## Autism Spectrum Disorders: Diagnosis and Treatment

### 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. Autism spectrum disorder is a new DSM-5 disorder encompassing the previous DSM-IV autistic disorder (autism), Asperger’s disorder, childhood disintegrative disorder, Rett’s disorder, and pervasive developmental disorder not otherwise specified. 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

### Coverage Determination
Prior Authorization may be required for applied behavioral analysis.

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 (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 autism spectrum disorder published in the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition, also known as *DSM-5*, published by the American Psychiatric Association. 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.

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Limitations and Documentation

State of New Mexico mandates that all state regulated plans provide coverage for Autism Spectrum Disorder (ASD).

According to the Affordable Care Act (ACA) “health insurance plans are no longer allowed to deny, limit, exclude or charge more for coverage to anyone based on a preexisting condition, including autism and related conditions”. Health plans cannot put a lifetime dollar limit on most benefits and the law does away with annual dollar limits a health plan can place on most benefits. http://www.hhs.gov/programs/topics/sites/autism/aca-and-autism/index.html

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.

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.

For Commercial members 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

Applied Behavioral Analysis (ABA). Prior Authorization may be 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).

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For Commercial members:

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.

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. ABA treatment plan and progress reports modifying the treatment goals should be approved by the ordering physician.

For Centennial Care members:

ABA services are provided to an eligible recipient 12 months to 21 years of age as part of a three-stage comprehensive approach consisting of evaluation, assessment, and treatment which stipulates that ABA services be provided in coordination with other medically necessary services (e.g., family infant toddler program (FIT) services, occupational therapy, speech language therapy, medication management, etc.). Following a referral to an approved autism evaluation provider (AEP) to confirm the presence of, or risk for ASD, utilizing a comprehensive or, as appropriate, targeted, diagnostic evaluation, and the production of an integrated service plan (ISP) (stage 1), a behavior analytic assessment is conducted and a behavior analytic treatment plan is developed as appropriate for the selected service model (stage 2). ABA services are then rendered by an approved ABA provider (AP) in accordance with the treatment plan (stage 3). Some stages require prior authorization.

Speech therapy, physical therapy and occupational therapy.

Prior Authorization 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:

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- 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.

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**Definitions**

*(For Centennial Care please refer to NMAC 8.321.2.10 for eligible provider requirements)*

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.

**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.

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**CPT/HCPCS Codes**

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<thead>
<tr>
<th>CPT/HCPCS Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>T1026, 0359T, +0374T</td>
<td>Intensive multidisciplinary services to children with complex impairments, per hour, and ABA Category III codes. (Use these codes when billing Centennial Care <em>see NM Medicaid Fee Schedule for details)</em></td>
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<tr>
<td>H2019</td>
<td>Therapeutic behavioral services, per 15 minutes. <em>(Use this code for ABA paraprofessional services.)</em></td>
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<table>
<thead>
<tr>
<th>Diagnosis Codes</th>
<th>ICD9 DESCRIPTION</th>
<th>ICD10 DIAGNOSIS CODES</th>
<th>ICD10 DESCRIPTION</th>
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<td>Autism Spectrum Disorder</td>
<td>F84.0</td>
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<td>F84.9</td>
<td>Pervasive developmental disorder, unspecified</td>
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</tbody>
</table>

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MPM 1.4
Reviewed by: Gray Clarke MD, Medical Director, PHP Centennial Care, Behavioral Health.

Approval Signatures: Clinical Quality Committee: Thomas Rothfeld MD
Medical Director: Norman White MD

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07-28-10: Annual review and revision (codes only)
08-24-11: Annual review
01-29-14: Review and ICD table added
06-24-15: Review and update
8.321.2.10. Unchanged.
03-22-17: Annual Review. Accessed NMAC
8.321.2.10. (unchanged) and Supplement # 16-08
dated 08-23-16. Change in language from "all stages require Prior Auth" to "some stages require Prior Auth".

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

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