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 these criteria.

Prior Authorization may or may not be required. Please use the Prior Authorization/Benefit Certification Guide to determine when a prior authorization/benefit certification is required.

https://ds.phs.org/preslogin/index.jsp

Description

Autism spectrum disorder is a 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. New Mexico 13-7.16 “autism spectrum disorder” means a condition that meets the diagnostic criteria for the pervasive developmental disorders published in the Diagnostic and Statistical Manual of Mental Disorders, current edition, published by the American psychiatric association, including autistic disorder; Asperger's disorder; pervasive development disorder not otherwise specified; Rett's disorder; and childhood disintegrative 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

Coverage

Determination

Autism spectrum disorders are covered for the following services:

1. Well-baby or well-child screening for diagnosing the presence of ASD; and
2. Treatment of ASD through
   - Speech therapy
   - Occupational therapy
   - Physical therapy
   - Applied behavioral analysis (Prior Authorization/Benefit Certification required)
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3. Coverage for treatment of autism spectrum disorder with those therapies mentioned above shall not be denied to an enrollee on the basis of the enrollee’s age.

4. 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.

Limitation

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

According to the Affordable Care Act (ACA) and Autism and Related Conditions, “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.

This benefit may be limited to exclude coverage for services received under federal Individuals with Disabilities Education Improvement Act (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.

Documentation

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

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. [MPMPPC051001]
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Applied Behavioral Analysis (ABA)

Prior Authorization may be required, for Centennial Care see NM Human Services Department Behavioral Health Policy and Billing Manual and ABA fee schedule 2019 for guidance.

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).

For Commercial members:

The following documentation for ABA services 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, refer to NMAC (8.321.2.10):

Applied Behavior Analysis (ABA):

ABA services are provided to an eligible recipient who has a well-documented medical diagnosis of autism spectrum disorder (ASD), and for eligible recipients 12 months up to
three years of age who have well-documented risk for the development of ASD. ABA services are provided to an eligible recipient 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). Access NMAC 8.321.2.10.A-I for ABA billing instructions for detailed information for eligible providers and practitioners, service requirements, prior authorizations, and reimbursement for ABA stages 1 through 3.

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:

- 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.

Eligible Providers

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),
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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.

For Applied Behavior Analysis (ABA) proposed fee schedule for Medicaid fee for service effective January 1, 2019

**Current Procedural Terminology (CPT) Codes**

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Invalid or Deleted codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0359T, 0360T, 0361T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0374T</td>
<td>No longer valid for dates of service after 12/31/2018</td>
</tr>
<tr>
<td>0374T</td>
<td>0374T is no longer valid for dates of service after December 31, 2018. Use 0373T instead.</td>
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**Valid CPT codes for 2019**

<table>
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<tr>
<th>CPT</th>
<th>Code status. See above link for description on how to use these codes and modifiers for ABA stage 1-3.</th>
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<tbody>
<tr>
<td>T1026</td>
<td>Still valid for 2019. No change</td>
</tr>
<tr>
<td>0362T</td>
<td>0362T remains valid for 2019 but with new units with an expanded description</td>
</tr>
<tr>
<td>0373T</td>
<td>Remains valid for 2019, but with new units. It also replaces 0374T</td>
</tr>
<tr>
<td>97151</td>
<td>97151 replaces 0359T for 2019</td>
</tr>
<tr>
<td>97152</td>
<td>97152 replaces 0360T and 0361T for 2019</td>
</tr>
<tr>
<td>97153</td>
<td>97153 replaces 0364T and 0365T for 2019</td>
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</tbody>
</table>

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<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>97154</td>
<td>97154 replaces 0366T and 0367T for 2019</td>
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<tr>
<td>97155</td>
<td>97155 replaces 0368T and 0369T</td>
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<td>97156</td>
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<td>97157</td>
<td>97157 replaces 0371T</td>
</tr>
<tr>
<td>97158</td>
<td>97158 replaces 0372T</td>
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</table>

ICD-10 Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD10 Codes</th>
<th>Covered Diagnosis Description</th>
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<tbody>
<tr>
<td>F84.0</td>
<td>Autistic Disorder. Includes Autism spectrum disorder, Infantile autism, Infantile psychosis, Kanner’s syndrome.</td>
</tr>
<tr>
<td>F84.2</td>
<td>Rett’s syndrome</td>
</tr>
<tr>
<td>F84.3</td>
<td>Other childhood disintegrative disorder</td>
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<tr>
<td>F84.5</td>
<td>Asperger’s syndrome</td>
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<tr>
<td>F84.8</td>
<td>Other pervasive developmental disorder</td>
</tr>
<tr>
<td>F84.9</td>
<td>Pervasive developmental disorder, unspecified (Atypical autism)</td>
</tr>
</tbody>
</table>

Reviewed by

1. Gray Clarke MD, Senior Medical Director, PHP Centennial Care, Behavioral Health

References


3. NM Statutes, Autism Spectrum Disorder Coverage, 2019 Regular Session – HB 322, SGND by Gov (Apr.2), Ch. 119. [Cited 05/14/2019]


5. New Mexico Medicaid, Fee for Service, Proposed Fee Schedules or Rates, Applied Behavior Analysis (ABA) Fee Schedule, Effective Jan 1, 2019. [Cited 05/06/2019]

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. [MPMPPC051001]
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. The 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 online at: Click here for Medical Polices