

MEDICAL POLICY

POLICY TITLE	AUTISM SPECTRUM DISORDERS
POLICY NUMBER	MP 2.304

CLINICAL BENEFIT	<input checked="" type="checkbox"/> MINIMIZE SAFETY RISK OR CONCERN. <input checked="" type="checkbox"/> MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. <input type="checkbox"/> ASSURE APPROPRIATE LEVEL OF CARE. <input type="checkbox"/> ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. <input type="checkbox"/> ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. <input type="checkbox"/> ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective Date:	1/1/2025

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I. POLICY

Pervasive developmental disorders are now referred to as “Autism Spectrum Disorders.” Those patients previously identified as having “Autism,” “Asperger’s Syndrome” and “Pervasive Development Disorders” are now referred to as “low function,” moderate function” and “high function” Autism Spectrum Disorder, respectively (collectively “ASDs”). This policy applies to all members with a documented diagnosis of Autism Spectrum Disorders using most current DSM criteria.

Diagnostic Testing

Services listed below may be considered **medically necessary** to confirm a diagnosis of 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 **not medically necessary** for assessment and treatments of ASDs.

- Sensory-friendly, compression or weighted clothing
- Day treatment services
- Family-based mental health services
- Secretin infusion (in the absence of documented pancreatic disorders)

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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.

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

Cross-references:

- MP 2.001 Allergy Testing and Immunotherapy**
- MP 2.273 Genetic Testing for Mitochondrial Disorders**
- MP 2.277 Miscellaneous Genetic Tests and Molecular Diagnostic Tests**
- MP 2.064 Biofeedback and Neurofeedback Therapy**
- MP 2.242 Genetic Testing for Developmental Delays/Intellectual Disability, Autism Spectrum Disorder and Congenital Anomalies**
- MP 2.255 Genetic Testing For PTEN Hamartoma Tumor Syndrome**
- MP 2.273 Genetic Testing for Mitochondrial Disorders**
- MP 2.276 Genetic Testing for Pathogenic FMR1 Mutations (Including Fragile X Syndrome)**
- MP 4.005 Intravenous Chelation Therapy**
- MP 4.007 Vision Therapy**
- MP 4.027 Neuropsychological Testing for Medical Purposes**
- MP 4.029 Evoked Potential Studies**
- MP 5.011 Magnetoencephalography and Magnetic Source Imaging**
- MP 8.001 Physical Medicine and Specialized Physical Medicine Treatments (Outpatient)**
- MP 8.002 Speech Therapy (Outpatient)**
- MP 8.004 Occupational Therapy (Outpatient)**
- MP 8.007 Cognitive Rehabilitation**
- MP 8.011 Sensory Integration Therapy and Auditory Integration Therapy**

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**G2056 Diagnosis of Idiopathic Environmental Intolerance
G2099 Intracellular Micronutrient Analysis**

II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital Blue Cross please see additional information below, and subject to benefit variations as discussed in Section VI 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.

FEP PPO: Refer to FEP Medical Policy Manual. The FEP Medical Policy Manual can be found at:
<https://www.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.

III. DESCRIPTION/BACKGROUND

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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.

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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.

IV. DEFINITIONS

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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.

FRAGILE X: a genetic condition that results in significant intellectual disability.

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008 (MHPAEA): Federal law which requires most group health plans to cover treatment for mental illness on the same terms and conditions as all other illnesses, and specifically mandates equity in treatment limits and financial limitations, effective October 3, 2009

PENNSYLVANIA AUTISM INSURANCE ACT (ACT 62): a Pennsylvania law that requires health insurers to provide coverage for medically necessary diagnosis and treatment of autism spectrum disorders for individuals under the age of 21, and who are insured through an employer group of 51 or more employees. This law is inapplicable to certain specified policies such as Medicare supplement, and self-funded group plans unless the groups elect to follow its requirements. For additional information regarding Act 62, please visit: <https://www.dhs.pa.gov/Services/Disabilities-Aging/Pages/Act-62.aspx>

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V. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits, and which require preauthorization. There are different benefit plan designs in each product administered by Capital Blue Cross. Members and providers should consult the member's health benefit plan for information or contact Capital Blue Cross for benefit information.

VI. DISCLAIMER

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Capital Blue Cross' medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VII. CODING INFORMATION

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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	81302	81303	81304	81321	81322
81323	92521	92522	92523	92524	96041	96105	96110	96112
96116	96121	96132	96133	96136	96137	96138	96139	96146
96113	96130	96131						

ICD-10-CM Diagnosis Code	Description

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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

Not Medically Necessary:

Procedure Codes								
90846	90847	96167	96168	96170	96171	A9999	T2020	T2021
J2850								

VIII. REFERENCES

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IX. POLICY HISTORY

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MP 2.304	02/25/2020 Consensus Review. No changes to policy statements, all coding reviewed.
	12/11/2020 Administrative Update. Removed deleted codes 92585 and 92586, effective 1/1/21.
	01/19/2021 Consensus Review. 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.

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<p>08/31/2021 Administrative Update. Added new code 0263U. effective 10-1-21.</p>
<p>11/22/2022 Major Review. ABA now as MN. Second Tier Genetic Testing as MN and added coding. Formatting and clarification changes throughout.</p>
<p>05/22/2023 Minor Review. ABA and Behavior therapy removed from policy. Removal of interventions that resided on another policy. Reformatting and clarity throughout. Coding updated.</p>
<p>12/11/2024 Administrative Update. Added 96041, removed 96040. Effective 1/1/2025.</p>

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