

15.0 Applied Behavior Analysis (ABA)

At KPMAS, we are dedicated to providing our members with timely access to high-quality, affordable ABA services. We continue to work to streamline the authorization process while also adding comprehensive mechanisms for quality assurance. The result is a sustainable, innovative program that is both patient-centered and provider friendly. The purpose of this manual is to provide information necessary to efficiently navigate Kaiser Permanente's ABA processes, what type of documentation is needed, the scope of ABA medically necessary services, and allow our network providers to focus on care delivery. Please read through this manual and feel free to contact us with any questions you may have.

15.1 Criteria for ABA Services

KPMAS Member

- a) As required under the member's plan, Commercial members must have a documented comprehensive evaluation with a diagnosis that meets the DSM-5 criteria by:
 - A qualified KPMAS provider or multi-disciplinary team appropriately licensed and trained in the diagnosis and treatment of the diagnosis; OR
 - A qualified non-KPMAS provider whose evaluation and diagnosis has been reviewed and confirmed by a qualified KPMAS provider or multi-disciplinary team appropriately licensed and trained in the diagnosis and treatment of ASD; AND
- b) There is documentation of a severe challenging behavior and/or communication and social interaction issues, clearly related to characteristics of ASD that:
 - 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
 - Presents a significant functional interference within the home, school, and/or community; AND
- c) 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.
- d) Member's health risk and safety considerations are also assessed, and potential interventions identified that promote health, independence, and safety with the informed involvement of the member, parent and or legal guardian.
- e) Virginia Medicaid Members
 - For VA Medicaid, KPMAS will follow Project BRAVO criteria for ABA

ABA Provider

- a) The lead behavior analyst (BCBA-D, BCBA, and/or BCaBA) providing treatment and/or clinical supervision must meet the criterion below:
 - Appropriately licensed in Maryland, Virginia, or the District of Columbia as a Behavior Analyst
 - Practicing within the scope of their licensure and certification
 - Approved by KPMAS
- b) RBT shall have obtained formal certification within the profession of behavior analysts coordinated by the Behavior Analyst Certification Board (BACB)
 - Practicing within the scope of their licensure and certification
 - Must be certified by the BACB prior to providing services to KPMAS members
- c) Behavioral interventions are implemented according to approved ABA Treatment Plan
- d) Clinical Oversight of RBTs by BCaBA, BCBA or BCBA-D includes:

- All aspects of clinical direction, supervision, and case management, including activities of the support staff and RBTs
 - Knowledge of each beneficiary and the treatment team's ability to effectively carry out clinical activities before assigning them
 - Familiarity with the beneficiary's assessment, needs, and ABA Treatment Plan
 - Regular observation of the direct service provider (RBT) implementing the plan
- e) Family members may not be paid providers

15.2 Prior Authorization

- For commercial members, the ABA provider will submit the request for assessment to KPMAS for prior authorization (PA) before assessment begins.
- For VA Medicaid, KPMAS will follow Project BRAVO
- For all members, the ABA provider will submit the ABA Treatment Plan to KPMAS for prior authorization (PA) before treatment begins.
- The ABA Treatment Plan will be reviewed by KPMAS who will approve (or deny) the planned interventions.
- A treatment plan should be submitted to KPMAS for any patient with KP as a primary or secondary insurer.
- Requests for authorization should be faxed to BHUM at 855-414-1703.

| CODE | Daily Unit Limit | NOTES |
|---|------------------|---|
| 97151 | 8 | <ul style="list-style-type: none"> • Initial Assessment up to 8 hours; 6-month re-authorization up to 6 hours • Includes completion of direct and indirect assessments with members and stakeholders, data analysis, treatment planning, BIP development, etc. (see 1.4 below) • Service provided in-person/ face-to-face and indirect; no telehealth |
| 97152 | 16 | <ul style="list-style-type: none"> • Information for medical necessity of this code is needed for all 97152 requests • Approved for no more than 8 hour per authorization period, on a case-by-case basis • Service provided in-person/ face-to-face; no telehealth |
| The following codes noted with * are prescribed and requested on a weekly basis and should be rendered as prescribed. Any missed time can be made up within the week it was missed as clinically appropriate | | |
| 97153* | 32 | <ul style="list-style-type: none"> • Request needs to indicate service provider level • Requests for services made on a per day/ per week allocation • Make-up sessions provided within the same week only • Cannot be billed concurrently with other services (e.g., speech, OT, PT) • When combined with services 97154 and 97158, hours do not exceed 8 hours (32 units) per day of therapy across services • Service provided in-person/ face-to-face only; no telehealth |

