

# MEDICAL POLICY

<b>SUBJECT: HANDICAPPED DEPENDENT COVERAGE</b>	<b>EFFECTIVE DATE: 02/01/01</b> <b>REVISED DATE: 05/23/02, 04/24/03, 05/27/04, 04/28/05, 08/25/05, 06/22/06, 12/07/06, 12/13/07, 12/11/08, 12/10/09, 08/26/10, 08/25/11, 08/23/12, 06/27/13, 06/26/14</b>
<b>POLICY NUMBER: 10.01.08</b> <b>CATEGORY: Contract Clarification</b>	<b>PAGE: 1 OF: 3</b>
<ul style="list-style-type: none"><li>• <i>If the member's subscriber contract excludes coverage for a specific service it is not covered under that contract. In such cases, medical policy criteria are not applied.</i></li><li>• <i>Medical policies apply to commercial and Medicaid products only when a contract benefit for the specific service exists.</i></li><li>• <i>Medical policies only apply to Medicare products when a contract benefit exists and where there are no National or Local Medicare coverage decisions for the specific service.</i></li></ul>	

## POLICY STATEMENT:

Coverage for handicapped dependent child (adult or minor) status will be determined by the Health Plan Medical Director based upon the certification of the dependent child's condition by the treating physician/therapist and the medical criteria stated in the *Disability Evaluation under Social Security (Blue Book)*, published by the Social Security Administration, as a guide.

Certification by the dependent child's treating physician/therapist consists of submission of a completed handicapped dependent application and may include the review of the dependents medical records and/or discussion with the requesting physician/therapist.

## POLICY GUIDELINES:

- I. Refer to the member's subscriber contract and/or the Customer (Member/Provider) Service Department for specific contract age limitations. (*Refer to the Description section for information regarding the Patient Protection and Affordable Care Act.*)
- II. In order to be considered for coverage as a handicapped dependent the handicapping condition must have existed prior to attainment of the age when dependent coverage would otherwise terminate (prior to contract dependent age limitations).
- III. In order to be considered for *continuation* of coverage as a handicapped dependent the handicapping condition must have existed prior to the date on which coverage for the dependent would have terminated under the subscriber contract due to attainment of the limiting age. This is true whether the subscriber had coverage with the Health Plan or with another plan at the time dependent coverage would otherwise have terminated. For example, if a dependent qualified for continuation of coverage as a handicapped dependent under another carrier's policy and the subscriber subsequently changes to the Health Plan for coverage, the handicapped dependent will continue to be eligible for coverage.
- IV. Requests for handicapped dependent status based upon *physical, developmental disability or mental retardation* will be reviewed by a Health Plan Medical Director, or his/her appointed designee. Denials for handicapped dependent coverage based upon physical, developmental disability or mental retardation will be made by a Health Plan Medical Director.
- V. Requests for handicapped dependent status based upon *mental illness* will be reviewed by a Health Plan Behavioral Health Medical Director, or his/her appointed designee. Denials for handicapped dependent coverage based upon mental illness will be made by a Health Plan Behavioral Health Medical Director.
- VI. The subscriber and the dependent's attending physician must complete a handicapped dependent application and submit it to the Health Plan for review.

## DESCRIPTION:

Under the New York State Insurance and Public Health laws handicapped dependent coverage will be granted to unmarried dependent children, regardless of age, who are incapable of self-sustaining employment by reason of physical handicap, mental illness, developmental disability, or mental retardation as defined in the New York State Mental

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Hygiene Law, and who became so incapable **prior to attainment of the age at which dependent coverage would otherwise terminate.**

Handicapped dependent status is determined based upon the certification of the dependent's condition by the treating physician/therapist and the medical criteria stated in the *Disability Evaluation under Social Security (Blue Book)*, published by the Social Security Administration, as a guide.

Under the New York State Mental Hygiene Laws:

- I. *Mental illness* is defined as an affliction with a mental disease or mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking, or judgment to such an extent that the person afflicted requires care, treatment and rehabilitation.
- II. *Mental retardation* is defined as subaverage intellectual functioning that originates during the development period and is associated with impairment in adaptive behavior.

According to the American Psychiatric Association subaverage intellectual functioning is defined as:

- A. An Intelligence Quotient (IQ) of 70 or below on individually administered IQ tests;
  - B. Concurrent deficits or impairments in present adaptive functioning (i.e. the person's effectiveness in meeting the standards expected for his or her age by his or her cultural group) in at least two of the following areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health and safety); and
  - C. The onset is before age 18 years.
- III. *Developmental disability* is defined as a disability of a person which:
- A. Is attributable to:
    1. Mental retardation, cerebral palsy, epilepsy, neurologic impairment or autism;
    2. Any other condition of a person found to be closely related to mental retardation because such condition results in behavior to that of mentally retarded person or requires treatment and services similar to those required for such person; or
    3. Dyslexia resulting from disabilities described above;
  - B. Originates before such person attains age twenty-two;
  - C. Has continued or can be expected to continue indefinitely; and
  - D. Constitutes a substantial handicap to such person's ability to function normally in society.

Under federal regulations of the Patient Protection and Affordable Care Act, all contracts, regardless of products and funding arrangements, are required to provide coverage for adult children until the adult child's 26<sup>th</sup> birthday for plan years beginning after September 23, 2010. Please refer to the following website for further information:

<https://www.excellusbcbs.com/wps/portal/xl/our/hpr/healthreform#tabs-6>.

**CODES:**      Number                      Description

*Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*

**CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.**

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

**CPT:**                      Several

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**HCPCS:**                      Several

**ICD9:**                      Several

**ICD10:**                      Several

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**REFERENCES:**

American Psychiatric Association. Diagnostic and statistical manual of mental disorders. DSM-5. Fifth edition. 2013. Washington, D.C.

New York State Insurance Law § 3216 (c) (4) (A), § 4304 (d) (1), § 4305 (c).

New York State Mental Hygiene Law Chapter 27 (A) (1) § 1.03.

\*Social Security Administration Office of Disability. Disability evaluation under Social Security. SSA Pub 64-039. 2008 Sep, last reviewed or modified 1/28/13 [<http://www.ssa.gov/disability/professionals/bluebook>] accessed 5/6/14.

\*key article

**KEY WORDS:**

Handicapped dependent.

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## CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

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Based on our review, handicapped dependent coverage is not addressed in National or Local Medicare coverage determinations.