



Autism Spectrum Disorder

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Policy

The Medical Management Department reviews referral requests for authorization of intensive and non-intensive therapy services for treatment of Autism Spectrum Disorder.

Health Insurance services are reviewed and authorized in compliance with the State of Wisconsin Mandate for treatment of Autism Spectrum Disorder.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

A. Documentation Required

In order to facilitate the authorization process referral requests must include the following:

1. Clinical documentation of a confirmed diagnosis of autism spectrum disorder.
2. A treatment plan developed by a qualified provider that includes specific therapy goals that are clearly defined, directly observed and continually measured and that address the characteristics of autism spectrum disorders.

B. Criteria for Medical Necessity

Treatment of Autism Spectrum disorders is considered medically necessary for patients with a confirmed diagnosis based on the following criteria:

1. Diagnosis is made by a state licensed psychiatrist, psychologist, or social worker certified or licensed to practice psychotherapy.
2. Provider making diagnosis is skilled in the testing and use of validated tools for diagnosis of autism. Tools may include: intelligence testing, parent report, language skills, adaptive behavior and direct observation of the child.
3. Medical Management may request a second opinion to confirm the diagnosis.

Intensive-level services. Intensive-level autism services are considered medically necessary when prescribed therapy is consistent with **ALL** of the following requirements:

1. Based upon a treatment plan developed by a qualified provider; **AND**

2. The child is present and engaged in the intervention and the parent or guardian is present and engaged in the intervention the majority of the time; **AND**
3. Includes at least 20 hours per week over a six-month period of time of evidence-based behavioral intensive therapy, treatment, and services with specific cognitive, social, communicative, self-care, or behavioral goals that are clearly defined, directly observed and continually measured and that address the characteristics of autism spectrum disorders; **AND**
4. Provided in an environment most conducive to achieving the goals of the child's treatment plan. Treatments may be provided in schools when they are related to the goals of the treatment plan and do not duplicate services provided by a school; **AND**
5. Include training and consultation, participation in team meetings and active involvement of the child's family and treatment team for implementation of the therapeutic goals developed by the team; **AND**
6. Commenced after the child is two years of age and before the child is nine years of age; **AND**
7. The child is directly observed by the supervising provider at least once every two months.

Up to four years of intensive-level services will be provided. Previous intensive-level services covered by other insurers or prior to eligibility for coverage under the State of Wisconsin mandate will be credited toward the four years of service.

Transition to non-intensive-level services may be determined to be appropriate if:

1. The child has received four cumulative years of intensive-level services (e.g. exhaustion of the benefit.)
2. The child no longer requires intensive-level services as supported by documentation from the treating provider as shown in the child's progress.
3. Intensive-level services may not be discontinued based upon waiting times for approved services.
4. The child is no longer receiving evidence-based behavioral therapy for at least 20 hours per week over a six-month period of time. Timely notification is required by the child's family if the child is unable to receive intensive-level services for an extended period of time. The family will indicate the specific reason(s) why the child or family is unable to comply with an intensive-level service treatment plan. The reasons which may include a significant medical condition, surgical intervention and recovery, catastrophic event, or other acceptable reasons will be reviewed.
5. Clinical progress will be reviewed every 6 months throughout the course of treatment.

NOTE: Once a patient begins non-intensive-level services, he or she cannot resume intensive-level services later.

Non-intensive level services. Non-intensive level autism services are considered medically necessary when prescribed therapy is consistent with **ALL** of the following requirements (1-4):

1. Services are based upon a treatment plan developed by a qualified provider that includes specific therapy goals that are clearly defined, directly observed and continually measured and that address the characteristics of autism spectrum disorders; **AND**
2. The child is present and engaged in the intervention; **AND**
3. Provided in an environment most conducive to achieving the goals of the child; **AND**
4. Include training and consultation, participation in team meetings and active involvement of the child's family in order to implement the therapeutic goals developed by the team.

C. Services which are NOT covered under the State of Wisconsin mandate include:

1. Acupuncture
2. Animal-based therapy including hippotherapy
3. Auditory integration training
4. Chelation therapy

5. Child care fees
6. Cranial sacral therapy
7. Custodial or respite care
8. Hyperbaric oxygen therapy
9. Special diets or supplements
10. Physical Therapy services (physical therapy is covered under patient's outpatient therapy benefit, if appropriate).

References

Agency for Healthcare Research and Quality (AHRQ) Therapies for Children with Autism Spectrum Disorder: Behavioral Interventions Update. Pub. No. 14-EHC036-EF, August 2014.

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Wisconsin Office of the Commissioner of Insurance, FAQ's on Mandated Coverage for Autism Services STAT 0632, dated 11/25/2013.

State of Wisconsin, Office of the Commissioner of Insurance. Frequently Asked Questions on Mandated Coverage for Autism Services; PI-234(R 04/2019). Available at <https://oci.wi.gov/Documents/Consumers/PI-234.pdf> Accessed June 12, 2019.