

AUTISM

Policy Number: ADMINISTRATIVE 239.21 T0

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Related Policies

- [Outpatient Physical and Occupational Therapy \(OptumHealth Care Solutions Arrangement\)](#)
- [Physical, Occupational \(OptumHealth Care Solutions Arrangement\) and Speech Therapy including Cognitive/Neuropsychological Rehabilitation for New Jersey Small Group Members](#)

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

CONDITIONS OF COVERAGE

Applicable Lines of Business/Products	This policy applies to Oxford Commercial plan membership (including NJ Public Sector and NJ Savings League), excluding: <ul style="list-style-type: none"> • NJ Small Plan A • Self-Funded Plans¹
Benefit Type	General benefits package
Referral Required (Does not apply to non-gatekeeper products)	Yes ²
Authorization Required (Precertification always required for inpatient admission)	Yes ²
Precertification with Medical Director Review Required	No ³
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	Office, Outpatient, Home and Inpatient
Special Considerations	¹ Self-funded LOBs may elect to comply with state and federally mandated benefits. ² Standard referral and precertification guidelines apply. Please refer to the Member's certificate of coverage, summary of benefits, and/or health benefits plan documentation for specific details regarding referral and authorization requirements. ³ Review by Medical Director or their designee may be required. Please refer to the Member's certificate of coverage, summary of benefits, and/or health benefits

BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable. **Note:** Self-funded LOBs may elect to comply with state and federally mandated benefits.

Product State	Mandated Coverage Requirement
Connecticut	<ul style="list-style-type: none"> • All Members: Coverage must be provided for physical therapy, speech language and pathology services, and occupational therapy services for the treatment of autism spectrum disorders. Visit limits cannot be applied to these services. • The following guideline applies to members with plan years on or after 01/01/16 under the age of 21: In addition to the coverage mentioned above, these members must also be provided coverage for medically necessary behavioral interventions based on the principles of applied behavioral analysis and related structured behavioral programs, as prescribed through a treatment plan. • The following guideline applies to members with plan years prior to 01/01/16 under the age of 15: In addition to the coverage mentioned above, these members must also be provided coverage for medically necessary behavioral interventions based on the principles of applied behavioral analysis and related structured behavioral programs, as prescribed through a treatment plan.
New Jersey	<ul style="list-style-type: none"> • All Members: Coverage must be provided for the screening and diagnosis of autism or another developmental disability. Coverage must also be provided for medically necessary occupational, physical and speech therapies, as prescribed through a treatment plan, when the primary diagnosis is autism or another developmental disability. Coverage cannot be denied on the basis that treatment is not restorative. • Family Cost Share: Oxford is required to provide a benefit for the coverage of the Family Cost Share" expense incurred by a covered person obtained in accordance with a treatment plan developed as a result of, or in conjunction with, and Individualized Family Service Plan (IFSP) for a child determined eligible for early intervention services through the New Jersey Early Intervention System (NJEIS). • Additional Information Benefits provided may be subject to utilization review, including periodic review, by Oxford for determination of medical necessity.
New York	<ul style="list-style-type: none"> • All Members: Coverage must be provided for the screening and diagnosis of Autism Spectrum Disorder. This includes assessments, evaluations or tests to diagnose whether an individual has Autism Spectrum Disorder. Coverage for the treatment of Autism Spectrum Disorder includes the following care and assistive communication devices prescribed or ordered for a Member diagnosed with Autism Spectrum Disorder by a licensed Physician or licensed psychologist: <ul style="list-style-type: none"> ○ Behavioral health and Applied Behavior Analysis(ABA) treatment ○ Psychiatric or psychological care ○ Medical or therapeutic care (including therapeutic care which is deemed habilitative or non-restorative) ○ Outpatient prescription drugs ○ Assistive communication devices • Medical Benefits <ul style="list-style-type: none"> ○ May be subject to utilization review, including periodic review, by Oxford for determination of medical necessity. ○ Copayments, coinsurance and deductibles can be applied, but cannot be less favorable than those applied to other medical services. Visit limits can be applied. • Behavioral Health <ul style="list-style-type: none"> ○ Must be authorized and overseen by the Mental Health/Substance Use Disorder Designee. The Mental Health/Substance Use Disorder Designee may consult with professional clinical consultants, peer review committees or other appropriate sources for recommendations and information regarding whether a service or supply meets any of these criteria. ○ For new and renewing groups with 51+ members coverage for that service must be covered in accordance with the Federal parity requirements (must be covered without any dollar, visit limits and age limits).

