

Pervasive Developmental Disorder and Autism Spectrum Disorder

Policy Number: BIP129.K

Effective Date: February 1, 2025

[➔ Instructions for Use](#)

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Related Benefit Interpretation Policies
• Attention Deficit Hyperactivity Disorder (ADHD)
• Cognitive Rehabilitation
• Developmental Delay and Learning Disabilities
• Habilitative Services
• Inpatient and Outpatient Mental Health
• Rehabilitation Services (Physical, Occupational, and Speech Therapy)

Federal/State Mandated Regulations

Revised Code of Washington Section 48.44.450, Neurodevelopmental Therapies, Employer-Sponsored Group Contracts

<https://app.leg.wa.gov/rcw/default.aspx?cite=48.44.450>

- (1) Each employer-sponsored group contract for comprehensive health care service which is entered into, or renewed, on or after twelve months after July 23, 1989, shall include coverage for neurodevelopmental therapies for covered individuals age six and under.
- (2) Benefits provided under this section shall cover the services of those authorized to deliver occupational therapy, speech therapy, and physical therapy. Benefits shall be payable only where the services have been delivered pursuant to the referral and periodic review of a holder of a license issued pursuant to chapter [18.71](#) or [18.57](#) RCW or where covered services have been rendered by such licensee. Nothing in this section shall prohibit a health care service contractor from requiring that covered services be delivered by a provider who participates by contract with the health care service contractor unless no participating provider is available to deliver covered services. Nothing in this section shall prohibit a health care service contractor from negotiating rates with qualified providers.
- (3) Benefits provided under this section shall be for medically necessary services as determined by the health care service contractor. Benefits shall be payable for services for the maintenance of a covered individual in cases where significant deterioration in the patient's condition would result without the service. Benefits shall be payable to restore and improve function.
- (4) It is the intent of this section that employers purchasing comprehensive group coverage including the benefits required by this section, together with the health care service contractor, retain authority to design and employ utilization and cost controls. Therefore, benefits delivered under this section may be subject to contractual provisions regarding deductible amounts and/or copayments established by the employer purchasing coverage and the health care service contractor. Benefits provided under this section may be subject to standard waiting periods for preexisting conditions, and may be subject to the submission of written treatment plans.
- (5) In recognition of the intent expressed in subsection (4) of this section, benefits provided under this section may be subject to contractual provisions establishing annual and/or lifetime benefit limits. Such limits may define the total dollar benefits available or may limit the number of services delivered as agreed by the employer purchasing coverage and the health care service contractor.

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.

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.

- 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).
- Referral for consultation and evaluation of individuals with suspected complex developmental and/or behavioral problems for confirmation of diagnosis.
- Medically necessary neurodevelopmental therapies when associated with a diagnosis classified in the current edition of Diagnostic and Statistical Manual of the American Psychiatric Association. Benefits will be payable to restore and improve function and for maintenance of a condition where significant deterioration in the child's condition would result without the service.
- Services of those authorized to deliver occupational therapy, speech therapy, and physical therapy to improve function, and for the maintenance of a condition where significant deterioration in the child's condition would result without the service.
- Applied behavioral analysis/ABA for the following:
 - Focused on the treatment of core deficits of autism spectrum disorder, provided by a board-certified behavior analyst (BCBA) or other qualified provider under the appropriate supervision and focused on treating maladaptive/stereotypic behaviors that are posing danger to self, others and property, and impairment in daily functioning.

Refer to 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 \(Physical, Occupational, and Speech Therapy\)](#).

Not Covered

- Inpatient or residential neurodevelopmental programs in the absence of a medical condition requiring acute medical care
- Behavior modification; examples include but are not limited to art therapy, music therapy, and play therapy
- Hypnotherapy

Policy History/Revision Information

Date	Summary of Changes
02/01/2025	<ul style="list-style-type: none">• Routine review; no change to coverage guidelines• Archived previous policy version BIP129.J

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.