

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Autism Spectrum Disorders Mandate

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	1/1/2012	Policy Last Updated:	10/18/2011
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

NOTE: This policy is not effective until 1/1/12.

Mandate Language:

Rhode Island General Laws 27-20.11 mandates coverage for autism spectrum disorders (ASDs).

27-20.11-1. Mandatory coverage for Autism spectrum disorders.

(a) Every group health insurance contract, or every group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by any health insurance carrier, on or after January 1, 2012, shall provide coverage for autism spectrum disorders; provided, however, the provisions of this chapter shall not apply to contracts, plans or group policies subject to the Small Employer Health Insurance Availability Act, chapter 50 of this title, or subject to the Individual Health Insurance Coverage Act, chapter 18.5 of this title.

27-20.11-2. Definitions.

As used in this chapter:

(1) "Applied behavior analysis" means the design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvements in human behavior, including the use of direct observation, measurement and functional analysis of the relationship between environment and behavior.

(2) "Autism spectrum disorders" means any of the pervasive developmental disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association.

(3) "Health insurance carrier" or "carrier" means any entity subject to the insurance laws and regulations of this state, that contracts or offers to contract to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services, including, without limitation, an insurance company offering accident and sickness insurance, a health maintenance organization, a nonprofit hospital, medical service corporation, or

any other entity subject to chapter 18, 19, 20, or 41 of this title, providing a plan of health insurance, health benefits, or health services.

27-20.11-3. Scope of coverage.

(a) Benefits under this section shall include coverage for applied behavior analysis, physical therapy, speech therapy and occupational therapy services for the treatment of Autism spectrum disorders, as defined in the most recent edition of the DSM. Provided, however: (1) Coverage for physical therapy, speech therapy, and occupational therapy services shall be to the extent such services are a covered benefit for other diseases and conditions under such policy; and (2) Applied behavior analysis shall be limited to thirty-two thousand dollars (\$32,000) per person per year.

(b) Benefits under this section shall continue until the covered individual reaches age fifteen (15).

(c) The health care benefits outlined in this chapter apply only to services delivered within the State of Rhode Island; provided, that all health insurance carriers shall be required to provide coverage for those benefits mandated by this chapter outside of the State of Rhode Island where it can be established through a preauthorization process that the required services are not available in the State of Rhode Island from a provider in the health insurance carrier's network.

27-20.11-4. Medical necessity and appropriateness of treatment.

(a) Upon request of the reimbursing health insurance carrier, all providers shall furnish medical records or other necessary data which substantiates that initial or continued treatment is at all times medically necessary and appropriate.

(b) Medical necessity criteria may be based in part on evidence of continued improvement as a result of treatment. When the provider cannot establish the medical necessity and/or appropriateness of the treatment modality being provided, neither the health insurer nor the patient shall be obligated to reimburse for that period or type of care that was not established. The exception to the preceding can only be made if the patient has been informed of the provisions of this subsection and has agreed in writing to continue to receive treatment at his or her own expense.

(c) Any subscriber who is aggrieved by a denial of benefits provided under this chapter may appeal a denial in accordance with the rules and regulations promulgated by the department of health pursuant to chapter 17.12 of title 23.

(d) A health insurance carrier may require submission of a treatment plan, including the frequency and duration of treatment, signed by a child psychiatrist, a behavioral developmental pediatrician, a child neurologist or a licensed psychologist with training in child psychology, that the treatment is medically necessary for the patient and is consistent with nationally recognized treatment standards for the condition such as those set forth by the American Academy of Pediatrics. An insurer may require an updated treatment plan no more frequently than on a quarterly basis.

27-20.11-5. Limits on cost sharing.

Benefits for services under this chapter shall be reimbursed in accordance with the respective principles and mechanisms of reimbursement for each health insurance carrier. Except as otherwise provided in this section, any policy, contract or certificate

that provides coverage for services under this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are no more extensive than coverage provided for other conditions or illnesses. Coverage for autism spectrum disorders is otherwise subject to the same terms and conditions of the policy as any other condition or illness.

27-20.11-6. Educational and other services provided to children diagnosed with autism spectrum disorders.

Nothing in this section shall be construed to alter any obligation of a school district or the State of Rhode Island to provide services to an individual under an individualized family service plan or an individualized education program, as required under the federal Individuals with Disabilities Education Act, or the provision of services to an individual under any other federal or state law. A health insurance carrier assessed for services provided under section 42-12-29, children's health account, shall not be required to provide duplicative coverage for the same beneficiary for the same or similar services mandated under this section.

