

Autism Spectrum Disorder and Developmental Disabilities

Policy Number: ADMINISTRATIVE 239.27 T0
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 [Instructions for Use](#)

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Related Policies

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

Coverage Rationale

 See [Benefit Considerations](#)

| 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"> • The patient's age is 21 years or less. The diagnosis submitted on the claim is listed on the Autism 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 ○ A licensed psychologist ○ Licensed 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> |

| Service | Coverage Details |
|--|--|
| Connecticut Products | |
| 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 the Autism Diagnosis Codes List.</p> <p>Note: Standard referral and prior authorization guidelines apply. Refer to the following Clinical Policy for additional information regarding prior authorization requirements:</p> <ul style="list-style-type: none"> • Outpatient Physical and Occupational Therapy |
| 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 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) ▪ 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 Other Developmental Disability for NJ Products Diagnosis Codes List. |

| Service | Coverage Details |
|---|---|
| New Jersey Products | |
| Physical, Speech, and Occupational Therapy (PT/OT/ST) Services (continued) | <p>Note: Refer to the following Clinical Policies for additional information regarding prior authorization requirements:</p> <ul style="list-style-type: none"> • Outpatient Physical and Occupational Therapy • Physical, Occupational, and Speech Therapy including Cognitive/Neuropsychological Rehabilitation for New Jersey Small Group Members |
| 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: <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: No benefit limits apply.</p> <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/ |

| Service | Coverage Details |
|---|--|
| New York Products | |
| 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 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. • 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. |
| Medical Care | Coverage includes medical care provided by a licensed health care Provider acting within the scope of their licensure. |
| Outpatient Prescription Drugs | <p>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.</p> <p>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.</p> |
| Therapeutic Care including Physical, Speech, and Occupational Therapy (PT/OT/ST) Services | <p>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.</p> <p>Note: Standard referral and prior authorization guidelines apply. Refer to the following Clinical Policy for additional information regarding prior authorization:</p> <ul style="list-style-type: none"> • Outpatient Physical and Occupational Therapy |

| Service | Coverage Details |
|-----------------------------------|---|
| New York Products | |
| 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 prior authorization 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, and 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 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 Spectrum Disorder: The term "Autism" refers to the range of disorders as in the most recent edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental 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.

Autism Spectrum Disorder: A condition marked by enduring problems communicating and interacting with others, along with restricted and repetitive behavior, interests or activities. This includes autism and related conditions classified under pervasive developmental disorder in the most recent edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders.

Developmental Disability: also referred to as neurodevelopmental disability or neurodevelopmentally disabled, means a neurodevelopmental disorder which is referenced by the *American Psychiatric Association* in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, and any subsequent editions.

Per the New Jersey state mandate, a developmental disability is defined as a severe, chronic disability of a person which:

- is attributable to a mental or physical impairment or combination of mental or physical impairments;
- is manifest before age 22
- is likely to continue indefinitely;
- results in substantial functional limitations in three or more of the following areas of major life activity, that is, self-care, receptive and expressive language, learning, mobility, self-direction and capacity for independent living or economic self-sufficiency; and
- reflects the need for a combination and sequence of special inter-disciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated. Developmental Disability includes

but is not limited to severe disabilities attributable to mental retardation, autism, cerebral palsy, epilepsy, spina-bifida and other neurological impairments where the above criteria are met.

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. The treatment program must describe measurable goals that address the condition and functional impairments for which the intervention is to be applied and include goals from an initial assessment and subsequent interim assessments over the duration of the intervention in objective and measurable terms.

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(a)
- An associate 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.

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: Counseling and treatment programs when provided by a Licensed Provider, certified or otherwise authorized to provide applied behavior analysis, that are necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual.

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

Prior Authorization Requirements

Prior authorization may be required in all sites of service for Physical, Speech, and Occupational Therapy and Applied Behavioral Analysis (ABA) Therapy services related to Autism; refer to the [Coverage Rationale](#) for additional details.

Notes:

- Participating providers in the office setting: Prior authorization is required for services performed in the office of a participating provider.
- Non-participating/ out-of-network providers in the office setting: Prior authorization is not required but is encouraged for out-of-network services. If prior authorization is not obtained, Oxford will review for out-of-network benefits and medical necessity after the service is rendered.

All other services follow standard referral and prior authorization guidelines; refer to the member's Certificate of Coverage, summary of benefits, and/or health benefit plan documentation for specific details regarding referral and prior authorization requirements.