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Service	Coverage Details
Connecticut Products	
Applied Behavioral Analysis (ABA) Therapy	<p>Coverage will be provided for medically necessary behavioral interventions based on the principles of applied behavioral analysis (ABA) and related structured behavioral programs, as prescribed through a treatment plan when the following criteria is met:</p> <ul style="list-style-type: none"> For plan years prior to 01/01/16, the patient's age is 15 years or less or for plan years new or renewing on or after 01/01/16 the patient's age is 21 years or less. The diagnosis submitted on the claim is listed on either the Autism Diagnosis Codes List or the Pervasive Developmental Disorder for CT Products and Other Developmental Disability for NJ Products Diagnosis Codes List. The services are administered directly by or under the direct supervision of a qualified practitioner. Practitioners of ABA are considered qualified when they are: <ul style="list-style-type: none"> A licensed medical physician (i.e., MD or DO); or Credentialed by the National Behavior Analyst Certification Board (BACB) or working under the direct supervision of any individual credentialed by the BACB as either a: <ul style="list-style-type: none"> Board Certified Behavior Analyst-Doctoral (BCBA-D) Board Certified Behavior Analyst (BCBA) <p>A copy of the BCBA-D or BCBA certification from the national BACB is on file for either the:</p> <ul style="list-style-type: none"> Provider rendering the services; or Qualified practitioner that the rendering provider is working under the supervision of <p>Note: Oxford administers benefit coverage ABA in coordination with OptumHealth Behavioral Solutions: https://www.providerexpress.com/</p>
Physical, Speech, and Occupational Therapy (PT/OT/ST) Services	<p>Coverage for PT/OT/ST services for the purpose of treating autism will have no benefit limitations. In order for the claim to be reimbursed as an autism service, at least one of the diagnosis codes submitted on the claim must be on either the Autism Diagnosis Codes List or the Pervasive Developmental Disorder for CT Products and Other Developmental Disability for NJ Products Diagnosis Codes List.</p> <p>Note: Standard referral and precertification guidelines apply. Refer to the following policies for additional information regarding precertification requirements:</p> <ul style="list-style-type: none"> Physical, Occupational (OptumHealth Care Solutions Arrangement) and Speech Therapy including Cognitive/Neuropsychological Rehabilitation for New Jersey Small Group Members Outpatient Physical and Occupational Therapy (OptumHealth Care Solutions Arrangement)
New Jersey Products	
Applied Behavioral Analysis (ABA) Therapy	<p>Coverage will be provided for medically necessary behavioral interventions based on the principles of applied behavioral analysis (ABA) and related structured behavioral programs, as prescribed through a treatment plan when the following criteria is met:</p> <ul style="list-style-type: none"> The diagnosis submitted on the claim is listed on the Autism Diagnosis Codes List or the Pervasive Developmental Disorder for CT Products and Other Developmental Disability for NJ Products Diagnosis Codes List. The services are administered directly by or under the direct supervision of a qualified practitioner. Practitioners of ABA are considered qualified when they are: <ul style="list-style-type: none"> A licensed medical physician (i.e., MD or DO); or Credentialed by the National Behavior Analyst Certification Board (BACB) or working under the direct supervision of any individual who is credentialed by the BACB as either a: <ul style="list-style-type: none"> Board Certified Behavior Analyst-Doctoral (BCBA-D)

