DEVELOPMENTAL DELAY AND LEARNING DISABILITIES

Policy Number: BIP038.G
Effective Date: September 1, 2019

Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member’s EOC/SOB, the member’s EOC/SOB provision will govern.

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 (such as maternity benefits), 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 guideline, it is important to refer to the member specific benefit document to determine benefit coverage.

This benefit interpretation policy applies to members with diagnosed or suspected Developmental Delay, either global or limited to a specific developmental area (e.g., speech/language, motor).

A. FEDERAL/STATE MANDATED REGULATIONS

None

B. STATE MARKET PLAN ENHANCEMENTS

None
Assessment and coordination of care by the member's pediatrician or PCP (e.g., history, physical and management of medications).

Referral for consultation and evaluation of individuals with suspected developmental and/or behavioral problems for confirmation of diagnosis.

Refer to the following Benefit Interpretation Policies for additional information: Attention Deficit Hyperactivity Disorder (ADHD), Inpatient and Outpatient Mental Health, Pervasive Developmental Disorder and Autism Spectrum Disorder and Rehabilitation Services (Physical, Occupational, and Speech Therapy).

D. NOT COVERED

1. Therapy for Developmental Delay is not covered except when the Developmental Delay is caused by a defined illness, disease, injury or surgery, e.g., congenital hypothyroidism, delay in speech due to documented hearing loss from ear infections. **Note:** Individuals should be referred to appropriate community resources for non-covered Developmental Delay therapies (e.g., school district, regional center) for these services.

2. Assessment and therapy for Learning Disabilities (e.g., reading, mathematics and/or written expression disorders), except when the Learning Disability is caused by a defined illness, disease, injury or surgery.

3. Other non-medical therapies or treatment programs. Examples include, but are not limited to:
   a. Non-crisis mental health counseling
   b. Behavior modification program
   c. Vocational and community living skills program
   d. Learning or reading disorders program
   e. Psychoanalysis
   f. Biofeedback
   g. Residential living programs
   h. Non-crisis family counseling
   i. Treatment by learning consultants, non-licensed health professionals and licensed counselors
   j. Music Integration therapy
   k. Sensory Integration Therapy
   l. Coordination Therapy

4. Educational services to treat Developmental Delays or Learning Disabilities
   a. Educational services include, but are not limited to, language and speech training, reading, psychological and visual integration training as defined by the American Academy of Pediatrics Policy Statement – Learning Disabilities, Dyslexia and Vision: A Subject Review.

E. DEFINITIONS

1. **Developmental Delay:** Delayed attainment of age appropriate milestones in the areas of speech-language, motor, cognitive, and/or social development.

2. **Learning Disability:** A condition which manifests as a significant discrepancy between estimated cognitive potential and actual level of educational performance and which is not a result of generalized Mental Retardation, educational or psychosocial deprivation, psychiatric disorder or sensory loss.
### F. POLICY HISTORY/REVISION INFORMATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
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<tbody>
<tr>
<td>09/01/2019</td>
<td>- Routine review; no change to benefit coverage guidelines</td>
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<tr>
<td></td>
<td>- Archived previous policy version BIP038.F</td>
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