

## MEDICAL POLICY

<b>POLICY TITLE</b>	<b>MEDICAL TREATMENTS OF AUTISM SPECTRUM DISORDERS</b>
<b>POLICY NUMBER</b>	<b>MP 2.304</b>

<b>CLINICAL BENEFIT</b>	<input type="checkbox"/> MINIMIZE SAFETY RISK OR CONCERN. <input type="checkbox"/> MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. <input checked="" type="checkbox"/> ASSURE APPROPRIATE LEVEL OF CARE. <input type="checkbox"/> ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. <input checked="" type="checkbox"/> ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. <input type="checkbox"/> ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
<b>Effective date:</b>	<b>7/1/2026</b>

### POLICY

#### Diagnostic Testing

Services listed below may be considered **medically necessary** to confirm a diagnosis of Autism Spectrum Disorders (ASDs):

- Neuropsychological Testing
- Evaluation by a speech-language pathologist
- Developmental and behavioral screening
- First Tier Genetic Testing
  - Genetic testing and DNA analysis to rule out fragile X syndrome
  - Chromosomal Microarray (CMA) Analysis
- Second Tier Genetic Testing
  - Methyl CpG binding protein 2 (MECP2) genetic testing
  - Phosphatase and tensin homolog (PTEN) genetic testing if the head circumference is > 2.5 SD above the mean
- Genetic counseling for parents of a child with ASD

#### Assessments and Treatments

The following are investigational for assessment and treatments of ASDs. There is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with this procedure.

- Sensory-friendly, compression or weighted clothing
- Secretin infusion (in the absence of documented pancreatic disorders)

There is insufficient clinical evidence to support a conclusion concerning the health outcomes or benefits associated with these services.

#### Other Evaluations and Interventions:

Medical Necessity determination for the following services to treat ASDs is made based on criteria set forth in the respective medical policy for each service (see cross-references). Please refer to the specific policy for information.

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- Allergy testing
- Event-related brain potentials.
- Nutritional testing
- Testing for micronutrients
- Magnetoencephalography/magnetic source imaging.
- Cognitive rehabilitation
- Auditory Intregation Training
- Biofeedback
- Chelation Therapy
- Sensory integration therapy
- Vision Therapy
- Evaluation by a speech-language pathologist
- Physical, occupational or speech
- Genetic Testing

### Policy Guidelines

“Secretin is a gastrointestinal hormone. It inhibits intestinal motility and release of gastric acid and stimulates secretion of pancreatic fluid and bicarbonate. The use of secretin as a potential therapy for children with ASD is based upon the hypothesis that autism is related to gastrointestinal abnormalities. However, there is little evidence to support this hypothesis. A 2012 systematic review that included 16 randomized controlled trials involving >900 children found no evidence that secretin improves the core features of autism. No serious side effects were reported.”

The use of sensory friendly, weighted or compression clothing has not been thoroughly studied for the treatment of ASD.

### ***Cross-references:***

**MP 2.255 Genetic Testing For PTEN Hamartoma Tumor Syndrome**

**MP 2.326 General Approach to Genetic Testing**

**MP 4.027 Neuropsychological Testing for Medical Purposes**

**MP 8.002 Speech Therapy (Outpatient)**

### PRODUCT VARIATIONS

This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations. Please see additional information below.

For fully-insured group policies, the Children’s Health Insurance Program (“CHIP”) policies, and self-funded groups that have opted to be subject to Act 62, the requirements of this policy are applied to the extent permitted by Act 62.

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**FEP PPO** - Refer to FEP medical policy manual. The FEP medical policy manual can be found at: [fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies](http://fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies).

The FEP program dictates that all drugs, devices or biological products approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational. Therefore, FDA-approved drugs, devices or biological products may be assessed on the basis of medical necessity. Pennsylvania Act 62 of 2008 does not apply.

### DESCRIPTION/BACKGROUND

Autism Spectrum Disorders (“ASDs”) are complex and multifaceted conditions for which there is no known specific etiology. The diagnosis of these disorders can be complex and difficult due to the diversity of the presentation of symptoms and their severity. Due to the multitude of possible causes, and potential confusion with other conditions, many tests exist that may or may not be appropriate.

Assessment of ASDs should include a thorough history including review of pregnancy, labor, delivery, early neonatal course, development, communication and motor milestones. Medical history should include screening for sensory deficits such as hearing or visual impairments and discussion of other medical conditions including specific signs and symptoms (e.g. Fragile-X syndrome).

Cases of developmental delay/intellectual disability and of autism are associated with genetic abnormalities. For children who do not present with an obvious syndrome, who are too young for full expression of a suspected syndrome, or who may have an atypical presentation, genetic testing is used as a basis for establishing a diagnosis. Chromosomal Microarray (CMA) Analysis is a newer cytogenetic analysis method that increases the chromosomal resolution for detection of CNVs, and, as a result, increases the genomic detail beyond that of conventional methods and may increase the diagnostic yield. CMA is often ordered when conventional results are negative, although some believe it will soon replace conventional technology.