Service	Coverage Details
New Jersey Products	
Applied Behavioral Analysis (ABA) Therapy <i>(continued)</i>	<ul style="list-style-type: none"> ▪ Board Certified Behavior Analyst (BCBA) • A copy of the BCBA-D or BCBA certification from the national BACB is on file for either the: <ul style="list-style-type: none"> ○ Provider rendering the services; or ○ Qualified practitioner that the rendering provider is working under the supervision of <p>Note: Oxford administers benefit coverage for ABA in coordination with OptumHealth Behavioral Solutions: https://www.providerexpress.com/</p>
Family Cost Share Reimbursement	<p>Benefits for the coverage of the Family Cost Share expense incurred with a treatment plan developed because of, or in conjunction with, an IFSP for a child determined eligible for early intervention services through the New Jersey Early Intervention System (NJEIS).</p> <ul style="list-style-type: none"> • Members should submit a monthly NJ Family Cost Share Participation (FCSP) Statement to Oxford for reimbursement. A family cost statement is sent to families on a monthly basis and they are required to make payment to NJEIS within 30 days of receipt. After families have made the family cost share payment to NJEIS they may seek reimbursement from Oxford for eligible expenses. • The services will be reimbursed as in-network and should be submitted by the member on an approved NJEIS form.
Physical, Speech, and Occupational Therapy (PT/OT/ST) Services	<p>The Following Guidelines Apply to NJ Large and NJ Small products (including NJ Public Sector and NJ Savings League): Coverage for PT/OT/ST for:</p> <ul style="list-style-type: none"> • Autism will be covered without limits. In order for the PT/OT/ST claim to be reimbursed as an autism service, the primary diagnosis submitted on the claim must be on the Autism Diagnosis Codes List. • Other developmental disabilities will be subject to the same terms and conditions that are applied to the PT/OT/ST benefits the member has available for the treatment of other medical conditions. In order for the PT/OT/ST claim to be reimbursed as part of the developmental disabilities coverage, the primary diagnosis submitted on the claim must be on the Pervasive Developmental Disorder for CT Products and Other Developmental Disability for NJ Products Diagnosis Codes List. <p>Note: Standard referral and precertification guidelines apply. Refer to the following policies for additional information regarding precertification requirements:</p> <ul style="list-style-type: none"> • Physical, Occupational (OptumHealth Care Solutions Arrangement) and Speech Therapy including Cognitive/Neuropsychological Rehabilitation for New Jersey Small Group Members • Outpatient Physical and Occupational Therapy (OptumHealth Care Solutions Arrangement)
New York Products	
Applied Behavioral Analysis (ABA) Therapy	<p>Behavioral Health Treatment: Coverage includes counseling and treatment programs, when provided by a licensed provider including ABA treatment plans developed by a licensed provider and delivered by:</p> <ul style="list-style-type: none"> • An ABA aide supervised by a provider who is licensed and certified; • A licensed provider who is certified as a behavior analyst; • A licensed provider; or • A certified provider <p>Applied Behavioral Analysis (ABA): Coverage includes ABA treatment that is necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual, when provided by licensed providers*, Behavior Analysts*, and Assistant Behavior Analysts* under the supervision of Behavior Analysts. Behavior Analysts must be board certified but are not required to be New York licensed providers.</p> <p>ABA treatment is eligible for reimbursement when:</p> <ul style="list-style-type: none"> • The diagnosis submitted on the claim is for Autism Spectrum Disorder (refer to the Autism Diagnosis Codes List). • Services are directly provided by licensed providers*, Behavior Analysts*, and Assistant Behavior Analysts* under the supervision of Behavior Analysts. Behavior Analysts must be board certified but are not required to be New York licensed providers. Providers certified by the National Behavior Analyst Certification Board (BACB) will have the following credentials:

Service	Coverage Details
New York Products	
Applied Behavioral Analysis (ABA) Therapy <i>(continued)</i>	<ul style="list-style-type: none"> ○ Board Certified Behavior Analyst-Doctoral (BCBA-D) ○ Board Certified Behavior Analyst (BCBA) <p>A copy of the BCBA-D or BCBA certification from the national BACB must be on file for the licensed and certified:</p> <ul style="list-style-type: none"> ● Provider rendering the services; or ● The supervising provider (that the rendering provider is working under) <p>Additional Information:</p> <ul style="list-style-type: none"> ● For plan years on or after 01/01/2014: Covered Services for Applied Behavior Analysis are limited to a maximum benefit of six hundred and eighty (680) hours of treatment per Member, per calendar/contract year. ● For plan years on or after 01/01/2016: No benefit limits apply. <p>Note: The above limits apply to In-Network and Out-of-Network Covered Services (if available).</p> <ul style="list-style-type: none"> ● *Refer to the definitions section for a definition of certified behavior analyst, behavioral analyst certification board and licensed provider. ● Oxford administers benefit coverage for Applied Behavioral Analysis in coordination with OptumHealth Behavioral Solutions: https://www.providerexpress.com/
Assistive Communication Devices	<p>Coverage includes assistive communication devices to aid in communications related to lack of speech directly attributed to Autism Spectrum Disorder when prescribed or ordered for the Member by an appropriately licensed Provider acting within the scope of their licensure. Benefits include coverage for Picture Exchange Communication Systems (PECS), speech generating devices and software or applications that enable computer systems to function as a speech-generating device. Repair and replacement coverage is available, when medically necessary, due to normal wear and tear with the following exceptions:</p> <ul style="list-style-type: none"> ● Routine maintenance of the assistive communication device. ● Lost or stolen items. ● Upgrades to assistive communication devices if the device that the Member is utilizing remains a functional device for the Member's condition at the time the upgrade becomes available. ● Damage due to misuse, malicious breakage or gross neglect. <p>Note: Benefits will be provided for one replacement or repair per type of device that is necessary due to the Member's behavioral issues. Oxford will determine if the equipment is purchased or rented.</p> <p>The following are NOT covered as Assistive Communication Device (not all-inclusive list):</p> <ul style="list-style-type: none"> ● Desktop or laptop computers, tablets (i.e., iPad) or smart phones (i.e., iPhone). ● Service contracts, installation charges, delivery charges or technical support related to such devices. ● The additional cost of any equipment or accessories that are not Medically Necessary. <p>Coverage for Assistive Communication Devices will be provided as Medically Necessary when all of the following criteria are met:</p> <ul style="list-style-type: none"> ● The Member has expressive speech impairment attributed to Autism Spectrum Disorder. ● A speech evaluation, conducted by a speech-language pathologist, has documented the severity of the individual's disability, specific to their primary language, and has determined that the Member is likely to remain non-verbal. ● Communication needs cannot be met using verbal communication methods. ● Other forms of treatment have failed, or are otherwise not appropriate. ● The assistive communication device is a dedicated device which is generally not useful to a Member in the absence of communication impairment. <ul style="list-style-type: none"> ● Benefits will be provided for the device most appropriate to the Member's current functional level. ● Assistive communication devices are available in the Member's primary language.

