

## Autism Spectrum Disorders

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<b>Approved By:</b>	Highmark Health Options – Market Leadership
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<b>Application:</b>	All participating hospitals and providers
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### Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary autism spectrum disorders.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

### DEFINITIONS

**Highmark Health Options (HHO)** – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

**Autistic Spectrum Disorders (ASD)** – As defined in the most recent edition and as amended of the American Psychiatric Association, this is a group of developmental and neurobiological disorders (previously referred to as: atypical autism, Asperger's disorder, childhood autism, childhood disintegrative disorder, early infantile autism, high-functioning autism, Kanner's autism, and pervasive developmental disorder not otherwise specified) currently characterized by atypical development in communication and language, social skills and interaction, and restrictive, repetitive behavior and interests.

### PROCEDURES

1. A prior authorization may be required for some services.

HHO covers behavioral health services to treat autism spectrum disorders, pursuant to EPSDT HHO-DE-RP-1115.

## 2. Autism Services Provider

This includes licensed physicians, psychologists, psychiatrists, speech therapists or their aides, occupational therapists or their aides, physical therapists or their assistants, practitioners with the national certification of board-certified applied behavioral analysis therapist or those working under their supervision, or any person, entity, or group meeting the standards set by the Department of Health and Social Services (DHSS).

Medically necessary means reasonably expected to do the following:

- Prevent the onset of an illness, condition, injury, or disability; or
- Reduce or ameliorate the physical, mental, or developmental effects of an illness, condition, injury, or disability; or
- Assist to achieve or maintain maximum functional capacity in performing daily activities taking into account both the function capacity of the individual and the functional capacities that are appropriate for individuals of the same age.

Treatment for ASD shall include the following care prescribed or ordered for an individual diagnosed with one (1) of the ASD by a licensed physician or licensed psychologist who determines the care to be medically necessary:

- Behavioral health treatment – Behavioral health treatment means professional counseling, guidance services or treatment programs, including applied behavior analysis, that are necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual. This definition also applies to treatment or counseling to improve social skills and function.
- Pharmacy care – Pharmacy care means medications prescribed by a licensed practitioner and any health-related services deemed medically necessary to determine the need or effectiveness of the medications.
- Psychiatric care – Psychiatric care means direct or consultative services provided by a psychiatric services provider licensed in the state in which the provider practices.
- Psychological care – Psychological care means direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices.
- Therapeutic care – Therapeutic care means services provided by speech, occupational, or physical therapists or an aide or assistant under their supervision. Items and equipment necessary to provide, receive, or advance in the above listed services (DME), including those necessary for applied behavioral analysis; and
- Any care for individuals with autism spectrum disorders that is determined by the Secretary of the Department of Health and Social Services, based upon their review of best practices and/or evidence-based research, to be medically necessary. The Insurance Commissioner shall issue a bulletin stating that any such care, treatment, intervention, service, or item that was not previously covered shall be included in any health benefit plan delivered, executed, issued, amended, adjusted, or renewed on or after 120 days following the date of such bulletin.

## 3. Applied Behavioral Analysis (ABA)

A prior authorization is required.

ABA 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. The Delaware law mandates coverage to age 21 and prohibits any limitations on number or location of visits by ABA providers.

#### 4. ABA Providers

The Department of Health and Social Services (DHSS) promulgated Regulation 1170 to establish standards for certification of qualified ABA providers. Under DHSS Regulation 1170, ABA providers must obtain national certification as a Board-Certified Behavior Analyst (BCBA) or Board-Certified Behavior Analyst – D (BCBA-D). Behavioral Technicians who work under the supervision of a BCBA or BCBA-D and who meet specific criteria set forth in the Regulation may also provide ABA services. Coverage for ASD services shall be limited to those providers who meet standards set forth in the DHSS Regulation.

Traditional medical management of ASD may include the following common examples. (This is not an all-inclusive list.) Please be sure to check the member's benefit plan to verify.

- Adaptive behavior treatment; or
- Behavioral health evaluation; or
- Behavioral assessment; or
- Developmental testing; or
- EEG; or
- Neurological consult when in the presence of focal signs or clinical findings suggestive of a seizure disorder or a degenerative neurological condition; or
- Genetic testing; or
- Hearing assessment; or
- Medical assessment and evaluation (complete history and physical examination); or
- Measurement of blood levels for lead or heavy metal exposure; or
- Neurobehavioral status exam; or
- Neuropsychological testing; or
- Pharmacotherapies; or
- Physical medicine, occupational therapy, and speech therapy services; or
- Psychological testing; or
- Psychotherapy; or
- Standardized cognitive performance testing; or
- Vision assessment.
- Items and equipment necessary to provide, receive, or advance autism; or
- ABA- for individuals and groups subject to Delaware law and those self-insured/non-risk accounts that elect to cover ABA, services provided for purposes of behavior modification and/or training (ABA) which include:
  - Community based / wrap around services per 15 minutes; or
  - Service plan development; or
  - Therapeutic behavioral services per 15 minutes; or
- Sensory Integration.

