PERVASIVE DEVELOPMENTAL DISORDER AND AUTISM SPECTRUM DISORDER

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.

A. FEDERAL/STATE MANDATED REGULATIONS

1) 743A.190 Children with pervasive developmental disorder
   (1) A health benefit plan, as defined in ORS 743B.005,(Definitions) must cover for a child enrolled in the plan who is under 18 years of age and who has been diagnosed with a pervasive developmental disorder all medical services, including rehabilitation services, which are medically necessary and are otherwise covered under the plan.
(2) The coverage required under subsection (1) of this section, including rehabilitation services, may be made subject to other provisions of the health benefit plan that apply to covered services, including but not limited to:
   a) Deductibles, copayments or coinsurance;
   b) Prior authorization or utilization review requirements; or
   c) Treatment limitations regarding the number of visits or the duration of treatment.

(3) As used in this section:
   a) “Medically necessary” means in accordance with the definition of medical necessity that is specified in the policy, certificate or contract for the health benefit plan and that applies uniformly to all covered services under the health benefit plan;
   b) “Pervasive developmental disorder” means a neurological condition that includes, autism spectrum disorder, developmental delay, developmental disability or mental retardation;
   c) “Rehabilitation services” means physical therapy, occupational therapy or speech therapy services to restore or improve function.

(4) The provisions of ORS 743A.001 (Automatic repeal of certain statutes on individual and group health insurance) do not apply to this section.

(5) The definition of “pervasive developmental disorder” is not intended to apply to coverage required under ORS 743A.168 (Treatment of chemical dependency, including alcoholism, and mental or nervous conditions) or section 2, chapter 771, Oregon Laws 2013. [2007 c.872 §2; 2013 c.771 §7]

Note: The amendments to 743A.190 (Children with pervasive developmental disorder) by section 20, chapter 771, Oregon Laws 2013, become operative January 2, 2022. See section 24, chapter 771, Oregon Laws 2013. The text that is operative on and after January 2, 2022, is set forth for the user’s convenience.

743A.190 (Children with pervasive developmental disorder).

(1) A health benefit plan, as defined in ORS 743B.005 (Definitions), must cover for a child enrolled in the plan who is under 18 years of age and who has been diagnosed with a pervasive developmental disorder all medical services, including rehabilitation services, that are medically necessary and are otherwise covered under the plan.

(2) The coverage required under subsection (1) of this section, including rehabilitation services, may be made subject to other provisions of the health benefit plan that apply to covered services, including but not limited to:
   a) Deductibles, copayments or coinsurance;
   b) Prior authorization or utilization review requirements; or
   c) Treatment limitations regarding the number of visits or the duration of treatment.

(3) As used in this section:
   a) “Medically necessary” means in accordance with the definition of medical necessity that is specified in the policy, certificate or contract for the health benefit plan and that applies uniformly to all covered services under the health benefit plan.
   b) “Pervasive developmental disorder” means a neurological condition that includes autism spectrum disorder, developmental delay, developmental disability or mental retardation.
   c) “Rehabilitation services” means physical therapy, occupational therapy or speech therapy services to restore or improve function.

(4) The provisions of ORS 743A.001 (Automatic repeal of certain statutes on individual and group health insurance) do not apply to this section.

(5) The definition of “pervasive developmental disorder” is not intended to apply to coverage required under ORS 743A.168 (Treatment of chemical dependency, including alcoholism, and mental or nervous conditions).

Note: 743A.190 (Children with pervasive developmental disorder) was added to and made a part of the Insurance Code by legislative action but was not added to ORS chapter 743A or any series therein. See Preface to Oregon Revised Statutes for further explanation.
In Summary:
As of January 1, 2007, services for either medical or mental health services for autism spectrum disorder and pervasive development delay disorder is a covered benefit, inclusive of Applied Behavioral Analysis (ABA) and unlimited therapy based on medical necessity. An insurer cannot apply blanket or categorical exclusions, i.e., developmental, social, or educational therapies that result in a denial of all ABA or other treatment for these or other mental health diagnoses. See Oregon issue bulletin below:

B. STATE MARKET PLAN ENHANCEMENTS

None

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

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

Note: 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.

