

## Autism Spectrum Disorders: Diagnosis and Treatment

MPM 1.4

**Disclaimer** Refer to the member's specific benefit plan and *Schedule of Benefits* to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

**Description** Autism spectrum disorders (ASD), as defined by the New Mexico Legislature's Senate Bill 39, is a collective term for autistic disorder, childhood disintegrative disorder, Asperger's syndrome, Rett's disorder and pervasive developmental disorder. Significant symptoms associated with ASD include, but are not limited to the following:

- Communication deficits
- Social behavior deficits
- Restricted, repetitive and stereotyped patterns of behavior, interests and activities<sup>1,3,4</sup>

**This Medical Policy addresses coverage for commercial insurance products only. Please refer to the member's specific benefit plan to determine coverage.**

**Coverage Determination** **Prior Authorization/Benefit Certification is required for applied behavioral analysis.** Contact the Behavioral Health Department at (505) 923-5221, toll-free at 1-866-593-7431, or fax (505) 923-5488, Monday through Friday, from 8:00 a.m. to 5:00 p.m.

Autism spectrum disorders are covered for the following services:

- Well-baby or well-child screening for diagnosing the presence of ASD
- Speech therapy
- Occupational therapy
- Physical therapy
- Applied behavioral analysis<sup>4</sup> (Prior Authorization/Benefit Certification required)

Services for ASD are covered when the following criteria are met:

- Diagnostic eligibility must be established, using the diagnostic criteria for the pervasive developmental disorders published in the *Diagnostic and Statistical Manual of Mental Disorders, fourth edition*, text revision, also known as *DSM-IV-TR*, published by the American Psychiatric Association.<sup>4</sup> The autism spectrum disorder diagnosis must be certified by a specialist (such as a developmental pediatrician, child psychiatrist, or physician with the UNM Center for Development and Disability). Annual evaluation to reconfirm the diagnosis may be required.
- Age eligibility must be established. These services are available to children with an ASD diagnosis who are age 19 and younger, OR age 22 and younger and is enrolled in high school.<sup>4</sup>

**Autism Spectrum Disorders: Diagnosis and Treatment****MPM 1.4**

---

**Limitations and Documentation**

The State of New Mexico requires commercial insurance plans to provide a \$200,000 total lifetime benefit, with an annual cap of \$36,000.<sup>4</sup>

This benefit excludes coverage for services received under federal IDEA of 2004 and related state laws to school boards for providing specialized education and related services to children age 3 to 22 who have ASD.<sup>4</sup>

Care Coordination oversight is required. Services, which may include speech therapy, physical therapy, occupational therapy and ABA therapies, must be certified as medically necessary.

Services provided by family or household members will not be reimbursed.<sup>4</sup>

Documentation from the ordering physician must include the following:

- Diagnosis, including date of initial diagnosis by the appropriate specialist, and if required, annual evaluation to reconfirm the diagnosis
- Proposed treatment by types (i.e., ST, PT, OT or ABA)
- Frequency and duration of treatment
- Anticipated outcome stated as goals
- Frequency treatment plan will be updated
- Signature of treating physician<sup>4</sup>

**Applied Behavioral Analysis (ABA). Prior Authorization/Benefit Certification required.**

ABA services provide teaching, training and coaching activities designed to assist the recipient with autism disorders in acquiring, enhancing or maintaining social, behavioral and living skills necessary to function successfully within his home and community setting. ABA services must be supervised by a certified ABA provider (see definitions below). The following documentation for ABA services will be required and should be completed by the certified ABA supervisor:

- An initial assessment to identify problem behaviors and analyze actions likely to trigger or support the problem behavior. This assessment should include clinical issues, legal and/or ethical issues, and family perspective.
- A behavioral treatment plan detailing goals of therapy and the targeted skills and behavior that will be addressed. The treatment plan should include the specific evidence-based ABA techniques to be used to increase the member's adaptive behaviors and modify maladaptive or inappropriate behaviors. In addition, the treatment plan should describe the parental/caregiver training to support and maintain the adaptive skills development for the member.

