

INTENSIVE BEHAVIORAL THERAPY FOR AUTISM SPECTRUM DISORDER

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Related Medical Management Guidelines

- [Chelation Therapy for Non-Overload Conditions](#)
- [Cognitive Rehabilitation](#)
- [Neuropsychological Testing Under the Medical Benefit](#)
- [Sensory Integration Therapy and Auditory Integration Training](#)
- [Vagus Nerve Stimulation](#)

Related Benefit Interpretation Policy

- Pervasive Developmental Disorder and Autism Spectrum Disorder

INSTRUCTIONS FOR USE

This Medical Management Guideline provides assistance in interpreting UnitedHealthcare benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Evidence of Coverage (EOC) and Schedule of Benefits (SOB)] may differ greatly from the standard benefit plan upon which this Medical Management Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Medical Management Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Medical Management Guideline. Other Policies and Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Medical Management Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

Member benefit coverage and limitations may vary based on the member’s benefit plan Health Plan coverage provided by or through UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare Benefits of Texas, Inc., or UnitedHealthcare of Washington, Inc.

BENEFIT CONSIDERATIONS

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, 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 plan document to determine benefit coverage.

Some states mandate benefit coverage for applied behavioral analysis for treatment of autism spectrum disorders. In those states, the applicable mandate must be followed.

COVERAGE RATIONALE

For information regarding medical necessity review, when applicable, refer to the Benefit Interpretation Policy titled *Pervasive Developmental Disorder and Autism Spectrum Disorder* for:

- [California Plan Members](#)
- [Oklahoma Plan Members](#)
- [Oregon Plan Members](#)
- [Texas Plan Members](#)
- [Washington Plan Members](#)

U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Behavioral therapy programs are not subject to regulation by the FDA.

GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
12/01/2018	<ul style="list-style-type: none">• Routine review; no content changes• Archived previous policy version MMG069.G