27-20.11-7. Credentialing and contracting practices.

(a) Any individual providing applied behavior analysis treatment under this section shall be:

(1) Individually licensed by the department of health as a health care provider/clinician pursuant to chapter 42-35 or 42-35-1 et al. and nationally certified as a Board Certified Behavior Analyst (BCBA); and credentialed by the insurer; or

(2) Individually nationally certified as a Board Certified Assistant Behavior Analyst (BCaBA) supervised by a Board Certified Behavior Analyst who is licensed by the department of health as a psychologist, social worker or therapist; and credentialed by the insurer.

(b) Nothing in this chapter shall be construed to require a change in the credentialing or contracting practices of health insurers for mental health or substance abuse providers.

Description:

Pervasive developmental disorders (PDDs), also known as **autism spectrum disorders (ASDs)**, are a group of complex neurological disorders that cause problems with social interaction and communication. PDDs are characterized by severe and pervasive impairment in the following areas: socialization, verbal and nonverbal communication, and restricted and repetitive behaviors.

Pervasive developmental disorders (PDD) include:

- a. Autistic Disorder
- b. Asperger's Disorder
- c. Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)

Each of these disorders has specific diagnostic criteria as outlined by the most current edition of the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM).

Applied behavioral analysis (ABA) is the process of systematically applying interventions based on learning theory and using them to improve socially important behaviors to a meaningful degree and to demonstrate that the interventions employed are responsible for the improvement. It is often used to treat children **with autism** or other PDDs. It involves the design, implementation, and evaluation of behavioral modification plans for the purpose of producing significant improvement in the identified behavior. With this type of treatment, problematic behaviors, the events leading up to them, and the consequences of those behaviors are identified.

Intensive behavioral intervention therapy involves highly structured techniques that are delivered by a therapist on a one-to-one basis. The objectives of treatment are to improve the child's social communication and social interaction skills, leading to the potential development of play and flexibility of behavior. The targeted behaviors addressed by behavioral analysis are often referred to as challenging behaviors. These behaviors may be due to: environmental factors, physical conditions, mental health disorders, adaptive functioning, and psychological factors. The severity and frequency of these behaviors may result in risk to the physical safety of the individual or others. These behaviors include but are not limited to: aggression, violence, destructiveness, and self-injury.

General ABA behavioral goals in autism include: increasing selected behaviors, teaching new skills, maintaining selected behaviors, generalizing or transferring selected behaviors, restricting or narrowing conditions under which interfering behaviors occur, and reducing interfering behaviors. Socially significant behaviors that are frequently targeted for maintaining or increasing to a meaningful degree include: reading, academics, social skills, communication and adaptive living skills – e.g., gross and fine motor skills, eating and food preparation, toileting, dressing, personal self-care, domestic skills, time and punctuality, money and value, home and community orientation and work skills.

INFORMATIONAL NOTE: The effectiveness of specific behavioral interventions based on the principles of applied behavioral analysis (ABA) in the treatment of pervasive developmental disorders/autism, the duration and intensity of the interventions and the characteristics of children who are most likely to respond have not been established in the published, peer-reviewed literature. More treatment research is needed with strict empirical designs that can allow for sound inferences regarding the parameters of treatment effectiveness and can answer current questions about features of children who are most likely to respond. To date, most of the published literature on ABA involves studies that have several methodological problems including lack of a clear definition of the ABA treatment and its protocols (e.g., many studies refer to using the Lovaas method manual and video), lack of control groups using established treatment alternatives, poorly chosen or poorly specified samples, outcomes measured only in limited areas (e.g., IQ), and outcome measures giving little information regarding the totality of the treatment impact. Using a battery of assessments, both specific and global, is needed to give a comprehensive and detailed picture of treatment effects.