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.

| Diagnosis Code | Description |
|---|---|
| Autism Spectrum Disorder | |
| 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 |
| F84.3 | Other childhood disintegrative disorder |
| F84.5 | Asperger's syndrome |
| F84.8 | Other pervasive developmental disorders |
| F84.9 | Pervasive developmental disorder, unspecified |
| Other Developmental Disability for CT and NJ Products | |
| Note: The following list of diagnosis codes applies to developmental disability related services provided for CT and NJ products only. | |
| A50.40 | Late congenital neurosyphilis, unspecified |
| A50.41 | Late congenital syphilitic meningitis |
| A50.42 | Late congenital syphilitic encephalitis |
| 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 |

| Diagnosis Code | Description |
|---|--|
| 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 |
| F78.A1 | SYNGAP1-related intellectual disability |
| F78.A9 | Other genetic related intellectual disability |
| 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 |
| F80.81 | Childhood onset fluency disorder |
| F80.82 | Social pragmatic communication disorder |
| F80.89 | Other developmental disorders of speech and language |
| F80.9 | Developmental disorder of speech and language, unspecified |
| F81.0 | Specific reading disorder |
| F81.2 | Mathematics disorder |
| F81.81 | Disorder of written expression |
| F81.89 | Other developmental disorders of scholastic skills |
| F81.9 | Developmental disorder of scholastic skills, unspecified |
| F82 | Specific developmental disorder of motor function |
| Other Developmental Disability for CT and NJ Products | |
| Note: The following list of diagnosis codes applies to developmental disability related services provided for CT and NJ products only. | |
| F88 | Other disorders of psychological development |
| F89 | Unspecified disorder of psychological development |
| F90.0 | Attention-deficit hyperactivity disorder, predominantly inattentive type |
| F90.1 | Attention-deficit hyperactivity disorder, predominantly hyperactive type |
| F90.2 | Attention-deficit hyperactivity disorder, combined type |
| F90.8 | Attention-deficit hyperactivity disorder, other type |
| F90.9 | Attention-deficit hyperactivity disorder, unspecified type |
| F95.0 | Transient tic disorder |
| F95.1 | Chronic motor or vocal tic disorder |
| F95.2 | Tourette's disorder |
| F95.8 | Other tic disorders |
| F95.9 | Tic disorder, unspecified |

| Diagnosis Code | Description |
|----------------|--|
| F98.4 | Stereotyped movement disorders |
| G10 | Huntington's disease |
| G11.0 | Congenital nonprogressive ataxia |
| G11.10 | Early-onset cerebellar ataxia, unspecified |
| G11.11 | Friedreich ataxia |
| G11.19 | Other 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 |
| G12.0 | Infantile spinal muscular atrophy, type I [Werdnig-Hoffman] |
| G12.1 | Other inherited spinal muscular atrophy |
| G12.20 | Motor neuron disease, unspecified |
| G12.21 | Amyotrophic lateral sclerosis |
| G12.22 | Progressive bulbar palsy |
| G12.23 | Primary lateral sclerosis |
| G12.24 | Familial motor neuron disease |
| G12.25 | Progressive spinal muscle atrophy |
| G12.29 | Other motor neuron disease |
| 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 |
| G31.84 | Mild cognitive impairment, so stated |
| G31.85 | Corticobasal degeneration |
| G31.89 | Other specified degenerative diseases of nervous system |

| Diagnosis Code | Description |
|---|--|
| Other Developmental Disability for CT and NJ Products | |
| Note: The following list of diagnosis codes applies to developmental disability related services provided for CT and NJ products only. | |
| 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 |
| 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 |
| G40.42 | Cyclin-Dependent Kinase-Like 5 Deficiency Disorder |
| 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 |

| Diagnosis Code | Description |
|---|--|
| Other Developmental Disability for CT and NJ Products | |
| Note: The following list of diagnosis codes applies to developmental disability related services provided for CT and NJ products only. | |
| 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 |
| G40.833 | Dravet syndrome, intractable, with status epilepticus |
| G40.834 | Dravet syndrome, 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 |
| 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 |
| G71.20 | Congenital myopathy, unspecified |
| G71.21 | Nemaline myopathy |
| G71.220 | X-linked myotubular myopathy |
| G71.228 | Other centronuclear myopathy |
| G71.29 | Other congenital myopathy |
| 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 |

| Diagnosis Code | Description |
|--|---|
| Other Developmental Disability for CT and NJ Products | |
| Note: The following list of diagnosis codes applies to developmental disability related services provided for CT and NJ products only. | |
| 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 |
| Q93.51 | Angelman syndrome |
| Q93.59 | Other deletions of part of a chromosome |
| 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 |

| Diagnosis Code | Description |
|--|---|
| Other Developmental Disability for CT and NJ Products | |
| Note: The following list of diagnosis codes applies to developmental disability related services provided for CT and NJ products only. | |
| 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 |
| Q01.9 | Encephalocele, unspecified |
| Q03.0 | Malformations of aqueduct of Sylvius |
| Q03.1 | Atresia of foramina of Magendie and Luschka |

| Diagnosis Code | Description |
|--|---|
| Other Developmental Disability for CT and NJ Products | |
| Note: The following list of diagnosis codes applies to developmental disability related services provided for CT and NJ products only. | |
| 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) |
| Q87.11 | Prader-Willi syndrome |
| Q87.19 | Other congenital malformation syndromes predominantly associated with short stature |
| Q90.0 | Trisomy 21, nonmosaicism (meiotic nondisjunction) |
| Q90.1 | Trisomy 21, mosaicism (mitotic nondisjunction) |

| Diagnosis Code | Description |
|--|---|
| Other Developmental Disability for CT and NJ Products | |
| Note: The following list of diagnosis codes applies to developmental disability-related services provided for CT and NJ products only. | |
| Q90.2 | Trisomy 21, translocation |
| Q90.9 | Down syndrome, unspecified |
| Q91.0 | Trisomy 18, nonmosaicism (meiotic nondisjunction) |
| Q91.1 | Trisomy 18, mosaicism (mitotic nondisjunction) |
| 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 |
| R41.841 | Cognitive communication deficit |
| R47.01 | Aphasia |
| R48.1 | Agnosia |
| R48.2 | Apraxia |
| R48.8 | Other symbolic dysfunctions |
| R48.9 | Unspecified symbolic dysfunctions |

