



MEDICAL COVERAGE POLICY

SERVICE: Autism Spectrum Disorders

Policy Number:	206
Effective Date:	09/01/2020
Last Review:	07/30/2020
Next Review Date:	07/30/2021

Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: Autism spectrum disorders (ASDs)

Includes diagnoses of: Autistic Disorder, Asperger's Disorder, Pervasive Developmental Disorder, Pervasive Developmental Disorder-Not Otherwise Specified

PRIOR AUTHORIZATION: Not Applicable

POLICY: Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for coverage details.

For Medicare plans, please refer to appropriate Medicare LCD (Local Coverage Determination). If there is no applicable LCD, use the criteria set forth below.

For Medicaid plans, please confirm coverage as outlined in the Texas Medicaid TMPPM.

Some SWHP/FirstCare benefit plans specifically exclude therapy for learning disabilities, developmental delays, autism, and mental retardation. In addition, some benefit plans specifically exclude behavioral training or services that are considered educational or training in nature. In benefit plans where these exclusions are present, services that are considered behavioral training, such as applied behavioral analysis are not covered. Please refer to the applicable benefit plan contract to determine terms, conditions and limitations of coverage.

SWHP/FirstCare may consider certain procedures and services medically necessary for the **assessment** of autism spectrum disorders (ASD) when the member meets **ANY** of the criteria listed below:

- Any loss of language or social skills for children under the age of 10 years that cannot be attributed to head trauma or other disease process; **OR**
- No 2-word spontaneous (not just echolalic) phrases by 24 months; **OR**
- No babbling by 12 months; **OR**
- No gesturing (e.g., pointing, waving bye-bye) by 12 months; **OR**
- No single words by 16 months

When the above criterion is met, SWHP/FirstCare may consider the following services as medically necessary for the **assessment** of suspected or known ASD:

- Medical evaluation including history and physical examination



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- Autism-specific developmental screening (e.g., Checklist for Autism in Toddlers [CHAT], Pervasive Developmental Disorder Screening Test-II, Autism Behavior Checklist [ABC], Childhood Autism Rating Scale [CARS])
- Behavioral health evaluation including psychiatric examination
- Evaluation by speech and language pathologist when deficits are present
- Occupational and/or physical therapy evaluation when motor deficits, motor planning or sensory dysfunction are present
- Audiological evaluation
- Electroencephalogram (EEG) when there is suspicion of a seizure
- Neuroimaging studies when the child is a candidate for specific surgical interventions such as epilepsy surgery
- Lead screening
- Quantitative plasma amino acid assays to detect phenylketonuria

For patients with an **established diagnosis** of autism spectrum disorder (ASD), SWHP/FirstCare may consider Intensive behavioral **health treatment** (e.g., behavior modification, applied behavior analytics, or other forms of psychotherapy) as medically necessary for treatment when **ALL** of the following criteria are met:

1. Treatment is being provided by a licensed and certified behavioral health care professional, **in continuous presence, AND**
2. Meaningful and measurable improvement is expected from the therapy, **AND**
3. Prescribed in relation to autism spectrum disorder by the member's primary care physician or member's psychiatrist in the treatment plan recommended for the member, **AND**
4. A formal documented plan to include family training and education to assure identified interventions are carried out, has been submitted with the request, **AND**

Note: Texas SB 1484 in 2013 permitted insurance companies to limit the cost of coverage for enrollees 10 years of age or older for applied behavior analysis to \$36,000 per year.

SHWP may also cover assessment and treatment of comorbid behavioral health and/or medical diagnoses and associated symptoms and/or conditions under applicable medical and behavioral health benefit plans.

SWHP/FirstCare does **NOT** cover neuropsychological testing for the assessment and/or treatment of ASD because such testing is rarely considered medically necessary.

