

# UPMC Health Plan POLICY AND PROCEDURE MANUAL

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**SUBJECT:** Autism Spectrum Disorders- Management  
**INDEX TITLE:** Medical Management  
**ORIGINAL DATE:** April 2009

**This policy applies to the following lines of business: (Check those that apply.)**

<b>COMMERCIAL:</b>						
HMO ( X )	POS ( X )	PPO ( X )	OOA ( X )	All ( )		
Fully Insured ( X )	Self-funded/ASO ( )	HSA ( X )				
Medicare Select ( )	Medicare Supplement ( )	Indiv Short Term ( )				
<b>DPW-MA:</b>						
Health Choices ( )		Voluntary ( )			All ( X )	
<b>CMS-MA:</b>						
OH ( )		WV ( )	PA ( )		All ( X )	
HMO ( X )	PPO ( X )	Specialty Needs Plan ( X )	Part D ( )	PFFS ( )	Other ( )	All ( )
<b>PID-CHIP/AdultBasic:</b>						
Free ( ) CHIP only	Sub/CHIP ( )	Sub/AB ( )	Full/CHIP ( )	Full/AB ( )	All/CHIP ( X ) All/AB ( X )	
<b>ANCILLARY:</b>						
Dental ( )			Vision ( )			
<b>WORK PARTNERS:</b>						
Fully-Insured WC ( )	Disability Services/TPA ( )		Population Health Management ( )		All ( )	
<b>OTHER:</b>						
Community Care ( )						

## I. POLICY

It is the policy of UPMC Health Plan to cover Autism Spectrum Disorders (ASD) as defined in The General Assembly of Pennsylvania – Act 62. Coverage will be based on medical necessity as set forth in this policy and according to the member’s specific benefit plan.

All denials that are based on medical necessity and appropriateness are made by a UPMC Health Plan Medical Director (Medical Director) or an appropriate clinical designee.

## II. DEFINITIONS

**Autism or Autism Spectrum Disorder (ASD)** is a spectrum of neuropsychiatric disorders characterized by deficits in social interaction, communication, and unusual and repetitive behavior. The term applies to any of the pervasive developmental disorders defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or its successor.

**Autism Service Provider** – applies to any of the following:

- A person, entity or group providing treatment of ASDs and is licensed or certified as such in the Commonwealth of Pennsylvania (PA).
- A person, entity or group currently providing treatment of ASDs that is enrolled in Medical Assistance before the implementation of Pennsylvania Act 62.
- A behavioral specialist in PA providing treatment of ASD – until one year after regulations are issued or July 2011 – which ever sooner.

**Applied Behavior Analysis (ABA)** – ABA principles are an important element of any intervention program for children with Autism. The 7 dimensions to ABA are:

- **APPLIED-** ABA focuses on the implementation of basic principles, i.e., reinforcement, punishment, extinction, stimulus control, establishing operations, contingencies, functional relations, generalization to behaviors of significance to the participants involved.
- **BEHAVIORAL-** ABA focuses on behavior in its own right as a target for change.
- **ANALYTIC-** ABA seeks to identify functional relations between behavior and environmental events through scientific study.
- **TECHNOLOGICAL-** In ABA, procedures are completely and precisely defined.
- **CONCEPTUALLY SYSTEMATIC-** In ABA, procedures are linked to, and described in terms of, the basic principles of behavior.
- **EFFECTIVE-** In ABA, the changes in behavior are significant to the participants involved, cost effective, and efficient. Behavior analysts attempt to use procedures that promote generalization and maintenance of behavior change.
- **GENERAL-** Behavior analysts attempt to discover procedures that can be applied effectively to many individuals and in many settings.

**Discrete Trial Training (DTT)** consists of a series of distinct repeated lessons or trials taught one-to-one. Each trial consists of a directive or request for the individual to perform an action; and a consequence or reaction from the therapist.

**Diagnostic and Statistical Manual of Mental Disorders (DSM)** – reference manual used by physicians, therapists, and mental health specialists in the diagnosis, treatment and management of all forms of mental disorders.

### **III. PURPOSE**

The purpose of this policy is to define the appropriate indications for the Management of Autism Spectrum Disorders.

#### **IV. SCOPE**

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committee. These include, but are not limited to Medical Management, Benefit Configuration and Claims Departments.

#### **V. PROCEDURE**

##### **A. Medical Background**

Autism, or ASD, is normally diagnosed before age six (6) and may be diagnosed in infancy in some cases. The degree of autism varies in each child, with a wide variety of characteristics being displayed. Approximately 67 out of 10,000 people are affected by Autism. The causes are not yet fully understood. Symptoms of Autism Spectrum Disorder, or autistic behavior, may also be seen as a consequence of many other neurological, genetic, and metabolic disorders and with a very few medications and intra-uterine infections. There are no specific medical tests that identify individuals with autism. Medical tests may be done to rule out or identify other possible underlying or associated problems.