| | | |
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| 97154* | 18 | <ul style="list-style-type: none"> • Request needs to indicate service provider level • Requests for services made on a per day/ per week allocation • Make-up sessions provided within the same week only • Cannot be billed concurrently with other services (e.g., speech, OT, PT) • When combined with services 97153 and 97158, hours do not exceed 8 hours (32 units) per day of therapy (32 units) across services • Service provided in-person/ face-to-face only; no telehealth |
| 97155* | 24 | <ul style="list-style-type: none"> • May be requested for up to 15% of total RBT hours • Can concurrently bill with 97153/ 97154 if BCaBA/ BCBA/ BCBA-D is not providing direct therapy • Service provision should be in direct relation to direct therapy hours rendered by RBT (codes 97153 and 97154) <ul style="list-style-type: none"> ○ Case supervision is not provided in the absence of ongoing ABA services • Request needs to indicate service provider level • Team meetings are not billable services • For Members receiving less than 20 hours per week of therapy, supervision may be provided every other week up to 3 hours total • Up to 50% of total units rendered may be provided virtually • For these services, the authorized weekly units will be tracked on a calendar month basis • For example, if the percent of approved units per week equals 30 minutes per week, the services can be combined to then provider 60 minutes every other week or 2 hours per calendar month. The total units per the calendar week cannot exceed the sum of the weekly allowed units for the calendar month |
| 97156 | 16 | <ul style="list-style-type: none"> • Includes ongoing measurement of progress toward parent/ caregiver skill acquisition goals • Team meetings are not billable services • Service provided face-to-face or through telehealth • Up to 100% of total units rendered may be provided virtually |
| 97157 | 16 | <ul style="list-style-type: none"> • Treatment plan should clearly indicate goals to be targeted via group • Includes ongoing measurement of progress toward individualized parent/ caregiver skill acquisition goals, consistent with ABA • Service provided face-to-face or through telehealth • Up to 100% of total units rendered may be provided virtually |
| 97158* | 16 | <ul style="list-style-type: none"> • Request needs to indicate service provider level • Requests for services made on a per day/ per week allocation • Make-up sessions provided within the same week only |

| | | |
|--------|-----|---|
| | | <ul style="list-style-type: none"> • Cannot be billed concurrently with other services (e.g., speech, OT, PT) • When combined with services 97153 and 97154, hours do not exceed 8 hours (32 units) per day of therapy (32 units) across services • Service provided in-person/ face-to-face only; no telehealth |
| H0032* | N/A | <ul style="list-style-type: none"> • Request needs to indicate service provider level • Service provision should be in direct relation to direct therapy hours rendered by RBT (codes 97153 and 97154) and not to exceed 5% of those hours • Treatment planning is not provided in the absence of ongoing ABA services • Treatment planning to be used for programming updates, protocol modification, behavior plan revisions • Creating stimuli is a non-billable service • For these services, the authorized weekly units will be tracked on a calendar month basis • For example, if the percent of approved units per week equals 30 minutes per week, the services can be combined to then provider 60 minutes every other week or 2 hours per calendar month. The total units per the calendar week cannot exceed the sum of the weekly allowed units for the calendar month |

15.3 ABA Treatment Plan

The ABA Treatment Plan must have information gathered from multiple informants and data sources, with direct assessment and observation in different settings and situations, a file (record) review, interviews, rating scales, and assessment from other professionals. Kaiser Permanente report templates are to be used for initial and continued care reports. Failure to use these templates may result in submission of incomplete information which can delay the authorization process.