**Autism Spectrum Disorders: Diagnosis and Treatment****MPM 1.4**

---

- Progress reports will address the outcomes of ABA therapy, and if appropriate, modify treatment goals and ABA techniques of intervention. Progress reports should summarize the member's progress and challenges in meeting the goals, as well as the parental/caregiver participation.<sup>2,3</sup>
- ABA treatment plan and progress reports modifying the treatment goals should be approved by the ordering physician.

**Speech therapy, physical therapy and occupational therapy.**

**Prior Authorization/Benefit Certification is not required;** however, all claims are subject to retrospective review, and should be billed with autism as the primary diagnosis. The following documentation may be required to demonstrate medical necessity:

- Initial assessment to identify goals and objectives of therapy
- Treatment plan detailing goals of therapy and techniques to be used
- Progress reports addressing the outcomes of therapy, and when appropriate, modification of treatment goals.

**Definitions**

ABA providers are certified through the Behavior Analyst Certification Board. There are two levels of certification:

- Board Certified Associate Behavior Analyst (BCABA), requiring a bachelor's degree with courses in behavior analysis and 1000 hours of field experience supervised by a BCBA.
- Board Certified Behavior Analyst (BCBA), requiring a master's degree with 225 of acceptable coursework in behavioral analysis, and 1500 hours of supervised independent fieldwork.

Paraprofessional staff is trained by a BCABA or BCBA to provide direct care to the autistic member.<sup>2</sup>

**Autism Spectrum Disorders: Diagnosis and Treatment**
**MPM 1.4**
**Coding**

**The coding listed in this Medical Policy is for reference only. Covered and non-covered codes are within this list.**

Speech therapy, occupational therapy and physical therapy will use CPT codes pertinent to their services. These codes are not listed in this Medical Policy.

<b>CPT Codes</b>	<b>Description</b>
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face time with the patient. <b>(Use this code for ABA professional services.)</b>
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face time with the patient. <b>(Use this code for ABA professional services.)</b>

<b>HCPCS® Codes</b>	<b>Description</b>
H2019	Therapeutic behavioral services, per 15 minutes. <b>(Use this code for ABA paraprofessional services.)</b>

<b>ICD-9® Diagnosis Codes</b>	<b>Description</b>
299.00	Autistic disorder, current or active state
299.01	Autistic disorder, residual state
299.10	Childhood disintegrative disorder, current or active state
299.11	Childhood disintegrative disorder, residual state
299.80	Other specified pervasive developmental disorders, current or active state disorders (Asperger's disorder, Rett)
299.81	Other specified pervasive developmental disorders, residual state disorders (Asperger's disorder, Rett)
299.9	Unspecified pervasive developmental disorder, current or active state (PDD-NOS)
299.91	Unspecified pervasive developmental disorder, residual state (PDD-NOS)

**Autism Spectrum Disorders: Diagnosis and Treatment****MPM 1.4**

---

**Reviewed by:** Catherine McClain, MD, Director, Center for Development and Disability, University of New Mexico Hospital, Albuquerque, New Mexico. July 2009.

- References:**
1. Hayes Directory. Copyright © 2008 Winifred S. Hayes, Inc. Intensive Behavioral Intervention Therapy for Autism. April 6, 2008. Update Search: 05-13-10.
  2. Department of Defense Report and Plan on Services to Military Dependent Children with Autism. July 2007.
  3. TriWest Healthcare Alliance®, TriCare West Region Provider Services. Enhanced Access to Autism Services Demonstration Project.
  4. New Mexico Legislature. Senate Bill 39, Insurance Coverage for Autism Treatment. 2009 Regular Session.

**Approval Signatures:** **Clinical Quality Committee:** Mark Whitaker MD

**Medical Director:** Albert Rizzoli MD

**Date:** August 24, 2011

**Publication History:**  
07-22-09: Original effective date  
07-28-10: Annual review and revision (codes only)  
08-24-11: Annual review

---

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. This Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available on the Internet at:

<http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm>

---

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and *Schedule of Benefits* to determine coverage.