1) Assessment and coordination of care of the above listed disorders by the member's pediatrician or PCP (e.g., history, physical and management of medications).

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

3) Medical services, including physical, occupational, and speech therapy are covered for members under age 18 years of age who have been diagnosed with a Pervasive Developmental Disorder when such services are Medically Necessary as determined by a physician and are not otherwise excluded.

4) Enhanced Autism Spectrum Disorder services that are focused on educational/behavioral intervention that are habilitative in nature and that are backed by credible research demonstrating that the services or supplies have a measurable and beneficial effect on health outcomes. Benefits are provided for intensive behavioral therapies (educational/behavioral services that are focused on primarily building skills and capabilities in communication, social interaction and learning such as Applied Behavioral Analysis (ABA).

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

D. NOT COVERED

1) Developmental and Neurodevelopmental Testing beyond initial diagnosis except for medically Necessary covered services for members under 18 years of age who have been diagnosed with a Pervasive Developmental Disorder.

2) Developmental and Neurodevelopmental Treatment except for Medically Necessary covered services for members under the age of 18 who have been diagnosed with a Pervasive Developmental Disorder.

3) Prescription drugs, unless member has the supplemental prescription benefit.
4) Hypnotherapy

5) Tuition for or services that are school-based for children and adolescents required to be provided or paid for, by the school under the Individuals with Disabilities Education Act

6) Transitional Living Services

7) Educational services that are focused mainly on building skills and capabilities in communication, social interaction and learning.

E. DEFINITIONS

Pervasive Developmental Disorder (PDD): A neurological condition that includes Asperger’s syndrome, autism, developmental delay, developmental disability or Intellectual disability.

Autism Spectrum Disorder: A neurobiological condition that includes autistic disorder, Asperger’s disorder, childhood disintegrative disorder and pervasive developmental disorder not otherwise specified, all-(formerly known as Pervasive Developmental Disorder)- A condition marked by persistent impairment in a reciprocal social communication and social interaction manifested by restricted, repetitive patterns of behavior, interest, or activities as defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

Intensive Behavioral Therapy (IBT): outpatient behavioral/educational services that aim to reinforce adaptive behaviors, reduce maladaptive behaviors and improve the mastery of functional age appropriate skills in people with Autism Spectrum Disorders. Examples include Applied Behavioral Analysis (ABA), The Denver Model, and Relationship Development Intervention (RDI).

F. POLICY HISTORY/REVISION INFORMATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2019</td>
<td>Federal/State Mandated Regulations</td>
</tr>
<tr>
<td></td>
<td>• Revised language pertaining to 743A.190 Children with Pervasive Developmental Disorder</td>
</tr>
</tbody>
</table>

Covered Benefits

• Added instruction to refer to the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB) to determine coverage eligibility
• Replaced language indicating “medical services, including physical, occupational, and speech therapy, are covered for members under age 18 years of age who have been diagnosed with a Pervasive Developmental Disorder when such services are Medically Necessary and otherwise considered a covered service under the health plan” with “medical services, including physical, occupational, and speech therapy, are covered for members under 18 years of age who have been diagnosed with a Pervasive Developmental Disorder when such services are Medically Necessary as determined by a physician and are not otherwise excluded”

Not Covered

• Added language to indicate the following services are not covered:
  o Tuition for or services that are school-based for children and adolescents required to be provided or paid for, by the school under the Individuals with Disabilities Education Act
  o Transitional Living Services
<table>
<thead>
<tr>
<th>01/01/2019</th>
<th></th>
</tr>
</thead>
</table>

- Educational services that are focused mainly on building skills and capabilities in communication, social interaction and learning

**Definitions**
- Updated definition of “Autism Spectrum Disorder”
- Archived previous policy version BIP130.E