SWHP/FirstCare does **NOT** cover ANY of the following procedures or services for the assessment and/or treatment of ASD because they are considered experimental, investigational or unproven. (This list may not be all-inclusive):

- Allergy testing (including, but not limited to, food allergy for gluten, casein, Candida and other molds)
- Electronystagmography (in the absence of dizziness, vertigo, or balance disorder)
- Erythrocyte glutathione peroxidase studies
- Event-related potentials (i.e., evoked potential studies)
- Hair analysis
- Heavy metal testing
- Homocysteine level testing
- Immunologic or neurochemical abnormalities testing
- Intestinal permeability studies



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- Magnetoencephalography
- Micronutrient testing (e.g., vitamin level)
- Mitochondrial disorders testing (e.g., lactate and pyruvate)
- Neuroimaging studies such as: CT, MRI, MRS, PET, SPECT, and Functional MRI
- Provocative chelation tests for mercury
- Stool Analysis
- Trace Metal Testing
- Tympanometry (in the absence of hearing loss)
- Urinary peptide testing
- Vision Therapy

SWHP/FirstCare does **NOT** cover ANY of the following procedures or services for the assessment and/or treatment of ASD because they are considered experimental, investigational or unproven. (This list may not be all-inclusive):

- Acupuncture
- Art therapy
- Auditory integration therapy
- Chelation therapy
- Cognitive rehabilitation
- Craniosacral therapy (e.g., chiropractic manipulation)
- Dietary and nutritional interventions (e.g., elimination diets, vitamins)
- EEG biofeedback/neurofeedback
- Equestrian therapy (hippotherapy)
- Facilitated communication
- Floor time therapy
- Holding therapy
- Hyperbaric oxygen therapy
- Immune globulin therapy
- Immunologic or neurochemical abnormalities testing
- Music therapy and rhythmic entrainment interventions
- Nutritional, Mineral and Herbal Supplements (e.g., megavitamins, high dose pyridoxine, and magnesium, dimethylglycine and glutathione, calcium, germanium, selenium, tin, tungsten, vanadium, zinc, echinacea, berberis, etc.)
- Recreational therapy
- Secretin infusion
- Sensory integration therapy
- Sensory Integration Therapy (including, but not limited to, Berard Auditory integration training [AIT]; The Audio Tone Enhancer/Trainer; Digital Auditory Aerobics; Electronic Auditory Stimulation effect (EASE program); Kirby Auditory Modulation System (KAMS); SAMONAS Sound Therapy; Tomatis Sound Therapy The LiFTTM; The Listening Program)
- Squeeze machine therapy

SWHP/FirstCare does **NOT** cover general consumer electronic devices including (but not limited to); computers, smart phones, personal digital assistants (PDAs), tablet devices (e.g., iPads), electronic mail devices and pagers, for the assessment and/or treatment of ASD because they are not medical in nature.

SWHP/FirstCare does **NOT** cover genetic screening for ASD in the general population because such screening is considered not medically necessary and of unproven benefit.



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OVERVIEW:

Autism, Asperger's and Pervasive Developmental Disorder NOS ("not otherwise specified") comprise the Autism Spectrum Disorders (ASD). Today, about 1 in 68 children has been identified with an autism spectrum disorder (ASD) according to estimates from CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network. Autism occurs in all racial, ethnic, and social groups and is almost five times more likely to occur in boys than girls. Autism impairs a person's ability to communicate and relate to others. It is also associated with rigid routines and repetitive behaviors, such as obsessively arranging objects or following very specific routines. Symptoms can range from very mild to severe.

Research has shown that a diagnosis of autism at age 2 can be reliable, valid, and stable. Parents may be the first to notice their child's unusual behaviors or their child's failure to reach appropriate developmental milestones. Some parents describe a child who seemed different from birth, while others describe a child who was developing normally and then lost skills. Pediatricians may initially dismiss signs of autism, thinking a child will "catch up," and may advise parents to "wait and see." (This description of autism, is adapted from the website Autism Speaks.)

