does not apply
For Commercial Members and Self-Funded Members	
OR Commercial	UR 61 applies
WA Commercial	UR 61 applies
Self-Funded Plans	UR 61 applies

POLICY

Kaiser Foundation Health Plan of the NW (KFHPNW) has reviewed the best available literature related to Applied Behavior Analysis (ABA) and consulted with internal Licensed Behavior Analysts. The literature points to potential evidence supporting ABA as an effective treatment modality for behaviors associated with autism. ABA is the most empirically validated and clinically endorsed intervention for autism spectrum disorders. ABA will be covered when patients, providers and programs meet the following conditions:

CRITERIA TO RECEIVE MEDICALLY NECESSARY BEHAVIOR ANALYTIC SERVICES:

1. The member has had a documented diagnostic assessment and final diagnosis of an autism spectrum disorder (ASD) by:
 - a) a qualified Kaiser Permanente provider or multi-disciplinary team appropriately licensed and trained in the diagnosis and treatment of autism; or
 - b) a qualified non-Kaiser Permanente provider whose evaluation and diagnosis has been reviewed and confirmed by a qualified Kaiser Permanente provider or multi-

disciplinary team appropriately licensed and trained in the diagnosis and treatment of autism; AND

2. There is documentation of a severe challenging behavior and/or communication and social interaction issues, clearly related to characteristics of ASD that:
 - a) presents a health or safety risk to self or others (such as self-injury, aggression toward others, destruction of property, elopement, severe disruptive behavior); **OR**
 - b) presents a significant functional interference within the home and/or community; AND
 - c) demonstrates behaviors that are developmentally inappropriate and pose a significant obstacle to the member's performance of developmentally appropriate daily functioning including self-help and communication
3. There is a reasonable expectation on the part of a qualified treating practitioner or multi-disciplinary team that the individual's behavior will improve significantly with ABA therapy.

ABA Assessment

- 1) Assessment for the development of the behavior analytic treatment plan will be completed by the external ABA provider.
- 2) Assessment will be completed of skill deficits, maladaptive behavior, and restrictive behaviors.
- 3) Direct assessment is required of the member to identify appropriate treatment interventions.

ABA Treatment

1. After assessment is completed by the external ABA Provider, a treatment plan outlining appropriate interventions will be sent to KP ABA department for review.
2. Treatment plans must be reviewed at a minimum of every 6 months, unless more frequent submission is requested by KP to ensure the health and safety of the member.
3. Treatment plans will include data supporting that behavior analytic services remain appropriate for the member and is making progress on the identified reason for referral.
4. The services offered cannot be a duplicative of service offered by or required of the school/ educational system; AND
5. The treatment plan will only include identified evidence-based behavior analytic interventions
6. The presence and participation of an adult caregiver or parent/foster parent/legal guardian is addressed in the child's treatment plan, including, as appropriate, family education, support and training.

Both assessment methods and treatment interventions, must meet BACB treatment and ethical guidelines.

Continuation Criteria

ALL of the following must be reviewed and approved (or denied) by the utilization management MD:

1. The criteria for treatment must continue to be met. The patient will need to be reassessed by external ABA Provider upon the appearance of new maladaptive behaviors that meet the medical necessity criteria.
2. The external ABA Provider will submit an updated treatment plan no more than 10 days before the authorization expiration date, to ensure the most up to date data is presented within the report.
3. The treatment plan should include the data identifying progress or regression for each goal from the previous authorization period and the identified goals for the next authorization period. If data identifies regression on a goal, a rationale should be provided to identify adjustments in the intervention package or barriers to treatment.

Transition to Discharge

1. Individualized Transition Plan to discharge must be submitted to the ABA department within 3 months of the planned discharge date.
 - a. Transition plan must include how services will be faded to the next level of care recommended.
2. Upon discharge the provider will submit a case closure summary signed by the parent/guardian to KP ABA Department within 30 days of discharge.
 - a. This case closure summary will include:
 - i. Date of discharge
 - ii. How treatment will be maintained
 - iii. Any recommended support services
 - iv. Data indicating that member has met criteria for discharge and reason for referral has been addressed

Criteria for Discharge, ONE of the following must be met:

1. No significant, measurable improvement has been documented on the patient's targeted behavior(s) reasonably attributable to the services provided or, after a period of 6 months of appropriate treatment, there is no reasonable expectation that termination of the current treatment would put the patient at risk for decompensation or the recurrence of signs and symptoms that necessitated treatment.
 - a. For changes to be "significant", they must result in improved function, be durable over time beyond the end of the actual treatment session and be generalizable outside the treatment setting.
2. Treatment is making the symptoms persistently worse.
3. The patient has achieved adequate stabilization of the challenging behavior and less-intensive modes of therapy are appropriate.
4. The patient demonstrates an inability to maintain long-term gains from the proposed plan of treatment.

5. Parent/Guardian has requested termination of treatment.

RATIONALE

EVIDENCE BASIS

A 2014 Agency for Healthcare Research and Quality (AHRQ) comparative effectiveness review evaluated behavioral interventions for children with ASD, including ABA-based early intensive behavioral and developmental intervention.⁴ The review reports that young children receiving such interventions display improvements in aspects of cognitive functioning, adaptive skills, language and communication skills, and social skills, and that children in these interventions displayed more improvement than children receiving other types of interventions.⁴

A 2016 AHRQ systematic review in support of the United States Preventive Services Task Force's recommendations on screening for ASD in young children evaluated the evidence for treatment and reports similar findings to the 2014 AHRQ report – namely that studies showed statistically significantly greater cognitive improvements and language outcomes in the ABA-based intervention arms than in the comparator arms.⁵

REFERENCES

1. Behavior Analyst Certification Board (BACB) – Applied Behavior Analysis Treatment of Autism Spectrum Disorder – Practice Guidelines for Healthcare Funders and Managers
2. Behavior Analyst Certification Board (BACB) – Professional and Ethical Compliance Code for Behavior Analysts
3. Weitlauf AS, McPheeters ML, Peters B, Sathe N, Travis R, Aiello R, Williamson E, Veenstra-VanderWeele J, Krishnaswami S, Jerome R, Warren Z. Therapies for Children With Autism Spectrum Disorder: Behavioral Interventions Update. Comparative Effectiveness Review No. 137. (Prepared by the Vanderbilt Evidence-based Practice Center under Contract No. 290-2012-00009-I.) AHRQ Publication No. 14-EHC036-EF. Rockville, MD: Agency for Healthcare Research and Quality; August 2014. www.effectivehealthcare.ahrq.gov/reports/final.cfm.
4. McPheeters ML, Weitlauf AS, Vehorn A, Taylor C, Sathe NA, Krishnaswami S, Fennesbeck C, Warren ZE. Screening for Autism Spectrum Disorder in Young Children: A Systematic Evidence Review for the U.S. Preventive Services Task Force. Evidence Synthesis No. 129. AHRQ Publication No. 13-05185-EF-1. Rockville, MD: Agency for Healthcare Research and Quality; 2016.