Benefit Considerations

| Product State | Mandated Coverage Requirement |
|---------------|---|
| All | <ul style="list-style-type: none"> Self-funded groups may elect to comply with state and federally mandated benefits. Refer to the member's summary of benefits, and/or health benefit plan documentation for specific details regarding referral and prior authorization requirements. |
| 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 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. |
| 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. |

| Product State | Mandated Coverage Requirement |
|---------------|---|
| | <ul style="list-style-type: none"> 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). |

References

- American Psychiatric Association 168th Annual Meeting May 18, 2015. Autism spectrum disorders: diagnostic considerations, genetic research, and treatment review.
- American Psychiatric Association. Neurodevelopmental Disorders. *Diagnostic and Statistical Manual of Mental Disorders. Fifth Edition*. Arlington, VA: American Psychiatric Association, 2013: 50-59.
- Centers for Disease Control and Prevention. CDC. What is Autism Spectrum Disorder? Available at: <https://www.cdc.gov/ncbddd/autism/facts.html>. Accessed May 27, 2021
- 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 (l)(25).
- NY Ins Law Section 3221 (l)(17).
- NY Ins Law Section 4303(eye).
- Oxford Member Certificates of Coverage.

Policy History/Revision Information

| Date | Summary of Changes |
|------------|---|
| 11/01/2021 | <p>Title Change</p> <ul style="list-style-type: none"> Previously titled <i>Autism</i> <p>Coverage Rationale</p> <p>Connecticut (CT) Products</p> <ul style="list-style-type: none"> Revised coverage details for Applied Behavioral Analysis (ABA) Therapy: <ul style="list-style-type: none"> Added language to indicate a licensed psychologist is considered a qualified practitioner of ABA Replaced language indicating “practitioners of ABA are considered qualified when they are <i>credentialed</i> by the National Behavior Analyst Certification Board (BACB)” with “practitioners of ABA are considered qualified when they are <i>licensed</i> by the National Behavior Analyst Certification Board (BACB)” Removed reference link to the Clinical Policy titled <i>Physical, Occupational, and Speech Therapy including Cognitive/Neuropsychological Rehabilitation for New Jersey Small Group Members</i> <p>New York (NY) Products</p> <ul style="list-style-type: none"> Updated list of services addressed in this policy; replaced “Physical, Speech, and Occupational Therapy (PT/OT/ST) Services” with “<i>Therapeutic Care including</i> Physical, Speech, and Occupational Therapy (PT/OT/ST) Services” Removed reference link to the Clinical Policy titled <i>Physical, Occupational, and Speech Therapy including Cognitive/Neuropsychological Rehabilitation for New Jersey Small Group Members</i> Revised coverage details for Screening and Diagnosis; replaced language indicating “coverage will be provided for assessments, evaluations <i>or</i> tests to diagnose whether an individual has Autism Spectrum Disorder” with “coverage will be provided for assessments, evaluations <i>and</i> tests to diagnose whether an individual has Autism Spectrum Disorder” <p>Definitions</p> <ul style="list-style-type: none"> Added definition of: <ul style="list-style-type: none"> Autism Spectrum Disorder (NJ) Developmental Disability (NJ) Updated definition of: <ul style="list-style-type: none"> Applied Behavioral Analysis (ABA) (CT and NY) Autism Spectrum Disorder (CT) <p>Applicable Codes</p> <p>Autism Spectrum Disorder</p> <ul style="list-style-type: none"> Revised description for ICD-10 diagnosis code F84.2 <p>Other Developmental Disability for CT and NJ Products</p> <ul style="list-style-type: none"> Replaced notation indicating “[this] list of diagnosis codes applies to <i>autism</i> services provided for CT and NJ products only” with “[this] list of diagnosis codes applies to <i>developmental disability related</i> services provided for CT and NJ products only” Added ICD-10 diagnosis codes A50.42, F80.81, F80.82, F81.0, F81.2, F81.81, F81.89, F81.9, F88, F89, F90.0, F90.1, F90.2, F90.8, F90.9, F95.0, F95.1, F95.2, F95.8, F95.9, F98.4, G12.20, G12.22, G12.29, G31.84, Q93.51, Q93.59, Q93.51, Q93.59, and R41.841 Removed ICD-10 diagnosis codes F84.2, G93.5, Q93.5, S06.1X0A, S06.1X1A, S06.1X2A, S06.1X3A, S06.1X4A, S06.1X5A, S06.1X6A, S06.1X7A, S06.1X8A, and S06.1X9A <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version ADMINISTRATIVE 239.26 T0 |

Instructions for Use

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