There is no single treatment approach for all children with ASD, but highly structured educational/behavioral programs are central in most treatment plans. There are many program models, but the American Academy of Pediatrics has identified a number of common components that most successful treatment models share:

- Entry into intervention as soon as an ASD diagnosis is seriously considered rather than deferring until a definitive diagnosis is made;
- Active engagement of the child at least 25 hours per week, 12 months per year, in systematically planned, developmentally appropriate educational activities designed to address identified objectives;
- Low child-to-teacher ratio to allow sufficient amounts of 1:1 and small group time;
- Inclusion of a family component;
- Promotion of opportunities for interaction with typically developing peers to the extent that these opportunities are available and helpful;
- Ongoing measurement and documentation of the individual child's progress toward objectives, with adjustments in programming as needed;
- Incorporation of a high degree of structure through elements such as predictable routine, visual activity schedules, and clear physical boundaries to minimize distractions;
- Strategies to apply learned skills to new environments and situations (generalization) and to maintain functional use of these skills;
- Use of assessment-based curricula that address: functional, spontaneous communication; social skills; adaptive skills that prepare the child for increased responsibility and independence; reduction of disruptive or maladaptive behavior; cognitive skills; and more.

There is no cure for Autism Spectrum Disorders. However appropriate intervention with scientifically validated approaches, used in conjunction with parents or guardians who rigidly follow prescribed treatment plans, can result in many individuals with Autism Spectrum Disorders living a highly functional, productive and full life.

MANDATES:



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Texas: (TIC Section 1355.015 and 28 TAC Sections 21.4401—21.4404)

At a minimum, an EOC must provide coverage to an enrollee diagnosed with autism spectrum disorder from the date of diagnosis until the enrollee completes nine years of age.

An EOC must provide coverage for all generally recognized services prescribed in relation to autism spectrum disorder by the enrollee's primary care physician in the treatment plan recommended by that physician. This coverage may be subject to annual deductibles, copayments, and coinsurance. "Generally recognized services" includes applied behavior analysis; speech, occupational and physical therapy; medications or nutritional supplements; and other treatments.

Texas SB 1484, July 17, 2013, amends current law by removing the age restriction for children with the diagnosis of autism by the age of 10 years:

Senate Bill 1484 amends provisions of the Insurance Code relating to mandatory health benefit plan coverage for enrollees diagnosed with autism spectrum disorder. Previous law required a health benefit plan to provide such coverage only until the enrollee completed nine years of age. The bill requires a health benefit plan to provide coverage to any enrollee whose diagnosis was in place prior to the enrollee's 10th birthday, regardless of the enrollee's age. However, the bill establishes that a health benefit plan is not required to provide coverage for an enrollee 10 years of age or older for applied behavior analysis in an amount that exceeds \$36,000 per year. The bill specifies that a qualified health plan, as defined by federal law, is not required to provide a benefit to an enrollee diagnosed with autism spectrum disorder that exceeds the specified essential health benefits required under the federal Patient Protection and Affordable Care Act to the extent that the state would be required to make a payment to defray the cost of the additional benefit.

CMS: There is No Local or National Coverage Determinations for Autism spectrum disorders.

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

ICD10 Codes:	F84.0 - F84.9 - Autism spectrum disorder
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Covered when medically necessary for the treatment of ASD:

CPT Codes:	0362T, 0373T Adaptive behavior treatment by protocol 97151, 97152 97153, 97154, 97155, 97156, 97157, 97158 – Adaptive behavior treatment interventions
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Educational in nature and NOT covered unless specified by state mandate or plan contract:

CPT Codes NOT covered:	96116 - Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report 96118 - Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
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	<p>96119 - Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face</p> <p>96120 - Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report</p>
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Experimental/Investigational/Unproven NOT Covered when used for the assessment of autism spectrum disorders:

CPT Codes NOT covered:	<p>82705 - Fat or lipids, feces; qualitative</p> <p>83018 - Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each</p> <p>83615 - Lactate dehydrogenase (LD) (LDH)</p> <p>86001 - Allergen specific IgG quantitative or semiquantitative, each allergen</p> <p>86003 - Allergen specific IgE; quantitative or semiquantitative, each allergen</p> <p>86005 - Allergen specific IgE; qualitative, multiallergen screen (dipstick, paddle, or disk)</p> <p>86485 - Skin test; candida</p> <p>92585 - Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive</p> <p>92586 - Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited</p> <p>95004 - Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report by physician, specify number of tests</p> <p>95010 - Percutaneous tests (scratch, puncture, prick), sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by physician, specify number of tests</p> <p>95075 - Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance such as metabisulfite)</p> <p>95930 - Visual evoked potential (VEP) testing central nervous system, checkerboard or flash</p> <p>95965 - Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)</p> <p>95966 - Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)</p> <p>95967 - Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)</p>
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Experimental/Investigational/Unproven NOT Covered when used for the treatment of autism spectrum disorders:

CPT Codes NOT covered:	<p>90281 - Immune globulin (Ig), human, for intramuscular use</p> <p>90283 - Immune globulin (IgIV), human, for intravenous use</p> <p>90284 - Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each</p> <p>90875 - Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes</p> <p>90876 - Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented,</p>
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	<p>behavior modifying or supportive psychotherapy); approximately 45-50 minutes</p> <p>90901 - Biofeedback training by any modality</p> <p>92065 - Orthoptic and/or pleoptic training, with continuing medical direction and evaluation</p> <p>97532 - Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes</p> <p>97533 - Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one), patient contact by the provider, each 15 minutes</p> <p>97810 - Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient</p> <p>97811 - Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)</p> <p>97813 - Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient</p> <p>97814 - Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)</p> <p>99183 - Physician attendance and supervision of hyperbaric oxygen therapy, per session</p>
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Experimental/Investigational/Unproven NOT Covered when used for the treatment of autism spectrum disorders:

HCPCS Codes	<p>A4575 - Topical hyperbaric oxygen chamber, disposable</p> <p>C1300 - Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval</p> <p>E1902 - Communication board, non-electronic augmentative or alternative communication device</p> <p>G0176 - Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)</p> <p>J1459 - Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g. liquid), 500 MG</p> <p>J1557 - Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg (code effective 01/01/2012)</p> <p>J1559 - Injection, immune globulin (Hizentra), 100 mg</p> <p>J1561 - Injection, immune globulin, (Gamunex), intravenous, nonlyophilized (e.g., liquid), 500 mg</p> <p>J1562 - Injection, immune globulin (Vivaglobin), 100 mg</p> <p>J1566 - Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg</p> <p>J1568 - Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg</p> <p>J1569 - Injection, immune globulin, (Gammagard liquid), intravenous, nonlyophilized, (e.g., liquid), 500 mg</p> <p>J1572 - Injection, immune globulin, (Flebogamma), intravenous, nonlyophilized (e.g., liquid), 500 mg</p> <p>J1599 - Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified</p> <p>J2850 - Injection, secretin, synthetic, human, 1 mcg</p>
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	S8940 - Equestrian/hippotherapy, per session S9355 - Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
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POLICY HISTORY:

Status	Date	Action
New	08/02/2012	New policy
Reviewed	02/28/2013	Reviewed. Minor revisions made.
Reviewed	02/20/2014	Reviewed and updated with mandate. ICD10 codes added.
Reviewed	03/26/2015	Updated mandate language
Reviewed	03/17/2016	Reviewed.
Reviewed	09/01/2016	Clarified language when lacking of medical necessity.
Reviewed	03/07/2017	Created separate policy for treatment – see 232
Reviewed	01/30/2018	No changes
Reviewed	07/30/2020	Language added to include First Care

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence surrounding acupuncture with and without electrical stimulation and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order

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