Service	Coverage Details
New York Products	
Medical Care	Coverage includes medical care provided by a licensed health care Provider acting within the scope of their licensure.
Outpatient Prescription Drugs	Coverage includes outpatient prescription medications prescribed by a licensed health care provider legally authorized to prescribe when the Members coverage includes an Outpatient Prescription Drug Rider. Note: Oxford's Pharmacy Benefit Manager (PBM) provides a nationwide network of participating pharmacies that dispense prescription medications on a retail level. Commercial groups with outpatient prescription drug coverage will have their pharmacy benefit administered by the PBM.
Physical, Speech, and Occupational Therapy (PT/OT/ST) Services	Coverage includes therapeutic care (including therapeutic care which is deemed habilitative or non-restorative) provided by licensed or certified speech therapists, occupational therapists, social workers, or physical therapists acting within the scope of their licensure. Note: Standard referral and precertification guidelines apply. Refer to the following policies for additional information regarding precertification: <ul style="list-style-type: none"> Physical, Occupational (OptumHealth Care Solutions Arrangement) and Speech Therapy including Cognitive/Neuropsychological Rehabilitation for New Jersey Small Group Members Outpatient Physical and Occupational Therapy (OptumHealth Care Solutions Arrangement)
Psychiatric or Psychological Care	Coverage includes direct or consultative services provided by a psychiatrist, psychologist or clinical social worker appropriately licensed in the state in which they practice and acting within the scope of their licensure. Note: Standard referral and precertification guidelines apply. Oxford administers benefit coverage for behavioral health services in coordination with OptumHealth Behavioral Solutions: https://www.providerexpress.com/
Screening and Diagnosis	Coverage will be provided for assessments, evaluations or tests to diagnose whether an individual has Autism Spectrum Disorder.
Treatment	Coverage for the treatment of Autism Spectrum Disorder includes care described above and prescribed or ordered for a Member diagnosed with Autism Spectrum Disorder by a licensed Physician or licensed psychologist.

DEFINITIONS

The Following Definitions Apply to Connecticut (CT) Products Only

Applied Behavioral Analysis (ABA): The design, implementation, and evaluation of systematic instructional and environmental modifications using behavioral stimuli and consequences, including the use of direct observation, measurement and functional analysis of the relationship between environment and behavior, to produce socially significant improvement in human behavior.

Autism: A disorder of neural development characterized by impaired social interaction and communication, and by restricted and repetitive behavior. The term "autism" refers to the range of disorders on the autism spectrum or to various pervasive developmental disorders.

The Following Definitions Apply to New Jersey (NJ) Products Only

Applied Behavioral Analysis (ABA): The design, implementation, and evaluation of systematic instructional and environmental modifications by a behavior analyst to produce socially significant improvements in human behavior. Applied behavior analysis interventions are based on scientific research and the direct observation and measurement of behavior and environment. They utilize contextual factors, establishing operations, antecedent stimuli, positive reinforcement, and other consequences to help people develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific environmental conditions.

The Following Definitions Apply to New York (NY) Products Only

Applied Behavioral Analysis (ABA): The design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement and functional analysis of the relationship between environment and behavior.

Applied Behavior Analysis Aide (ABA Aide): An individual who has met at least one of the following requirements:

- A high school diploma or its equivalent; **and**
 - Two years of full-time direct, supervised work experience providing services to children with disabilities; **or**
 - current matriculation in a degree program that is an approved professional preparation program for licensure in psychology, early childhood development, early childhood education, speech language pathology, special or elementary education, or in a degree program necessary for a license, registration, or certification in a profession designated as qualified personnel in 10 NYCRR 69-4.1(ak)
- An associate's degree or higher level degree in a profession listed in Education Law Title VIII or in teaching;
- Certification as a teaching assistant; **or**
- The minimum qualifications set forth in 10 NYCRR 69-4.25(e).