Autism Spectrum Disorders includes Autistic Disorder (autism), Asperger's Disorder, and Pervasive Developmental Disorder Not Otherwise Specified. The Pervasive Developmental Disorders, the correct or formal term for this category of disorders, also include Rett's Disorder and Childhood Disintegrative Disorder.

Since Autism is a complex disorder of widely varying severity, no single method is effective treatment. A combination of treatments may be required to treat the symptoms and behaviors that make it difficult for individuals with autism to function in a social context. These could include psychosocial and pharmacological interventions.

The mainstay of treatment for ASD individuals is environmental adaptations (adapting to the environment) with language, behavioral or psychological intervention programs. Because individuals with ASD may also have co-morbid conditions, such as anxiety, depression, attention deficit disorder with/without hyperactivity, seizure disorders, sleep disorders, and obsessive compulsive disorder as well as challenging behavior such as aggression and impulsivity that arise from a variety of causes, medications may play an additive role when environmental engineering and behavioral management are not sufficient.

A number of medications that are used for other conditions have been found effective in treating some of the symptoms and behaviors in some individuals with ASD. These behaviors include: hyperactivity, impulsivity, attention difficulties and anxiety. The goal of medications would be to reduce these behaviors and to allow the individual to take advantage of educational and behavioral management.

Educational interventions are those that provide structure, direction and organization for the child. These interventions are individualized to the child and take into account his or

her overall developmental status, and specific strengths and needs. These interventions take place in a school and focuses on academic skills and school curriculum. Typically children with ASD are enrolled in an early intervention program and move to more traditional school settings at age 5 or 6 years.

## **B. Specific Indications**

### **Coverage is for the following members:**

Children and young adults under the age of 21 years with a Diagnosis of a ASD or formally a Pervasive Developmental Disorder as indicated by DSM IV coding criteria  
**AND**

- 1 Covered under an employer group health insurance policy
  - Which has at least 51 employees

AND

  - It is **not** “self insured” (Refer to Variations section for exception)

OR
- 2 On Medical Assistance program

OR

3. On CHIP (UPMC *for Kids*™) program

### **Coverage includes the following:**

1. Diagnostic assessments of ASD including diagnostic tests to rule out underlying causes. These include:
  - Medically necessary evaluations/assessments or tests performed by a licensed physician, licensed physician assistant, licensed psychologist or Certified Registered Nurse Practitioner (CRNP) or a Licensed Speech Pathologist,
  - Speech language assessment,
  - Psychologic or cognitive assessment,
  - Behavioral assessment by a behavioral health licensed practitioner,
  - Psychiatric assessment for differential diagnosis, co-morbidity, or problem behaviors.
2. Treatment for ASD:
  - Prescription Medications (Those FDA approved specifically for treatment of Autism) and associated drug level testing,
  - Psychiatrist evaluations- direct or consultative ,
  - Psychologist evaluations -direct or consultative.
  - Interventions:
    - Behavioral Intervention Plan -Professional services and treatment programs provided by an autism service provider to produce socially significant improvements in human behavior or to prevent loss of attained skills or function.
    - Applied Behavioral Analysis (ABA) which includes the design, implementation and evaluation of environmental modifications directed at improving behavior or preventing loss of attained skills or function.

- Discrete Trial Training (DTT)
- Speech/language therapy Plan – includes Picture Exchange Communications Systems (PECS), use of gestures, sign language.
- Occupational therapy- May include sensory integration programs and is directed toward remedying deficits in neurological processing and integration of sensory information to allow the child to interact with the environment.
- Physical Therapy- To address impairments interfering with adaptive function.
- Educational Interventions –Strategies to enhance communication teach social skills and reduce maladaptive behaviors.

### C. Limitations

1. **All treatments must be identified in the Treatment Plan:**
  - It must be developed by a physician or licensed psychologist.
  - Treatment plan will be reviewed every twelve (12) months for medical necessity; this is not to be confused with follow up visits to assess efficacy after implementation or visits for revising intervention to be more effective (unless more frequent review is requested by the child's physician or practitioners as listed above).
  - Treatment must be prescribed, ordered and provided by a licensed practitioner or agency with expertise in ASDs.
2. Voice-output communication aids are **not covered** due to the scarcity of published evidence of their benefits. (American Academy of Pediatrics).
3. Coverage shall be subject to copayment, deductible and any other general exclusions or limitations outside the indications described above.
4. Diagnostic assessment results shall be valid for a period of not less than twelve (12) months, unless a physician or licensed psychologist determines an earlier assessment is necessary.
5. Complimentary Alternative Medicines (CAMs) and Over-the-Counter (OTCs) medications are **not covered** due to a lack of supportive scientific evidence. These include but are not limited to:
  - Alternative medical systems (homeopathy or Chinese medicine)
  - Mind-body interventions (meditation, dance therapy, drama therapy, auditory integration training, behavioral optometry, craniofacial manipulation, dolphin assisted therapy, music therapy and facilitated communication)
  - Biologic interventions (chelation therapy, digestive enzymes, antifungal agents, probiotics, secretin, dietary restrictions (gluten- free, yeast-free diets), vitamins, hyperbaric oxygen therapy, etc).
  - Manipulative and body-based methods (deep pressure, craniosacral therapy, other chiropractic manipulations)
  - Energy therapy (Reiki, electromagnetic fields).

