



Status

Active

## Medical and Behavioral Health Policy

Section: Behavioral Health, Medicine

Policy Number: II-23

Effective Date: 09/25/2013

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

## SECRETIN INFUSION THERAPY FOR AUTISM

**Description:** Infusion of the pancreatic hormone secretin is an accepted approach for assessing pancreatic function. In this context, it is performed as part of the gastrointestinal evaluation. Recent anecdotal information has reported a link between the infusion of secretin and improvements in certain symptoms associated with autism (e.g., social behavior, language skills, or communication).

**Policy:** Secretin infusion therapy for treatment of autism is considered **INVESTIGATIVE** due to the lack of any scientific evidence to justify its use. Secretin infusion therapy for the treatment of all mental and substance-related disorders is considered **INVESTIGATIVE**.

**Coverage:** Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if

criteria are being met. Retrospective denial of claims may result if criteria are not met.

**Coding:** *The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

**HCPCS:**

J2850 Injection, secretin, synthetic, human, 1 microgram

**Policy History:**

**Developed April 14, 1999**

**Most recent history:**

Reviewed September 8, 2010

Reviewed September 14, 2011

Reviewed September 12, 2012

Reviewed September 11, 2013

**Cross Reference:**

Autism Spectrum Disorders: Assessment, X-43

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