ABA Treatment Plans will include:

- a) Agency responsible for implementation, location of service delivery, and number of referred service hours necessary to effectively address the challenging behaviors and skill acquisition goals
 - If re-authorization is being requested, include utilization of hours for most recent authorization
- b) Background information (i.e., identifying information, primary reason for services, and current levels of functioning) and case history (i.e., medical, family, social, and educational information)
- c) Assessments completed for evaluation, treatment plan implementation, maintenance and generalization plan, and discharge plan
- d) FBA, Functional Analysis (when available), operational definitions, baselines, assessments used, and specific Treatment Goals that include frequency, intensity, and duration data, and mastery criteria
- e) Behavior intervention plan for each behavior targeted for decrease, including antecedent and consequence interventions, description of how barriers are being addressed

- f) Skill Acquisition Goals and Objectives that are in the social, communication, cognitive, adaptive, and vocational domains. Goals and Objectives should be measurable and include implementation of evidence-based interventions, tailored to the individual, include baseline measurement levels, present levels of performance, address barriers and include changes to plan if limited or no progress has been made across multiple skills or regression has occurred, and an anticipated timeline and criteria for mastery.
- g) Parent/Caregiver Training Goals including baseline measurement levels, present levels of performance, address barriers and include changes to plan if limited or no progress has been made, and an anticipated timeline and criteria for mastery.
- h) A selection of programs and targets based on the functioning level of the individual, degree of behavior management required, and the time available to run programs
- i) Coordination of care with other service providers
- j) Crisis management plan for medical and behavioral emergencies
- k) Plan for transition including how services will be faded and next level of care
- l) Plan for discharge including quantitative criteria for discharge and reasons for discharge
- m) Medical and behavioral crisis management plan

ABA services shall:

- a) Be provided in those settings that maximize treatment outcomes for the individual (i.e., home, community, and/or center)
- b) Be designed to provide a systematic approach to helping the member acquire functional skills while reducing undesirable behaviors
- c) Include systematic safeguards and supervision to protect the member from critical incidents and other life-endangering situations
- d) Have consent form signed by the member/guardian prior to starting ABA services. Assent should be provided when appropriate.
- e) Maintain a confidential case file for each member
- f) Not be duplicative of services offered by or required of the school/ educational system and/or Early Intervention Program or any other governmental programs
- g) Be supervised only by those certified by the BACB and licensed to perform these services
- h) Include a minimum supervision amount of 10% of direct therapy hours provided (i.e., codes 97153 and 97154) each month, with in-person supervision accounting for 50% or more of all supervised hours
- i) ABA shall not include/ overlap with other services or therapies
- j) Include the presence and active participation of a parent/legal guardian at treatment sessions.
 - i. Parent/caregiver training is critical to the success of this therapy modality and is a requirement of treatment. To ensure adequate intensity, the family/caregivers are required to participate in weekly parent/caregiver training for 5% of the member's 1:1 ABA treatment hours, but no less than 1 hour per week. For example, if a member is receiving 40 hours per week or 1:1 ABA, the requirement for parent/caregiver participation would be 2 hours per week. This ensures that the need of the member correlates with the need of the family caregivers. This also allows adequate time for the family/caregivers to be trained on the skills that are needed to maintain gains outside of direct treatment.
- k) Include data (i.e., graphs and a narrative summary) submitted to KPMAS
- l) Treatment planning and case supervision shall be provided in proportion to the amount of direct therapy services
- m) Notify KPMAS' ABA Program Coordinator if there are changes of behavior that require a new functional analysis or impact services (e.g., bodily injuries, violent acts, natural disasters, disruption of services)

ABA treatment is not to include the following:

