01-97000-08

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Reviewed: 07/27/23

Revised: 08/15/23

Subject: Treatment of Autism Spectrum Disorders

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	<u>Definitions</u>	Related Guidelines
Other	References	<u>Update</u>			

DESCRIPTION:

Autism is a common condition in a group of developmental disorders known as the Autism Spectrum Disorders (ASDs). The autism spectrum symptomatology is characterized by impaired social interaction, problems with verbal and nonverbal communication, and unusual, repetitive, or severely limited activities and interests.

There is no single treatment for autism spectrum disorders. It is reported that early diagnosis and treatment results in improved outcomes for those diagnosed with autism spectrum disorders. The following therapies have been proposed to minimize the symptoms of autism:

- Occupational therapy, which commonly focuses on improving fine motor skills involving manipulation of the hands, such as the pincer, pronate and supinate grasps, and the dynamic tripod
- Physical therapy, which commonly focuses on development of strength, coordination, movement and improvement in gross motor skills such as lifting, reaching and running
- Speech language therapy, which focuses on producing gains in speech, language and non-verbal communication skills

POSITION STATEMENT:

NOTE: Refer to member's/subscriber's contract benefits. Member's/subscriber's contract benefits may have limitations, exclusions, or criteria applicable to Autism services.

Children with autism often exhibit clinical and physical findings which represent comorbidities associated with the condition. Medical comorbidities associated with autism spectrum disorder include:

Seizure disorders

- Landau-Kleffner syndrome (acquired aphasia with epilepsy)
- Gastrointestinal problems (usually diarrhea and/or constipation)
- Tuberous sclerosis
- Insomnia
- Hearing impairment
- Vision impairment
- Motor impairments: including hypotonia, apraxia, coordination impairment, toe walking, gross motor delay
- Speech, language and non-verbal communications impairment

Physical Therapy, Occupational Therapy and Speech Therapy, when rendered for the treatment of the co-morbidities of Autism Spectrum Disorders, meet the definition of medical necessity when ALL the following criteria are met:

- Therapy services are rendered in accordance with the treatment plan as prescribed by the treating physician and updated no less than every six (6) months
- The therapy treatment plan contains the diagnosis, the proposed treatment type, frequency, and duration of the treatment with the outcomes stated as goals
- The treatment plan includes the frequency of update to the treatment plan and the treating physician signature
- The therapy rendered is considered the standard of care for the co-morbid condition diagnosed by the treating physician.

BILLING/CODING INFORMATION:

Refer to section entitled **POSITION STATEMENT**.

REIMBURSEMENT INFORMATION:

NOTE: Refer to member's/subscriber's contract benefits. Member's/subscriber's contract benefits may have limitations, exclusion, or criteria applicable to Autism services.

PROGRAM EXCEPTIONS:

State Account Organization (SAO): Follow SAO guidelines.

Federal Employee Program (FEP): Follow FEP guidelines.

Medicare Advantage products: No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline reviewed date.

Coverage mandated by Florida statute: refer to member's/subscriber's contract benefits.

627.6686, Florida Statutes, Coverage for individuals with autism spectrum disorder required; exception.

641.31098, Florida Statutes, Coverage for individuals with developmental disabilities.

"Eligible individual" means an individual under 18 years of age or an individual 18 years of age or older who is in high school who has been diagnosed as having a developmental disability at 8 years of age or younger.

"Health insurance plan" means a group health insurance policy or group health benefit plan offered by an insurer which includes the state group insurance program provided under s. 110.123. The term does not include any health insurance plan offered in the individual market, any health insurance plan that is individually underwritten, or any health insurance plan provided to a small employer.

A health insurance plan issued or renewed on or after April 1, 2009, shall provide coverage to an eligible individual for:

Treatment of autism spectrum disorder and down syndrome through speech therapy, occupational therapy, physical therapy, and applied behavior analysis.

393.063, Florida Statutes, Developmental Disabilities.

"Developmental disability" means a disorder or syndrome that is attributable to intellectual disability, cerebral palsy, autism, spina bifida, Down syndrome, Phelan-McDermid syndrome, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely."

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at Coverage Protocol Exemption Request

DEFINITIONS:

No guideline specific definitions apply.

RELATED GUIDELINES:

Physical Therapy (PT) and Occupational Therapy (OT), 01-97000-01

Speech Therapy Services, 01-92506-01

OTHER:

None applicable.

REFERENCES:

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 07/27/23.

GUIDELINE UPDATE INFORMATION:

04/01/09	New Medical Coverage Guideline.		
09/15/09	Update exception statement.		
04/15/10	Annual review; no change in position statement. References updated.		
10/15/10	Revision; related ICD-10 codes added.		
04/15/11	Annual review; position statement maintained and references updated.		
12/15/11	Unscheduled review. Revised description section and position statement (added		
	coverage criteria for physical therapy, occupational therapy and speech therapy for		
	treatment of comorbidities of ASD,) updated references and reformatted guideline.		
01/15/13	Scheduled review. Revised description and position statement (added E/I statement for		
	QEEG). Updated references and reformatted guideline.		
05/11/14	Revision: Program Exceptions section updated.		
11/01/15	Revision: ICD-9 Codes deleted.		
07/15/16	Revision: Updated Program Exceptions section and references.		
10/01/16	Revision: Billing/Coding Information section updated.		
11/15/19	Scheduled review. Revised description. Maintained position statement and updated		
	references.		
01/01/20	Revision: deleted coverage statement regarding Applied Behavior Analysis (ABA).		
03/15/21	Revision: added definition for "eligible individual" as described in Florida statutes		
	627.6686 and 641.31098; added definition of "developmental disability" as described in		
	Florida statute 393.063.		
08/15/21	Scheduled review. Revised description, maintained position statement and updated		
	references.		
05/22/23	Update to Program Exceptions section.		
08/15/23	Scheduled review. Revised description, maintained position statement, and updated		
	references.		