The impairments of ASDs are generally severe and, probably due to the uncertainty around the cause(s) of the disorders, there is no single treatment that has consistently demonstrated benefit at the core symptoms. Therefore, many treatments are not directed at the core pathology, but at the co-morbid medical and behavioral conditions.

Therapies may include educational, behavioral, and/or psychological treatment. Other treatments (such as speech and language therapy) are of greatest potential benefit in the pre-school child and of less value in the older child/adolescent, so that the age of the child is also a factor in determining the appropriateness and necessity of a given treatment. A consensus on the recommended guidelines for the use of medication in the treatment of ASDs has not been reached. However, many medications are used in the treatment of behavioral and comorbid issues that are associated with ASDs. Since ASDs are chronic disorders that have no cure, parents sometimes turn to alternative therapies and complementary medicine and/or therapies that are not traditionally used in the treatment of ASDs.

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### DEFINITIONS

**ASPERGER'S SYNDROME:** a condition in which the essential features are less severe with sustained impairment in social interaction and the development of restricted, repetitive patterns of behavior, interests and activities. In contrast to autistic disorder, there are no clinically significant delays or deviance in language acquisition, although more subtle aspects of social communication may be affected. In addition, during the first 3 years of life, there are no clinically significant delays in cognitive development as manifested by expressing normal curiosity about the environment or in the acquisition of age-appropriate learning skills and adaptive behaviors (other than in social interactions).

**AUTISTIC DISORDER:** a condition characterized by the presence of markedly abnormal or impaired development in social interaction and communication and a markedly restricted repertoire of activity and interests. The onset usually occurs within the first three years of life.

### DISCLAIMER

*Capital Blue Cross' medical policies are used to determine coverage for specific medical technologies, procedures, equipment, and services. These medical policies do not constitute medical advice and are subject to change as permitted by law or applicable clinical evidence from independent treatment guidelines. Treating providers are solely responsible for medical advice and treatment of members. These policies are not a guarantee of coverage or payment. Payment of claims is subject to a determination regarding the member's benefit program and eligibility on the date of service, and a determination that the services are medically necessary and appropriate. Final processing of a claim is based upon the terms of contract that applies to the members' benefit program, including benefit limitations and exclusions. If a provider or a member has a question concerning this medical policy, please contact Capital Blue Cross' Provider Services or Member Services.*

### CODING INFORMATION

**Note:** This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms and conditions of a member's specific health plan. In addition, not all covered services are eligible for separate reimbursement.

**\*\*Coding list is not all inclusive. Refer to specific Medical Policy for coding, see cross references\*\***

### Covered when Medically Necessary:

Procedure Codes								
S0265	S9152	V5362	V5363	96041	96113	96116	96121	96130
96131	96132	96133	96136	96137	96138	96139	96146	

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<b>ICD-10-CM Diagnosis Code</b>	<b>Description</b>
F84.0	Autistic disorder
F84.2	Rett's syndrome
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified

### Investigational:

<b>Procedure Codes</b>								
A9999	J2850							

### REFERENCES

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### POLICY HISTORY

<b>MP 2.304</b>	<b>02/25/2020 Consensus Review.</b> No changes to policy statements, all coding reviewed.
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<p><b>12/11/2020 Administrative Update.</b> Removed deleted codes 92585 and 92586, effective 01/01/2021.</p>
<p><b>01/19/2021 Consensus Review.</b> No changes to policy statements. References and coding updated. CHIP language under product variations was revised to state Pennsylvania Act 62 of 2008 does apply.</p>
<p><b>08/31/2021 Administrative Update.</b> Added new code 0263U, effective 10/01/2021.</p>
<p><b>11/22/2022 Major Review.</b> ABA now as MN. Second Tier Genetic Testing as MN and added coding. Formatting and clarification changes throughout.</p>
<p><b>05/22/2023 Minor Review.</b> ABA and Behavior therapy removed from policy. Removal of interventions that resided on another policy. Reformatting and clarity throughout. Coding updated.</p>
<p><b>08/21/2024 Minor Review.</b> Title updated to Medical Treatments of Autism Spectrum Disorder. Removed statements related to behavioral health services. Updated secretin injections and weighted clothing to investigational. Coding and references reviewed and updated.</p>
<p><b>12/11/2024 Administrative Update.</b> Added 96041, removed 96040. Effective 01/01/2025.</p>
<p><b>07/02/2025 Consensus Review.</b> Policy statement unchanged. Coding and references reviewed and updated.</p>
<p><b>04/06/2026 Administrative Update.</b> Removed procedure codes that are going to be managed by Evicore. Eff date 07/01/2026.</p>

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