Applied Behavior Analysis Provider (ABA Provider):

- An assistant behavior analyst who directly provides ABA pursuant to an ABA treatment plan to an individual diagnosed with autism spectrum disorder;
- A behavior analyst who directly provides or supervises an assistant behavior analyst in the provision of ABA; **or**
- A licensed provider.

Assistant Behavior Analyst:

- An individual who is certified as an assistant behavior analyst pursuant to a behavior analyst certification board to provide behavioral health treatment under the supervision of a behavior analyst; **or**
- An ABA aide who meets the education, experience and supervision requirements for assistant behavior analysts as set forth in this Part.

Autism: A disorder of neural development characterized by impaired social interaction and communication, and by restricted and repetitive behavior. The term "autism" refers to the range of disorders on the autism spectrum or to various pervasive developmental disorders.

Autism Spectrum Disorders (ASD): Any pervasive developmental disorders as defined in the most recent edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, including but not limited to Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder and Pervasive Developmental Disorder Not Otherwise Specified.

Behavior Analyst: An individual certified as a behavior analyst pursuant to a behavior analyst certification board.

Behavior Analyst Certification Board:

- The Behavior Analyst Certification Board, Inc., is a nonprofit corporation established to meet professional credentialing needs identified by behavior analysts, governments, and consumers of behavior analysis services; **or**
- Any other entity, acceptable to the superintendent, in consultation with the Commissioners of Health and Education that has a certification or approval process for behavior analysts.

Behavioral Health Treatment: When prescribed or ordered for an individual diagnosed with autism spectrum disorder (ASD) by a licensed physician or licensed psychologist, counseling and treatment programs when provided by a licensed provider, and ABA when provided or supervised by a behavior analyst, that are necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual. A treatment program includes an ABA treatment plan developed by a licensed provider and delivered by an ABA provider.

Licensed Provider: A psychiatrist, psychologist or licensed clinical social worker, or an individual licensed or otherwise authorized under Education Law Title VIII.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

ICD-10 Diagnosis Code	Description
Autism	
Note: The following list of diagnosis codes applies to autism services provided for CT, NJ, and NY products. Diagnosis codes other than the diagnosis codes listed below may be eligible for benefit payment under the autism benefit. Additional diagnosis codes and medical notes can be submitted with a member's claim and a determination will be made as to whether the diagnosis is related to autism.	
F84.0	Autistic disorder
F84.2	Rett's syndrome (OHBS add)
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified
Pervasive Developmental Disorder for CT Products and Other Developmental Disability for NJ Products	
Note: The following list of diagnosis codes applies to autism services provided for CT and NJ products only.	
A50.40	Late congenital neurosyphilis, unspecified
A50.43	Late congenital syphilitic polyneuropathy
A50.45	Juvenile general paresis
A50.49	Other late congenital neurosyphilis
D82.1	Di George's syndrome
E75.00	GM2 gangliosidosis, unspecified
E75.01	Sandhoff disease
E75.02	Tay-Sachs disease
E75.09	Other GM2 gangliosidosis
E75.10	Unspecified gangliosidosis
E75.11	Mucopolipidosis IV
E75.19	Other gangliosidosis
E75.4	Neuronal ceroid lipofuscinosis
F70	Mild intellectual disabilities
F71	Moderate intellectual disabilities
F72	Severe intellectual disabilities
F73	Profound intellectual disabilities
F78	Other intellectual disabilities
F79	Unspecified intellectual disabilities
F80.0	Phonological disorder
F80.1	Expressive language disorder
F80.2	Mixed receptive-expressive language disorder
F80.4	Speech and language development delay due to hearing loss
F80.89	Other developmental disorders of speech and language
F80.9	Developmental disorder of speech and language, unspecified
F82	Specific developmental disorder of motor function
F84.2	Rett's syndrome
G10	Huntington's disease
G11.0	Congenital nonprogressive ataxia
G11.1	Early-onset cerebellar ataxia
G11.2	Late-onset cerebellar ataxia
G11.3	Cerebellar ataxia with defective DNA repair
G11.8	Other hereditary ataxias
G11.9	Hereditary ataxia, unspecified