- a) Care that is custodial in nature
- b) A beneficiary that is not medically stable
- c) Therapy when measurable functional improvement is not expected, or progress has plateaued
- d) Services and supplies that are not clinically appropriate
- e) Treatments considered experimental or lacking scientifically proven benefit
- f) Services provided outside of the state
- g) Services are provided by family or household members as a paid provider (e.g., RBT)
- h) Services that are primarily educational in nature
- i) Long-term services and support (LTSS) or respite service
- j) Remote supervision (i.e., telehealth) provided for more than 50% of supervision hours
- k) Supervision of ABA therapy services by staff that do not hold a minimum of BCaBA certification and licensing
- l) Treatment planning and/ or case supervision in the absence of ongoing direct therapy services.
- m) Weekly service hours exceeding the clinically recommended amount

Payment for ABA services shall only be made to credentialed and authorized ABA providers:

- The code and modifier billed should reflect the face-to-face time exclusively spent with the beneficiary
- If multiple individuals (i.e., licensed practitioner: BCBA-D, BCBA, BCaBA) are providing services to a beneficiary at the same time, only one ABA provider may bill for the services. No reimbursement for concurrent billing of these providers is allowed. Concurrent billing is reimbursable for RBT and the supervising clinician (BCaBA, BCBA, BCBA-D).
- Unless authorized, only one RBT may bill for services at a time

15.4 Re-Authorization

In order to avoid breaks in treatment, the ABA provider shall submit a request for prior authorization (PA) no more than four (4) weeks prior to the end of the approved treatment period and data dating back no more than 45 days before the end of the authorization. Authorization requests will not be backdated. The PA request shall include an updated ABA Treatment Plan that is a re-evaluation that assesses progress toward treatment goals as well as a completed Re-evaluation checklist. The follow-up ABA Treatment Plan and the Re-evaluation checklist are to be submitted after five (5) full months of therapy to determine if the individual is making progress. Subsequent authorization periods are not to exceed six (6) months. KPMAS may continue to authorize ABA services for an individual when all the following criteria are met:

- a) Measured present levels of performance that is compared to baseline, as shown in the graphs, in the following skill domain areas: social, communication, cognitive, adaptive, and functioning
- b) Include anticipated timeline and hours for the mastery of the treatment goals and objectives address
- c) The member and family/ caregiver are actively involved in treatment
- d) Re-evaluation is done no later than 24 weeks after the initial course of treatment has begun
- e) There is a reasonable expectation the individual will improve significantly with the continuation of ABA services

15.5 Criteria for Discharge (ONE of the following must be met):

- a) No significant, measurable improvement has been documented in the individual's targeted behavior(s) and this is reasonably attributable to the services provided; or if after a period of 6 months of optimal treatment (assessed at 1 month prior to the end of the authorization), there is no reasonable expectation that termination of the current treatment would put the individual 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, and be generalizable outside the treatment setting
- b) Treatment is making the symptoms persistently worse
- c) The member has achieved adequate stabilization of the challenging behavior and less-intensive modes of therapy are appropriate
- d) The member demonstrates an inability to maintain long-term gains from the proposed plan of treatment
- e) The member's parent/legal guardian have not been present and actively participating at each treatment session
- f) On discharge, KPMAS should be notified in writing

15.6 Addendums to Current Authorizations

There are times when issues arise in the middle of a six-month authorization that require a change to treatment. For any requests to change approved ABA services, the ABA provider must submit an addendum.

Addendums should:

- Include a list of codes and units to be changed
- Include list of remaining weeks and units that should remain in the authorization
- Clinical justification for the requested changes
- Any additional goals to be included following the noted changes
- Be submitted by fax to BHUM at 855-414-1703

15.7 CPT Codes for ABA

See the KPMAS contract for fee schedule and code modifiers.