#### 5. Treatment Plan

Treatment of ASD must be identified in a treatment plan and should include all medically necessary behavioral, pharmacy care, psychiatric care, psychological care, and therapeutic care. The treatment plan must also include ABA services if applicable. Highmark Health Options reserves the right to review the treatment plan once every 12 months.

## 6. Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

## 7. Place of Service

ASD is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

### CODING REQUIREMENTS

CPT code	Description
83018	Heavy metal (e.g., arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each, not elsewhere specified.
83655	Lead.
90785	Interactive complexity (list separately in addition to the code for primary procedure).
90846	Family psychotherapy (without the patient present), 50 minutes.
90849	Multiple-family group psychotherapy.
92551	Screening test, pure tone, air only.
92553	Pure tone audiometry (threshold); air and bone.
92555	Speech audiometry threshold.
92557	Comprehensive audiometry threshold evaluation and speech recognition.
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis.
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report.
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report.
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report.
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes.
95813	Electroencephalogram (EEG) extended monitoring; 61-119 minutes.
95816	Electroencephalogram (EEG); including recording awake and drowsy.
95819	Electroencephalogram (EEG); including recording awake and asleep.
95822	Electroencephalogram (EEG); recording in coma or sleep only.
95824	Electroencephalogram (EEG); cerebral death evaluation only.
95829	Electrocorticogram at surgery (separate procedure).
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive function by standardized

	developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour.
96125	Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.
96127	Brief emotional/behavioral assessment (e.g., Depression Inventory, Attention-Deficit/Hyperactivity Disorder (ADHD) Scale), with scoring and documentation, per standardized instrument.
96130	Psychological testing evaluation services by physicians or other qualified health care professional, including integration of patient data, interpretation or standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour.
96131	Psychological testing evaluation services by physicians or other qualified health care professional, including integration of patient data, interpretation or standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, each additional hour (list separately in addition to code for primary procedure).
96132	Neuropsychological testing evaluation services by physicians or other qualified health care professional, including integration of patient data, interpretation or standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.
96133	Neuropsychological testing evaluation services by physicians or other qualified health care professional, including integration of patient data, interpretation or standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, each additional hour (list separately in addition to code for primary procedure).
96136	Psychological or neuropsychological test administration and scoring by physicians or other qualified health care professional, two or more tests, any method; first 30 minutes.
96137	Psychological or neuropsychological test administration and scoring by physicians or other qualified health care professional, two or more tests, any method; each additional 30 minutes (list separately in addition to code for primary procedure).
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only.
97022	Application of a modality to one or more areas; whirlpool.
97036	Application of a modality to one or more areas; Hubbard tank, each 15 minutes.
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face to face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face to face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan.
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional face to face with the patient, each 15 minutes.

97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face to face with one patient, each 15 minutes.
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face to face with two or more patients, each 15 minutes.
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face to face with one patient, each 15 minutes.
97156	Family Adaptive behavior treatment guidance, administered by physician or other qualified health professional (with or without the patient present) face-to-face with guardian(s)/caregiver(s), each 15 minutes.
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face to face with multiple sets of guardians/caregivers, each 15 minutes.
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face to face with multiple patients, each 15 minutes.
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one on one) patient contact, each 15 minutes.
99173	Screening test of visual acuity, quantitative, bilateral.
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of the patient's disabling mental health problems, per session (45 minutes or more).
H0031	Mental health assessment, by nonphysician.
H0032	Mental health service plan development by nonphysician.
H2019	Therapeutic behavioral sciences, per 15 minutes.
H2021	Community-based wrap-around services, per 15 minutes.

### Covered Diagnosis Codes

Diagnosis Code	Description
F84.0	Autistic Disorder.
F84.3	Other childhood disintegrative disorder.
F84.5	Asperger's Syndrome.
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified.

### REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

## References

Lyra L, Rizzo L, Sunahara C, et al. What do Cochrane systematic review say about interventions for autism spectrum disorders? San Paulo Med J. 2017;135(2):192-201.

Del. Code Ann. tit. 18, §3366

Hayes, Inc. Hays Comparative Effectiveness Review. Comparative Effectiveness Review of Intensive Behavioral Intervention for Treatment of Autism Spectrum Disorder. Lansdale, PA: Hayes, Inc.; Published Mar 13, 2019. Accessed April 24, 2020.

## POLICY UPDATE HISTORY

11/24/2021	Approved in Medical Policy Committee
10/26/2022	Annual review; approved in Medical Policy Committee
11/2022	Approved in QI/UM
05/15/2023	Annual review; approved in Medical Policy Committee
05/30/2023	Approved in QI/UM