ICD-10 Diagnosis Code	Description
Pervasive Developmental Disorder for CT Products and Other Developmental Disability for NJ Products	
Note: The following list of diagnosis codes applies to autism services provided for CT and NJ products only.	
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
G12.1	Other inherited spinal muscular atrophy
G12.21	Amyotrophic lateral sclerosis
G12.23	Primary lateral sclerosis
G12.24	Familial motor neuron disease
G12.25	Progressive spinal muscle atrophy
G12.8	Other spinal muscular atrophies and related syndromes
G13.2	Systemic atrophy primarily affecting the central nervous system in myxedema
G13.8	Systemic atrophy primarily affecting central nervous system in other diseases classified elsewhere
G23.0	Hallervorden-Spatz disease
G23.1	Progressive supranuclear ophthalmoplegia [Steele-Richardson-Olszewski]
G23.2	Striatonigral degeneration
G23.8	Other specified degenerative diseases of basal ganglia
G23.9	Degenerative disease of basal ganglia, unspecified
G24.09	Other drug induced dystonia
G24.1	Genetic torsion dystonia
G24.2	Idiopathic nonfamilial dystonia
G24.8	Other dystonia
G24.9	Dystonia, unspecified
G25.4	Drug-induced chorea
G25.5	Other chorea
G31.01	Pick's disease
G31.2	Degeneration of nervous system due to alcohol
G31.81	Alpers disease
G31.82	Leigh's disease
G31.85	Corticobasal degeneration
G31.89	Other specified degenerative diseases of nervous system
G31.9	Degenerative disease of nervous system, unspecified
G37.0	Diffuse sclerosis of central nervous system
G37.5	Concentric sclerosis [Balo] of central nervous system
G40.001	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, with status epilepticus
G40.009	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, without status epilepticus
G40.011	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epilepticus
G40.019	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, without status epilepticus
G40.101	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus
G40.109	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus
G40.111	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus
G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus

ICD-10 Diagnosis Code	Description
Pervasive Developmental Disorder for CT Products and Other Developmental Disability for NJ Products	
Note: The following list of diagnosis codes applies to autism services provided for CT and NJ products only.	
G40.201	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus
G40.209	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus
G40.211	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus
G40.219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus
G40.301	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40.309	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.311	Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.319	Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus
G40.401	Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40.409	Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.411	Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.419	Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus
G40.501	Epileptic seizures related to external causes, not intractable, with status epilepticus
G40.509	Epileptic seizures related to external causes, not intractable, without status epilepticus
G40.801	Other epilepsy, not intractable, with status epilepticus
G40.802	Other epilepsy, not intractable, without status epilepticus
G40.803	Other epilepsy, intractable, with status epilepticus
G40.804	Other epilepsy, intractable, without status epilepticus
G40.811	Lennox-Gastaut syndrome, not intractable, with status epilepticus
G40.812	Lennox-Gastaut syndrome, not intractable, without status epilepticus
G40.813	Lennox-Gastaut syndrome, intractable, with status epilepticus
G40.814	Lennox-Gastaut syndrome, intractable, without status epilepticus
G40.821	Epileptic spasms, not intractable, with status epilepticus
G40.822	Epileptic spasms, not intractable, without status epilepticus
G40.823	Epileptic spasms, intractable, with status epilepticus
G40.824	Epileptic spasms, intractable, without status epilepticus
G40.89	Other seizures
G40.901	Epilepsy, unspecified, not intractable, with status epilepticus
G40.909	Epilepsy, unspecified, not intractable, without status epilepticus
G40.911	Epilepsy, unspecified, intractable, with status epilepticus
G40.919	Epilepsy, unspecified, intractable, without status epilepticus
G40.A01	Absence epileptic syndrome, not intractable, with status epilepticus
G40.A09	Absence epileptic syndrome, not intractable, without status epilepticus
G40.A11	Absence epileptic syndrome, intractable, with status epilepticus
G40.A19	Absence epileptic syndrome, intractable, without status epilepticus

ICD-10 Diagnosis Code	Description
Pervasive Developmental Disorder for CT Products and Other Developmental Disability for NJ Products	
Note: The following list of diagnosis codes applies to autism services provided for CT and NJ products only.	
G40.B01	Juvenile myoclonic epilepsy, not intractable, with status epilepticus
G40.B09	Juvenile myoclonic epilepsy, not intractable, without status epilepticus
G40.B11	Juvenile myoclonic epilepsy, intractable, with status epilepticus
G40.B19	Juvenile myoclonic epilepsy, intractable, without status epilepticus
G71.00	Muscular dystrophy, unspecified
G71.01	Duchenne or Becker muscular dystrophy
G71.02	Facioscapulohumeral muscular dystrophy
G71.09	Other specified muscular dystrophies
G71.11	Myotonic muscular dystrophy
G71.2	Congenital myopathies
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.3	Athetoid cerebral palsy
G80.4	Ataxic cerebral palsy
G80.8	Other cerebral palsy
G80.9	Cerebral palsy, unspecified
G81.00	Flaccid hemiplegia affecting unspecified side
G81.01	Flaccid hemiplegia affecting right dominant side
G81.02	Flaccid hemiplegia affecting left dominant side
G81.03	Flaccid hemiplegia affecting right nondominant side
G81.04	Flaccid hemiplegia affecting left nondominant side
G81.10	Spastic hemiplegia affecting unspecified side
G81.11	Spastic hemiplegia affecting right dominant side
G81.12	Spastic hemiplegia affecting left dominant side
G81.13	Spastic hemiplegia affecting right nondominant side
G81.14	Spastic hemiplegia affecting left nondominant side
G81.90	Hemiplegia, unspecified affecting unspecified side
G81.91	Hemiplegia, unspecified affecting right dominant side
G81.92	Hemiplegia, unspecified affecting left dominant side
G81.93	Hemiplegia, unspecified affecting right nondominant side
G81.94	Hemiplegia, unspecified affecting left nondominant side
G90.1	Familial dysautonomia [Riley-Day]
G90.3	Multi-system degeneration of the autonomic nervous system
G91.1	Obstructive hydrocephalus
G91.2	(Idiopathic) normal pressure hydrocephalus
G91.3	Post-traumatic hydrocephalus, unspecified
G91.4	Hydrocephalus in diseases classified elsewhere
G91.8	Other hydrocephalus
G91.9	Hydrocephalus, unspecified
G93.1	Anoxic brain damage, not elsewhere classified
G93.40	Encephalopathy, unspecified
G93.41	Metabolic encephalopathy
G93.49	Other encephalopathy
G93.5	Compression of brain