| Service Name | Description | Provider Level(s) Associated |
|---|---|------------------------------|
| <u>Behavior Identification Assessment</u> | Face-to-face with patient and/or 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, 15 minutes each. | <u>BCBA or BCaBA</u> |
| <u>Behavior Identification Supporting Assessment</u> | Administered by one Technician under the direction of a QHP, face-to-face with patient, 15 minutes each. | <u>RBT</u> |
| <u>Adaptive Behavior Treatment by Protocol</u> | Administered by a Technician under the direction of a QHP, face-to-face with one patient, 15 minutes each. | <u>RBT, BCaBA or BCBA</u> |
| <u>Group Adaptive Behavior Treatment by Protocol</u> | Administered by a Technician under the direction of a QHP, face-to-face with two or more patients, 15 minutes each. | <u>RBT or BCaBA</u> |

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|--|---|----------------------|
| <u>Adaptive Behavior Treatment with Protocol Modification</u> | Administered by a QHP, which may include simultaneous direction of Technician, or face-to-face with one patient, 15 minutes each. | <u>BCBA or BCaBA</u> |
| <u>Multiple-Family Group Adaptive Behavior Treatment Guidance</u> | Administered by a QHP (without patient present), face-to-face with multiple sets of guardians/caregivers, 15 minutes each. | <u>BCBA or BCaBA</u> |
| <u>Group Adaptive Behavior Treatment with Protocol Modification</u> | Administered by a QHP, face-to-face with multiple patients, 15 minutes each | <u>BCBA</u> |
| <u>Treatment Planning by QHP</u> | Administered by a QHP, indirect services related to updating and reviewing developmental protocols | <u>BCBA or BCaBA</u> |

ABA Authorization Request Form

| Service Category | Total Daily Hours/Days per Week | Total Weekly Hours | Total Hours, 6 Months | Code | Provider Level | Request by Code for 6-month Period | Notes |
|--|---------------------------------|--------------------|-----------------------|---------|---------------------|------------------------------------|--|
| Example | 2 hours/5 days | 10 hours | 260 hours | 97153 | RBT | 1040 units | |
| Behavior Identification Assessment | | | | 97151HN | BCaBA | | Initial Assessment up to 8 hours; 6-month re-authorization up to 6 hours <i>Face-to-face and indirect</i> |
| | | | | 97151HO | BCBA | | |
| Behavior Identification Supporting Assessment | | | | 97152 | RBT | | Request needs medical necessity justification and is approved for no more than 8 hours per authorization period <i>Face-to-face</i> |
| Adaptive Behavior Treatment by Protocol | | | | 97153 | RBT | | <i>Face-to-face</i> |
| | | | | 97153HN | BCaBA | | |
| | | | | 97153HO | BCBA | | |
| Group Adaptive Behavior Treatment by Protocol | | | | 97154 | RBT | | <i>Face-to-face</i> |
| | | | | 97154HN | BCaBA | | |
| Adaptive Behavior Treatment with Protocol Modification | | | | 97155HN | BCaBA (Supervision) | | Up to 15% of total RBT hours; can concurrently bill with 97153/ 97154 if a BCBA is not providing direct therapy <i>Up to 50% may be virtual</i> |
| | | | | 97155HO | BCBA (Supervision) | | |

| Service Category | Total Daily Hours/Days per Week | Total Weekly Hours | Total Hours, 6 Months | Code | Provider Level | Request by Code for 6-month Period | Notes |
|--|---------------------------------|--------------------|-----------------------|---------|----------------|------------------------------------|---|
| Example | 2 hours/5 days | 10 hours | 260 hours | 97153 | RBT | 1040 units | |
| Family Adaptive Behavior Treatment Guidance | | | | 97156HN | BCaBA | | <i>Face-to-face or telehealth</i> |
| | | | | 97156HO | BCBA | | |
| Multiple-Family Group Adaptive Behavior Treatment Guidance | | | | 97157HN | BCaBA | | <i>Face-to-face or telehealth</i> |
| | | | | 97157HO | BCBA | | |
| Group Adaptive Behavior Treatment with Protocol Modification | | | | 97158HO | BCBA | | <i>Face-to-face</i> |
| Treatment Planning by QHP | | | | H0032HN | BCaBA | | 5% of the total RBT direct treatment hours <i>Indirect</i> |
| | | | | H0032HO | BCBA | | |