Pervasive Developmental Disorder and Autism Spectrum Disorder

Policy Number: BIP128.H
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Instructions for Use

Table of Contents Page

Related Benefit Interpretation Policies

- Attention Deficit Hyperactivity Disorder (ADHD)
- Cognitive Rehabilitation
- Developmental Delay and Learning Disabilities
- Habilitative Services
- Inpatient and Outpatient Mental Health
- Preventive Care Services
- Rehabilitation Services (Physical, Occupational, and Speech Therapy)

Federal/State Mandated Regulations

Autism Spectrum Disorder, 36 O.S. § 6060.21 Health Coverage for Individuals with Autism

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A. For all plans issued or renewed on or after November 1, 2016, a health benefit plan and the Oklahoma Employees Health Insurance Plan shall provide coverage for the screening, diagnosis and treatment of autism spectrum disorder in individuals less than nine (9) years of age, or if an individual is not diagnosed or treated until after three (3) years of age, coverage shall be provided for at least six (6) years, provided that the individual continually and consistently shows sufficient progress and improvement as determined by the health care provider. No insurer shall terminate coverage, or refuse to deliver, execute, issue, amend, adjust or renew coverage to an individual solely because the individual is diagnosed with or has received treatment for an autism spectrum disorder.

B. Except as provided in subsection E of this section, coverage under this section shall not be subject to any limits on the number of visits an individual may make for treatment of autism spectrum disorder.

C. Coverage under this section shall not be subject to dollar limits, deductibles or coinsurance provisions that are less favorable to an insured than the dollar limits, deductibles or coinsurance provisions that apply to substantially all medical and surgical benefits under the health benefit plan, except as otherwise provided in subsection E of this section.

D. This section shall not be construed as limiting benefits that are otherwise available to an individual under a health benefit plan.

E. Coverage for applied behavior analysis shall be subject to a maximum benefit of twenty-five (25) hours per week and no more than Twenty-five Thousand Dollars ($25,000.00) per year. Beginning January 1, 2018, the Oklahoma Insurance Commissioner shall, on an annual basis, adjust the maximum benefit for inflation by using the Medical Care Component of the United States Department of Labor Consumer Price Index for All Urban Consumers (CPI-U). The Commissioner shall submit the adjusted maximum benefit for publication annually before January 1, 2018, and before the first day of January of each calendar year thereafter, and the published adjusted maximum benefit shall be applicable in the following calendar year to the Oklahoma Employees Health Insurance Plan and health benefit plans subject to this section. Payments made by an insurer on behalf of a covered individual for treatment other than applied behavior analysis shall not be applied toward any maximum benefit established under this section.

F. Coverage for applied behavior analysis shall include the services provided or supervised by a board-certified behavior analyst, a board certified-assistant behavior analyst or a licensed doctoral-level psychologist.

G. Except for inpatient services, if an insured is receiving treatment for an autism spectrum disorder, an insurer shall have the right to review the treatment plan annually unless the insurer and the insured's treating physician or psychologist agree that a more frequent review is necessary. Any such agreement regarding the right to review a treatment plan more frequently shall apply only to a particular insured being treated for an autism spectrum disorder and shall not apply to all individuals being treated for autism spectrum disorder by a physician or psychologist. The cost of obtaining any review or treatment plan shall be borne by the insurer.

H. This section shall not be construed as affecting any obligation to provide services to an individual under an individualized family service plan, an individualized education program or an individualized service plan.

I. Nothing in this section shall apply to non-grandfathered plans in the individual and small group markets that are required to include essential health benefits under the federal Patient Protection and Affordable Care Act, Public Law 111-148, or to Medicare supplement, accident-only, specified disease, hospital indemnity, disability income, long-term care or other limited benefit hospital insurance policies.