ICD-10 Diagnosis Code	Description
Pervasive Developmental Disorder for CT Products and Other Developmental Disability for NJ Products	
Note: The following list of diagnosis codes applies to autism services provided for CT and NJ products only.	
G93.6	Cerebral edema
G93.81	Temporal sclerosis
G93.89	Other specified disorders of brain
G93.9	Disorder of brain, unspecified
G94	Other disorders of brain in diseases classified elsewhere
H54.0X33	Blindness right eye category 3, blindness left eye category 3
H54.0X34	Blindness right eye category 3, blindness left eye category 4
H54.0X35	Blindness right eye category 3, blindness left eye category 5
H54.0X43	Blindness right eye category 4, blindness left eye category 3
H54.0X44	Blindness right eye category 4, blindness left eye category 4
H54.0X45	Blindness right eye category 4, blindness left eye category 5
H54.0X53	Blindness right eye category 5, blindness left eye category 3
H54.0X54	Blindness right eye category 5, blindness left eye category 4
H54.0X55	Blindness right eye category 5, blindness left eye category 5
H54.1131	Blindness right eye category 3, low vision left eye category 1
H54.1132	Blindness right eye category 3, low vision left eye category 2
H54.1141	Blindness right eye category 4, low vision left eye category 1
H54.1142	Blindness right eye category 4, low vision left eye category 2
H54.1151	Blindness right eye category 5, low vision left eye category 1
H54.1152	Blindness right eye category 5, low vision left eye category 2
H54.1213	Low vision right eye category 1, blindness left eye category 3
H54.1214	Low vision right eye category 1, blindness left eye category 4
H54.1215	Low vision right eye category 1, blindness left eye category 5
H54.1223	Low vision right eye category 2, blindness left eye category 3
H54.1224	Low vision right eye category 2, blindness left eye category 4
H54.1225	Low vision right eye category 2, blindness left eye category 5
H54.2X11	Low vision right eye category 1, low vision left eye category 1
H54.2X12	Low vision right eye category 1, low vision left eye category 2
H54.2X21	Low vision right eye category 2, low vision left eye category 1
H54.2X22	Low vision right eye category 2, low vision left eye category 2
H54.413A	Blindness right eye category 3, normal vision left eye
H54.414A	Blindness right eye category 4, normal vision left eye
H54.415A	Blindness right eye category 5, normal vision left eye
H54.42A3	Blindness left eye category 3, normal vision right eye
H54.42A4	Blindness left eye category 4, normal vision right eye
H54.42A5	Blindness left eye category 5, normal vision right eye
H54.511A	Low vision right eye category 1, normal vision left eye
H54.512A	Low vision right eye category 2, normal vision left eye
H54.52A1	Low vision left eye category 1, normal vision right eye
H54.52A2	Low vision left eye category 2, normal vision right eye
I67.83	Posterior reversible encephalopathy syndrome
Q01.0	Frontal encephalocele
Q01.1	Nasofrontal encephalocele
Q01.2	Occipital encephalocele
Q01.8	Encephalocele of other sites

