

<b>BLUE CROSS OF NORTHEASTERN PA "BCNEPA" MEDICAL POLICY BULLETIN</b>	<b>MANUAL:</b> MEDICAL POLICY
	<b>REFERENCE NO.:</b> MPO-490-0167
<b>EFFECTIVE DATE</b> August 1, 2014	<b>SUBJECT:</b> Autism Spectrum Disorders (ASD)

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**Blue Cross of Northeastern Pennsylvania ("BCNEPA") Medical Policy**

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical policy and claims payment policy are applied. Policies are provided for informational purposes only and are developed to assist in administering plan benefits and do not constitute medical advice. Treating providers are solely responsible for medical advice and treatment. Policies are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and information are constantly changing and BCNEPA may review and revise its medical policies periodically. Also, due to the rapid pace of changing technology and the advent of new medical procedures, BCNEPA may not have a policy to address every procedure. In those cases, BCNEPA may review other sources of information including, but not limited to, current medical literature and other medical resources, such as Technology Evaluation Center Assessments (TEC) published by the Blue Cross Blue Shield Association. BCNEPA may also consult with health care providers possessing particular expertise in the services at issue.

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**I. DESCRIPTION:**

Autism spectrum disorders means any of the pervasive developmental disorders defined by the most recent edition of disorders the Diagnostic and Statistical Manual of Mental Disorders(DSM), or its successor, including autistic disorder, Asperger's disorder and pervasive developmental disorder not otherwise specified.

**II. BENEFIT POLICY STATEMENT:**

BCNEPA makes decisions on coverage based on Policy Bulletins, benefit plan documents, and the member's medical history and condition. Benefits may vary based on product line, group or contract, therefore, Member benefits must be verified. In the event of a conflict between the Member's benefit plan document and topics addressed in Medical Policy Bulletins (i.e., specific contract exclusions), the Member's benefit plan document always supersedes the information in the Medical Policy Bulletins. BCNEPA determines medical necessity only if the benefit exists and no contract exclusions are applicable.

Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

**III. MEDICAL POLICY STATEMENT:**

General Policy Guidelines

Indications and Limitations of Coverage

Coverage for care related to autism spectrum disorders (299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, and 299.91) is determined according to the member's individual or group customer benefits.

Traditional medical management of autism spectrum disorders (ASD) may include the following common examples and is covered in accordance with the member's benefit contract (this is not an all-inclusive list):

- Behavioral health evaluation (90791, 90792) Refer to BCNEPA MPO-490-0091 and MPO-490-0117 for additional information on psychiatric care and psychiatric interviews.
- Genetic testing (Refer to BCNEPA MPO-490-0083 for specific guidelines on genetic testing.)
- Hearing assessment (92551-92557, 92585-92586)
- Medical assessment and evaluation (complete history and physical examination)
- EEG (95812-95830), or neurological consult (99241-99255) when in the presence of focal signs or clinical findings suggestive of a seizure disorder or a degenerative neurological condition
- Measurement of blood levels for lead or heavy metal exposure (83015-83018, 83655)
- Pharmacotherapies (subject to the member's specific benefits for drug coverage)
- Psychological testing (96101-96103), developmental testing (96110-96111, G0451), neurobehavioral status exam (96116), neuropsychological testing (96118-96120) and standardized cognitive performance testing (96125) (Refer to BCNEPA MPO-490-0091 and MPO-490-0117 for additional information on these services.)
- Psychotherapy
- Physical medicine, occupational therapy, and speech therapy services (For information on physical medicine, occupational therapy, and speech therapy services see BCNEPA MPO-490-0039)
- Vision assessment (99172, 99173)

Services beyond traditional medical management of ASD include the following covered services for groups and CHIP whose coverage is impacted by the ASD mandate under Act 62.

- Services provided for purposes of behavior modification and/or training (applied behavioral analysis):
  - therapeutic behavioral services (H2019),
  - community based wrap-around services (H2021),
  - service plan development (H0032), and
  - sensory integration (97533) Refer to Highmark Medical Policy Y-2 for specific guidelines on sensory integration

The following services are generally not covered for ASD (this list applies to all BCNEPA members, including those whose coverage is impacted by Act 62-2008, defined below). The preponderance of peer-reviewed clinical literature does not support coverage for these services.

- Animal or pet assisted therapy (A9270)
- Chelation therapy and detoxification for heavy metals
- Craniosacral therapy (A9270)
- Fibroblast growth factor 2 (A9270)

- Hydrotherapy (See Highmark Medical Policy Y-1 for guidelines on hydrotherapy and physical medicine.)
- Hyperbaric oxygen therapy (See BCNEPA MPO-490-0125 for specific guidelines on hyperbaric oxygen.)
- Intravenous Immune Globulin (IVIG) (See BCNEPA MPO-490-0140 for specific guidelines on IVIG.)
- Music, art and activity therapy (G0176)
- Naltrexone therapy (See Highmark Medical Policy I-92 for specific guidelines on Naltrexone therapy.)
- Neurofeedback (A9270)
- Peripheral stem cell transplantation and umbilical cord stem cell transplantation (See BCNEPA MPO-490-0140 for specific guidelines on peripheral stem cell transplantation and umbilical cord stem cell transplantation.)
- Secretin therapy (J2850)
- Social therapeutic group and behavioral health day treatment (H0046, H2012) These services are not a standard benefit under the member's benefit contract.
- Testing for immunologic abnormalities (82784, 82785, 82787, 83516-83520, and 86602-86804)
- Vitamin: laboratory testing (78270, 78271, 78272, 82180, 82306, 82607, 82608, 82652, 82746, 82747, 84207, 84252, 84425, 84446, 84590, 84591, and 84597)  
Vitamins, nutritional supplements, or diet-oriented therapy (See Highmark Medical Policy V-44 for specific guidelines on medical nutrition therapy.)

