

**CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA  
FOR APPLIED BEHAVIORAL ANALYSIS THERAPY (ABA)**

Applies to: Commercial - HMO  POS  PPO  Medicare Advantage   
Network list: <https://wa-provider.kaiserpermanente.org/communications/letters>

**Effective April 1, 2024**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) is updating indications for Applied Behavioral Analysis therapy (ABA).

**Explanation of the change:**

Clinical review criteria for Applied Behavioral Analysis Therapy (ABA) have been revised to include an update to board-certified provider types that can diagnose ASD to align with WAC 388-823-0500 and an update to discharge criteria.

Clinical review criteria updates and affected CPT codes can be found on the Kaiser Permanente provider website at:

[https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/aba\\_autism\\_main.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/aba_autism_main.pdf)

**Is prior authorization required?**

- KFHPWA Health Maintenance Organization (HMO) members: Prior authorization is required.
- KFHPWAO Point of Service (POS) members: Prior authorization is required for in-network coverage.
- KFHPWAO Preferred Provider Organization (PPO) members: Prior authorization is required.

Questions: Contact Provider Assistance Unit at 1-888-767-4670, Monday through Friday, 8 a.m. to 5 p.m.

**Kaiser Foundation Health Plan of Washington**  
**Kaiser Foundation Health Plan of Washington Options, Inc.**

<CONTRACT MANAGER NAME>

Provider Communications, RCR-A3W-04

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