ICD-10 Diagnosis Code	Description
Pervasive Developmental Disorder for CT Products and Other Developmental Disability for NJ Products	
Note: The following list of diagnosis codes applies to autism services provided for CT and NJ products only.	
Q01.9	Encephalocele, unspecified
Q03.0	Malformations of aqueduct of Sylvius
Q03.1	Atresia of foramina of Magendie and Luschka
Q03.8	Other congenital hydrocephalus
Q03.9	Congenital hydrocephalus, unspecified
Q04.0	Congenital malformations of corpus callosum
Q04.1	Arhinencephaly
Q04.2	Holoprosencephaly
Q04.3	Other reduction deformities of brain
Q04.4	Septo-optic dysplasia of brain
Q04.5	Megalencephaly
Q04.6	Congenital cerebral cysts
Q04.8	Other specified congenital malformations of brain
Q04.9	Congenital malformation of brain, unspecified
Q05.0	Cervical spina bifida with hydrocephalus
Q05.1	Thoracic spina bifida with hydrocephalus
Q05.2	Lumbar spina bifida with hydrocephalus
Q05.3	Sacral spina bifida with hydrocephalus
Q05.4	Unspecified spina bifida with hydrocephalus
Q05.5	Cervical spina bifida without hydrocephalus
Q05.6	Thoracic spina bifida without hydrocephalus
Q05.7	Lumbar spina bifida without hydrocephalus
Q05.8	Sacral spina bifida without hydrocephalus
Q05.9	Spina bifida, unspecified
Q06.0	Amyelia
Q06.1	Hypoplasia and dysplasia of spinal cord
Q06.3	Other congenital cauda equina malformations
Q06.8	Other specified congenital malformations of spinal cord
Q06.9	Congenital malformation of spinal cord, unspecified
Q07.00	Arnold-Chiari syndrome without spina bifida or hydrocephalus
Q07.01	Arnold-Chiari syndrome with spina bifida
Q07.02	Arnold-Chiari syndrome with hydrocephalus
Q07.03	Arnold-Chiari syndrome with spina bifida and hydrocephalus
Q07.8	Other specified congenital malformations of nervous system
Q07.9	Congenital malformation of nervous system, unspecified
Q73.0	Congenital absence of unspecified limb(s)
Q73.1	Phocomelia, unspecified limb(s)
Q73.8	Other reduction defects of unspecified limb(s)
Q87.1	Congenital malformation syndromes predominantly associated with short stature
Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
Q90.2	Trisomy 21, translocation
Q90.9	Down syndrome, unspecified
Q91.0	Trisomy 18, nonmosaicism (meiotic nondisjunction)
Q91.1	Trisomy 18, mosaicism (mitotic nondisjunction)

ICD-10 Diagnosis Code	Description
Pervasive Developmental Disorder for CT Products and Other Developmental Disability for NJ Products	
Note: The following list of diagnosis codes applies to autism services provided for CT and NJ products only.	
Q91.2	Trisomy 18, translocation
Q91.3	Trisomy 18, unspecified
Q91.4	Trisomy 13, nonmosaicism (meiotic nondisjunction)
Q91.5	Trisomy 13, mosaicism (mitotic nondisjunction)
Q91.6	Trisomy 13, translocation
Q91.7	Trisomy 13, unspecified
Q93.3	Deletion of short arm of chromosome 4
Q93.5	Other deletions of part of a chromosome
Q93.7	Deletions with other complex rearrangements
Q93.89	Other deletions from the autosomes
Q93.9	Deletion from autosomes, unspecified
Q99.2	Fragile X chromosome
R41.4	Neurologic neglect syndrome
R47.01	Aphasia
R48.1	Agnosia
R48.2	Apraxia
R48.8	Other symbolic dysfunctions
R48.9	Unspecified symbolic dysfunctions
S06.1X0A	Traumatic cerebral edema without loss of consciousness, initial encounter
S06.1X1A	Traumatic cerebral edema with loss of consciousness of 30 minutes or less, initial encounter
S06.1X2A	Traumatic cerebral edema with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.1X3A	Traumatic cerebral edema with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.1X4A	Traumatic cerebral edema with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.1X5A	Traumatic cerebral edema with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.1X6A	Traumatic cerebral edema with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.1X7A	Traumatic cerebral edema with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.1X8A	Traumatic cerebral edema with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter
S06.1X9A	Traumatic cerebral edema with loss of consciousness of unspecified duration, initial encounter

REFERENCES

CT: SB1029; Public Act No. 13-84.
 CT: SB301; Public Act No. 09-115 and PA 08-132.
 NJ: A2238/S1651 (P.L. 2009, C. 115) and DOBI Bulletin No: 10-02.
 NY Ins Law Section 3216 (I)(25).
 NY Ins Law Section 3221 (I)(17).
 NY Ins Law Section 4303(ee).
 Oxford Member Certificates of Coverage.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
10/01/2018	<ul style="list-style-type: none">• Updated list of applicable ICD-10 diagnosis codes to reflect annual code edits:<ul style="list-style-type: none">○ Added G71.00, G71.01, G71.02, and G71.09○ Removed G71.0• Archived previous policy version ADMINISTRATIVE 239.20 T0