



Status

Active

## Medical and Behavioral Health Policy

Section: Behavioral Health

Policy Number: X-42

Effective Date: 06/25/2014

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.

## SQUEEZE MACHINE FOR AUTISTIC SPECTRUM DISORDERS

**Description:** The Squeeze Machine, a device capable of providing varying levels of body pressure, is proposed as a calming treatment for certain symptoms of autistic spectrum disorder. The Squeeze Machine consists of two padded side boards which are hinged at the bottom to form a V shape. The user steps into the machine and lies down on the inside in the V-shaped crevice-like space. The inside surfaces of the device are completely lined with thick foam rubber. Deep touch pressure stimulation is applied along both sides of the person's body, with lateral pressure pushing inward onto the body. The contoured padding provides an even pressure across the entire lateral aspects of the body without generating specific pressure points.

**Policy:** Use of the Squeeze Machine for the treatment of autistic spectrum 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:**

E1399 Durable medical equipment, miscellaneous

**Policy History:** **Developed May 14, 2008**

**Most recent history:**

Reviewed April 13, 2011

Reviewed April 11, 2012

Reviewed April 10, 2013

Reviewed June 11, 2014

**Cross Reference:**

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