Additionally, most research on ABA programs has centered on preschoolers with autistic spectrum disorders and therefore research on comprehensive programs for older children and adults with autism is needed. The overall quality of studies need to be improved, including a greater emphasis on randomized controlled trials, where possible; substantially larger sample sizes; uniformity of outcomes evaluated and instruments used to measure them; and consistent treatments that do not vary widely within treatment groups (i.e., experimental or control group)

Policy:

Behavioral Interventions Based on Applied Behavioral Analysis

I. Benefit Plans Subject to the Mandate

For benefit plans that are **subject to the Rhode Island Autism Spectrum Disorders Mandate** (effective 01/01/2012) and for Self-Insured/Self-Funded Groups which have **opted to adopt the Rhode Island Autism Spectrum Disorders Mandate** the following shall apply:

A. Coverage Criteria:

Prior review is recommended for all ABA services. ABA services **apply towards the \$32,000** limit for services.

Behavioral interventions based on the principles of applied behavioral analysis (ABA) and related structured behavioral programs are considered covered when **ALL** of the following conditions are met:

1. The member is under 15 years of age **AND**
2. The behavioral interventions are prescribed via a treatment plan which signed by the treating provider.* Items usually typically included in a treatment plan include, but are not limited to, a diagnosis; the proposed treatment by type, frequency, and duration; the anticipated outcomes stated as goals; and the frequency schedule by which the treatment plan will be updated.

*The treating provider must be nationally certified as a Board Certified Behavior Analyst and credentialed by BCBSRI.

Participating providers must complete the credentialing process which consists of an examination of the health provider's credentials, training, experience, or demonstrated ability, practice history and medical certification or license, in addition to other required documents. Applicants are presented to the BCBSRI Credentials Committee and upon approval are granted participation status. Receipt of a signed and dated Participating Agreement is also a required component of the credentialing process. **AND**

3. The member has a documented and established DSM diagnosis of:
 - a. Autistic Disorder, or
 - b. Asperger's Disorder, or
 - c. Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS). **AND**
4. Services are rendered by a Rhode Island Blue Cross Blue Shield credentialed provider.

If a member does not meet the above criteria, ABA services are considered a **contract exclusion**.

The initial authorization for coverage is for six (6) months. For continued coverage, the treatment plan must be re-submitted and the authorization will be extended for an additional six (6) months.

Note: According to the Rhode Island Autism Spectrum Disorders Mandate, an updated treatment plan may be requested no more frequently than once a quarter from the treating physician to review medical necessity, unless Blue Cross Blue Shield of Rhode Island and the treating provider agree that a more frequent review is necessary due to emerging clinical circumstances.

II. Benefit Plans Not Subject to the Mandate

For benefit plans that are **NOT subject to the Rhode Island Autism Spectrum Disorders Mandate** and for Self-Insured/Self-Funded Groups which have **opted NOT to adopt the Rhode Island Autism Spectrum Disorders Mandate**, behavioral interventions based on the principles of applied behavioral analysis (ABA and related programs for the treatment of pervasive developmental disorders (PDD)/autism spectrum disorder (ASD) are a contract exclusion for some members (please refer to the specific member agreement).

III. Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy

Physical therapy and occupational therapy services for ASDs are covered and **do not apply towards** the \$32,000 limit for services. **Prior authorization/review is not recommended/required**, however all applicable contractual copays/coinsurances/deductibles/benefit limits apply.

Speech therapy for ASDs are covered and **do not apply towards** the \$32,000 limit for services. **Prior authorization/review is required/recommended** and all applicable contractual copays/coinsurances/deductibles/benefit limits apply. Please see the Speech Therapy policy for details.

If a speech language therapist/physical therapist/occupational therapist is certified as an ABA provider and provides ABA services, they must use the ABA codes to report these services.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for applicable service benefits/coverage. Services include autism services (including applied behavioral analysis (ABA), physical therapy (PT), occupational therapy (OT), and speech language pathology (SLP) services.

Coding

The following codes **apply towards the \$32,000 limit** for ABA services.

Prior authorization is recommended.

For certified professional to assess:

H0031-32 Mental health assessment, by non-physician

For the certified professional to create a treatment plan:

H0032-32 Mental health service plan development by non-physician

For the certified professional to bill for direct services:

H2019-32 Therapeutic behavioral services, per 15 minutes

For the certified professional to bill for supervised assistant services:

H2012-32 Behavioral health day treatment, per hour

For groups sessions:

H2014-32 Skills training and development, per 15 minutes

References:

Blue Cross Blue Shield Association Technology Evaluation Center (Tec). Special Report: Early Intensive Behavioral Intervention Based on Applied Behavioral Analysis among Children with Autism Spectrum Disorders. Assessment Program Volume 25, No. 9, February 2009.

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the

services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.