#### **D. Information Required for Review**

In order to assess medical necessity for ASD treatment, adequate information must be furnished by the treating practitioner. Required information includes the following:

1. A letter of medical necessity, with the physician's evaluation of the member's condition, including specific diagnosis of ASD.
2. The physician's or psychologist's diagnostic assessment and plan for treatment.
3. Documentation of child's progress towards treatment objectives every four (4) months. It is important that there be objective measures of progress or lack of that will be followed. These should be appropriate to the therapy, e.g., monitoring changes in language level and in communications or attention deficit disorder with hyperactivity etc.

#### **E. Review Process**

1. The Medical Management staff assigned to review the case obtains the clinical information. If the case does not meet the established criteria, it is referred to a UPMC Health Plan Medical Director.
2. If referred, the Medical Director determines if the requested service is medically necessary and appropriate.
3. The Medical Management staff completes the review process and communicates the review decision according to the Timeliness of UM Decisions policy for the member's benefit plan.

#### **F. Variations**

##### **For Commercial Product**

1. Coverage limit is up to the statutorily mandated amount of 36 thousand dollars (\$36,000) per year.
2. Exception for **not** "self insured/funded" : Covered when specifically included by the self-funded group in the benefit package

#### **G. Records Retention**

Records Retention for UPMC Health Plan documents, regardless of medium are provided within the UPMC Health System Policy and as indicated in the UPMC Insurance Services Division Policy and Procedure.

#### **H. References**

1. Management of Children with Autism Spectrum Disorders: Scott M. Myers et al. American Academy of Pediatrics-Clinical Report:p1162
2. CDC – Autism Information Center Autism Overview.
3. Cigna Medical Coverage Policy #0447: Autism Spectrum Disorders/Pervasive Developmental Disorders; Assessment and Treatment

4. Individuals with Disabilities Education Act (IDEA) and Your Child's Rights;  
[http://www.education.com/reference/article/Ref\\_Education\\_Act\\_IDEA/](http://www.education.com/reference/article/Ref_Education_Act_IDEA/)
5. Pathfinders for Autism: About Autism.  
<http://www.pathfindersforautism.org/AboutAutism.aspx>
6. Autism Society of America : What's Unique about Asperger's Disorder  
[http://www.autism-society.org/site/PageServer?pagename=life\\_aspergers](http://www.autism-society.org/site/PageServer?pagename=life_aspergers)
7. What Causes Autism? Autism Society of America. [http://www.autism-society.org/site/PageServer?pagename=about\\_whatcauses](http://www.autism-society.org/site/PageServer?pagename=about_whatcauses)
8. Autism: Symptoms, Diagnosis, Treatment of Autism; NY Times Health Guide  
<http://health.nytimes.com/health/guides/disease/autism/overview.html>
9. Factors Associated With Age of Diagnosis Among Children with Autism Spectrum:  
Journal of Pediatrics, 2005; 116:1480-1486  
<http://www.pediatrics.org/cgi/content/full/116/6/1480>
10. Excellus Medical Policy; Policy #3.01.06 "Developmental Evaluation & Testing".  
Effective Date: 8/03; Revised 12/13/07
11. Autism: Diagnosis and Consultation. Autism Society of America.  
[http://www.education.com/reference/article/Ref\\_Autism\\_Diagnosis/](http://www.education.com/reference/article/Ref_Autism_Diagnosis/)
12. The Military's Autism Treatment Policy; February 2008
13. Bill Requiring Autism Coverage: State of Wisconsin, Fox News Online, 2/4/09
14. Centers for Medicare & Medicaid; Patient Advocacy Questions & Answers: 3/14/08.  
<http://www.cms.hhs.gov>
15. Act 62, Commonwealth of Pennsylvania, Effective 7/1/2009, Insurance for Autistic Children and Young Adults.
16. O. Ivar Lovaas: Discrete Trial Training, Sanford School of Medicine, University of South Dakota: Autism Spectrum Disorders Handbook , Fall 2006.  
<http://www.usd.edu/medical-school/center-for-disabilities/upload/autismhandbook.pdf>

**Disclaimer:**

UPMC Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of UPMC Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

UPMC Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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