J. As used in this section:
   1. "Applied behavior analysis" means 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;
   2. "Autism spectrum disorder" means any of the pervasive developmental disorders or autism spectrum disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the edition that was in effect at the time of diagnosis;
   3. "Behavioral health treatment" means counseling and treatment programs, including applied behavior analysis, that are:
      a. necessary to develop, maintain or restore, to the maximum extent practicable, the functioning of an individual, and
      b. provided or supervised by a board-certified behavior analyst, a board-certified assistant behavior analyst or by a licensed doctoral-level psychologist so long as the services performed are commensurate with the psychologist's university training and experience;
   4. "Diagnosis of autism spectrum disorder" means medically necessary assessment, evaluations or tests to diagnose whether an individual has an autism spectrum disorder;
   5. "Health benefit plan" means any plan or arrangement as defined in subsection C of Section 6060.4 of Title 36 of the Oklahoma Statutes;
   6. "Oklahoma Employees Health Insurance Plan" means "Health Insurance Plan" as defined in Section 1303 of Title 74 of the Oklahoma Statutes;
   7. "Pharmacy care" means medications prescribed by a licensed physician and any health-related services deemed medically necessary to determine the need or effectiveness of the medications;
   8. "Psychiatric care" means direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices;
   9. "Psychological care" means direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices;
   10. "Therapeutic care" means services provided by licensed or certified speech therapists, occupational therapists or physical therapists; and
   11. "Treatment for autism spectrum disorder" means evidence-based care and related equipment prescribed or ordered for an individual diagnosed with an autism spectrum disorder by a licensed physician or a licensed doctoral-level psychologist who determines the care to be medically necessary, including, but not limited to:
      a. Behavioral health treatment,
      b. Pharmacy care,
      c. Psychiatric care,
      d. Psychological care, and
      e. Therapeutic care.

Section 6060.20 No Denial of Benefits Based on Diagnosis of Autistic Disorder

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A. All individual and group health insurance policies that provide medical and surgical benefits shall provide the same coverage and benefits to any individual under the age of eighteen (18) years who has been diagnosed with an autistic disorder as it would provide coverage and benefits to an individual under the age of eighteen (18) years who has not been diagnosed with an autistic disorder.

B. As used in this section, "autistic disorder" means a neurological disorder that is marked by severe impairment in social interaction, communication, and imaginative play, with onset during the first three (3) years of life and is included in a group of disorders known as autism spectrum disorders

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB) to determine coverage eligibility.

Notes:

- Autism Services performed (OT, ST, PT or ABA) in the home setting are not "Home Health Services" and are not subject to visit or dollar limitations, if any.
- Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB) for specific benefit information.

- Assessment and testing and coordination of care for pervasive developmental disorders and autism by the member's pediatrician or PCP (e.g., history, physical and management of medications)
- Referral for consultation and evaluation of individuals with suspected pervasive developmental disorders or autism
- Specific therapies for the treatment of suspected complex developmental and/or behavioral problems, including speech therapy

Refer to the Benefit Interpretation Policies titled Attention Deficit Hyperactivity Disorder (ADHD), Cognitive Rehabilitation, Developmental Delay and Learning Disabilities, Inpatient and Outpatient Mental Health, Preventive Care Services, and Rehabilitation Services (Physical, Occupational, and Speech Therapy).

Not Covered

- Treatment for any learning or reading disorder, intellectual disabilities and autism (except as covered under Severe Mental Illness benefits), or disruptive behavioral disorders or other developmental disability
- Other non-medical therapies or treatment programs. Examples include, but are not limited to:
  - Non-crisis mental health counseling
  - Behavior modification program (including but not limited to, art therapy, music therapy, and play therapy)
  - Vocational and community living skills
  - Learning or reading disorders
  - Psychoanalysis
  - Biofeedback
  - Residential living programs
  - Non-crisis family counseling
  - Learning consultants, non-licensed health professionals and licensed counselors
  - Music integration therapy
- Prescription drugs, unless member has the supplemental prescription benefit.

Policy History/Revision Information

Date	Summary of Changes
01/01/2022	• Routine review; no change to benefit coverage guidelines • Archived previous policy version BIP128.G

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. 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.