

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: MP.099.MH
Last Review Date: 02/08/2018
Effective Date: 04/01/2018

MP.099.MH – Autism Spectrum Disorders

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO

MedStar Health considers treatment of **Autism Spectrum Disorders (ASD)** medically necessary for the following indications:

Coverage is for the following members:

- Children and young adults under the age of 21 years with a Diagnosis of an ASD or formerly a Pervasive Developmental Disorder as indicated by DSM IV coding criteria AND
- Are covered under an employer group health insurance policy which has at least 51 employees AND is NOT “self-insured” (See Variations section).

Coverage includes the following:

1. Diagnostic assessments of ASD including diagnostic tests to rule out underlying causes. These include:
 - Medically necessary evaluations/assessments or tests performed by a licensed physician, licensed physician assistant, licensed psychologist, licensed clinical social worker or certified registered nurse practitioner
 - a. Must be provided by an autism service provider or a person, entity or group that works under the direction of an autism service provider
 - Speech language assessment
 - Psychological or cognitive assessment
 - Behavioral assessment by a behavioral health licensed practitioner
 - Psychiatric assessment for differential diagnosis, co-morbidity, or problem behaviors

NOTE: Diagnostic assessment results are valid for a period of NOT LESS THAN 12 months, unless a physician or licensed psychologist determines an earlier assessment is necessary.

2. Treatment for ASD:

- Prescription medications (Those FDA approved specifically for treatment of Autism) and associated drug level testing,
- Psychiatrist evaluations- direct or consultative,

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- Psychologist evaluations -direct or consultative,
- Interventions:
 - a) Behavioral Intervention Plan – Professional services and treatment programs provided by an autism service provider to produce socially significant improvements in human behavior or to prevent loss of attained skills or function
 - b) Applied Behavioral Analysis (ABA) which includes the design, implementation and evaluation of environmental modifications directed at improving behavior or preventing loss of attained skills or function.
 - c) Discrete Trial Training (DTT) which includes a method of teaching in simplified and structured steps
 - d) Speech/language therapy Plan – includes Picture Exchange Communications Systems (PECS), use of gestures, sign language.
 - e) Occupational therapy – May include sensory integration programs and is directed toward remedying deficits in neurological processing and integration of sensory information to allow the child to interact with the environment.
 - f) Physical Therapy – To address impairments interfering with adaptive function.
 - g) Educational Interventions – Strategies to enhance communication teach social skills and reduce maladaptive behaviors.

3. Treatment Plan

- All Behavioral Health Rehabilitation Services (BHRS) treatments must be identified in the Treatment Plan.
- Treatment plan must be developed by a physician or licensed psychologist
- Treatment plan will be reviewed once every six months for medical necessity; this is not to be confused with follow up visits to assess efficacy after implementation or visits for revising intervention to be more effective (unless more frequent review is requested by the child's physician or practitioners as listed above).
- Treatment must be prescribed, ordered and provided by a licensed practitioner or agency with expertise in ASDs.

Limitations

1. Coverage is subject to co-payment, deductible, and any other general exclusions or limitations outside the indications described above.
2. *NON-COVERED SERVICES* include, but are not limited to:
 - Voice-output communication aids (see American Academy of Pediatrics reference below for additional information around lack of published evidence of their benefits).

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- Complimentary Alternative Medicines (CAMs) such as pet-assisted therapy, homeopathic medicine, or nutritional testing
- Over-the-Counter (OTCs) medications
- Alternative medical systems (homeopathy or Chinese medicine)
- Mind-body interventions (meditation, dance therapy, drama therapy, auditory integration training, behavioral optometry, craniofacial manipulation, dolphin assisted therapy, equine therapy, music therapy and facilitated communication)
- Biologic interventions (chelation therapy, digestive enzymes, antifungal agents, probiotics, secretin, dietary restrictions (gluten- free, yeast-free diets), vitamins, hyperbaric oxygen therapy, etc.).
- Manipulative and body-based methods (deep pressure, craniosacral therapy, other chiropractic manipulations)
- Energy therapy (Reiki, electromagnetic fields etc.).

Background

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) defines the core diagnostic criteria of autism as:

- qualitative impairment in social interaction;
- qualitative impairments in communication; and
- restricted repetitive and stereotyped patterns of behavior, interests, and activities

Autism Spectrum Disorders (ASD) can be detected in some cases prior to 18 months of age. The Centers for Disease Control and Prevention (CDC) report that diagnoses by age 2 are considered to be very reliable. The CDC estimates that about 1 in 68 children have ASD. ASD is more common in males than females.

Diagnosing ASD can be difficult as there are no specific medical tests that identify individuals with autism. A diagnosis is made following the evaluation of a child's behavior, communication and development. A diagnosis of ASD now includes several conditions that used to be diagnosed separately: autistic disorder, Asperger's Disorder, and Pervasive Developmental Disorder Not Otherwise Specified (PPD-NOS), including Rett's Disorder and Childhood Disintegrative Disorder. The Autism Society distinguishes Asperger's Disorder from Autism by its absence of language delays and less severe symptoms. There is currently no cure for ASD, although there are several types of intervention treatments and therapies can aid in improving the child's development.

Codes:

| CPT Codes / HCPCS Codes / ICD-10 Codes | |
|--|-------------|
| Code | Description |

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ICD-10 codes covered if selection criteria are met:

| | |
|-------------|-----------------------------------|
| F84.0-F84.9 | Pervasive developmental disorders |
|-------------|-----------------------------------|

Variations

Commercial Products:

Exception for NOT “self-insured/funded”: Covered when specifically included by the self-funded group in the benefit package.

References

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2. Autism Society. Asperger’s Syndrome. Accessed: 01/18/2017. <http://www.autism-society.org/what-is/aspergers-syndrome/>
3. Autism Society. Autism: Diagnosis and Consultation. Last updated: January 25, 2012. http://www.education.com/reference/article/Ref_Autism_Diagnosis/
4. Autism Society. What Causes Autism? Last updated: July 15, 2015. <http://www.autism-society.org/what-is/causes/>
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7. Mandell DS, Novak, MM, Zubritsky CD. Factors associated with age of diagnosis among children with Autism Spectrum. Pediatrics. 2005 Dec; 116(6):1480-1486. DOI: 10.1542/peds.2005-0185. <http://pediatrics.aappublications.org/content/116/6/1480.full.pdf+html>
8. Myers SM, Johnson CP. Management of children with Autism Spectrum Disorders. Pediatrics. 2007 Nov; 120(5):1162-1182. DOI: 10.1542/peds.2007-2362. <http://pediatrics.aappublications.org/content/120/5/1162.full.pdf+html>
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Disclaimer:

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