When any of the above mentioned services are not covered, all related services are also not covered, (e.g., E/M services, laboratory tests, infusion services, drug administration, etc.).

**NOTE:**

Unless otherwise specified in the medical policies cross-referenced above, a participating, preferred, or network provider can bill the member for the denied services.

**Act 62 – 2008 (Autism Spectrum Disorders Coverage Mandate) Effective July 1, 2009**

Act 62 is only applicable to group contracts offered, issued or renewed on or after July 1, 2009, to fully insured-employers of 51 or more contracts.

Act 62-2008 (Autism Spectrum Disorders Coverage Mandate) requires coverage for individuals who are under twenty-one (21) years of age for the diagnostic assessment and treatment of autism spectrum disorders (299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, and 299.91).

Coverage is subject to copayment, deductible and coinsurance provisions, as well as any other general exclusions or limitations set forth in the member's contract.

Treatment of ASD must be identified in a treatment plan and should include any medically necessary pharmacy care, psychiatric care, psychological care, rehabilitative care, including applied behavioral analysis, and therapeutic care that is:

- Prescribed, ordered or provided by a licensed physician, licensed physician assistant, licensed psychologist, licensed clinical social worker or certified registered nurse practitioner.
- Provided by an autism service provider.

- Provided by a person, entity or group that works under the direction of an autism service provider.

The treatment plan must be developed by a physician or psychologist, following a comprehensive evaluation consistent with the most recent clinical report or recommendations of the American Academy of Pediatrics. The treatment plan may be reviewed once every six (6) months, subject to the Plan's utilization review requirements, including case management, concurrent review and other managed care provisions. A more or less frequent review can be agreed upon by the Plan and the physician or psychologist developing the treatment plan. The provider is responsible for maintaining a copy of the autism assessment and treatment plan, to be made available upon request.

**NOTE:**

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances may warrant individual consideration, based on review of applicable medical records.

#### IV. DEFINITIONS:

Applied behavioral analysis	Applied behavioral analysis means the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior or to prevent loss of attained skill or function, including the use of direct observation, measurement and functional analysis of the relations between environment and behavior.
Autism service provider	Autism service provider means any of the following: A person, entity or group providing treatment of autism spectrum disorders, pursuant to a treatment plan, that is licensed or certified in Pennsylvania. Any person, entity or group providing treatment of autism spectrum disorders, pursuant to a treatment plan, that is enrolled in the Commonwealth's medical assistance program on or before the effective date of this section.
Autism spectrum disorders	Autism spectrum disorders means any of the pervasive developmental disorders defined by the most recent edition of disorders the Diagnostic and Statistical Manual of Mental Disorders(DSM), or its successor, including autistic disorder, Asperger's disorder and pervasive developmental disorder not otherwise specified.
Behavior specialist	Behavior specialist means an individual who designs, implements or evaluates a behavior modification intervention component of a treatment plan, including those based on applied behavioral analysis, to produce socially significant improvements in human behavior or to prevent loss of attained skill or function, through skill acquisition and the reduction of problematic behavior.
Diagnostic assessment	Diagnostic assessment of autism spectrum disorders means medically necessary assessments, evaluations or tests performed by a licensed physician, licensed physician assistant, licensed psychologist or certified registered nurse practitioner to diagnose whether an individual has an autism spectrum disorder.
Pharmacy care	Pharmacy care means medications prescribed by a licensed physician, licensed physician assistant or certified registered nurse practitioner and any assessment, evaluation or test prescribed or ordered by a licensed physician, licensed physician assistant or certified registered nurse practitioner to determine the need or effectiveness of such medications.
Psychiatric care	Psychiatric care means direct or consultative services provided by a physician who specializes in psychiatry.
Psychological care	Psychological care means direct or consultative services provided by a psychologist.
Rehabilitative care	Rehabilitative care means professional services and treatment programs, including applied behavioral analysis, provided by an autism service provider to produce socially significant improvements in human behavior or to prevent loss of attained skill or function.

Therapeutic care	Therapeutic care means services provided by speech language pathologists, occupational therapists or physical therapists.
Treatment plan	Treatment plan means a plan for the treatment of autism spectrum disorders developed by a licensed physician or licensed psychologist pursuant to a comprehensive evaluation or reevaluation performed in a manner consistent with the most recent clinical report or recommendations of the American Academy of Pediatrics.

**CODING:**

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- **The identification of a code in this section does not denote coverage or separate reimbursement.**
  - Covered procedure codes are dependent upon meeting criteria of the policy and appropriate diagnosis code.
  - The following list of codes may not be all-inclusive, and are subject to change at any time.
  - Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.
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**PROCEDURE CODES**

0359T	0365T	0373T	G0176	J2315
0360T	0366T	0374T	H0046	J2850
0361T	0367T	38242	H2012	J3520
0362T	0368T	99183	J0470	M0300
0363T	0369T	A4575	J0600	
0364T	0372T	A9270	J0895	

**ICD-9 DIAGNOSIS CODES**

299.00	299.01	299.10	299.11	299.80	299.81	299.90	299.91
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**ICD-10 DIAGNOSIS CODES  
INFORMATIONAL ONLY**

F84.0

F84.3

F84.5

F84.8

F84.9