

POLICY TITLE	AUTISM SPECTRUM DISORDERS
POLICY NUMBER	MP 2.304

Original Issue Date (Created):	7/1/2009
Most Recent Review Date (Revised):	2/25/2020
Effective Date:	1/1/2021

[POLICY RATIONALE](#)  
[DISCLAIMER](#)  
[POLICY HISTORY](#)

[PRODUCT VARIATIONS](#)  
[DEFINITIONS](#)  
[CODING INFORMATION](#)

[DESCRIPTION/BACKGROUND](#)  
[BENEFIT VARIATIONS](#)  
[REFERENCES](#)

**I. POLICY**

*Pervasive developmental disorders are now referred to by consensus 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. The following guidelines apply to all members with a diagnosis cited in the previous statement.*

A) Diagnosis of Autism Spectrum Disorders (ASD) should be performed by eligible licensed practitioners using the appropriate DSM-5 criteria. The diagnosis is valid for not less than twelve (12) months unless a licensed physician or psychologist determines an assessment is needed before then. Review of functional behavioral assessments or treatment plans will be required prior to authorization of services. Unless there is clear evidence of regression necessitating changes in treatment, treatment plans will be reviewed every six months.

B) Functional Behavioral Assessment or Treatment Plan:

A functional behavioral assessment or treatment plan must be submitted that:

- Is developed by a licensed physician or licensed psychologist pursuant to a comprehensive evaluation or reevaluation performed in a manner consistent with the most recent clinical report or recommendations of the American Academy of Pediatrics
- Includes short and long-term goals which can be measured objectively
- Includes any medically necessary pharmaceutical care, psychiatric care, psychological care, rehabilitative care and therapeutic care that is:
  - Prescribed, ordered or provided by a licensed physician, physician assistant, psychologist, clinical social worker, or a certified registered nurse practitioner, **or**
  - Provided by an autism service provider, **or**
  - Provided by a person or entity working under the direction of an autism service provider.

C) Diagnostics:

Diagnostics services listed below are considered **medically necessary** to rule out other conditions when determining a diagnosis of Autism Spectrum Disorders.

POLICY TITLE	AUTISM SPECTRUM DISORDERS
POLICY NUMBER	MP 2.304

- Formal audiological hearing evaluation including frequency-specific brainstem auditory evoked response (92552, 92553, 92555, 92556, 92557, 92579, 92582, 92583)
- Measurement of blood lead level if the child exhibits developmental delay and pica, or lives in a high-risk environment. Additional periodic lead screening can be considered if the pica persists. (83655)
- Metabolic testing (80053) if the child exhibits any of the following:
  - Clinical and physical findings suggestive of a metabolic disorder (e.g., lethargy, cyclic vomiting, or early seizure); **or**
  - Dysmorphic or coarse features; **or**
  - Evidence of intellectual disability; **or**
  - Intellectual disability cannot be ruled out; **or**
  - Occurrence or adequacy of newborn screening for a birth defect is questionable.
- Genetic testing and DNA analysis for fragile X syndrome, performed on the member only in the presence of intellectual disability. *See MP 2.276 Genetic Testing for Pathogenic FMRI Variants (including Fragile X Syndrome).*
- Chromosomal Microarray (CMA) Analysis for genetic evaluation. *See MP 2.242 Genetic Testing for Developmental Delay/Intellectual Disability, Autism Spectrum Disorder, and Congenital Abnormalities*
- Genetic counseling for parents of a child with ASD (96040)
- Electroencephalogram (EEG) for clinical spells that might represent seizures *See MP 2.012 Electroencephalograms (EEGs)*
- Sleep-deprived EEG study only if the child exhibits any of the following conditions:
  - Clinical seizures; **or**
  - High suspicion of subclinical seizures; **or**
  - Symptoms of developmental regression (clinically significant loss of social and communicative function) at any age, but especially in toddlers and preschoolers *See MP 2.012 Electroencephalograms(EEGs)*
- Video-EEG when performed in an inpatient or outpatient facility setting and used to confirm the diagnosis of complex seizures where the seizure type does not respond to conventional therapy. *See MP 2.012 Electroencephalograms (EEGs)*

Each of the following diagnostic services or procedures may be **medically necessary** for patients with Autism Spectrum Disorders:

- Parent and/or child interview (including siblings of children with ASD)
- Medical evaluation (*complete medical history and physical examination*) Psychological evaluation (90791, 90792, 96130, 96131)
- Neuropsychological Testing (96132, 96133, 96136, 96137, 96138, 96139, 96146)
- Evaluation by speech-language pathologist (92521, 92522, 92523, 92524, 96105, S9152, V5362, V5363; *See MP 8.002 Speech Therapy (Outpatient)*)
- Developmental and Behavioral screening (96110, 96112, 96113, 96116, 96121, 96156 )

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

**D) Treatments:**

The following services or procedures, as prescribed in a specific treatment plan that meets the criteria outlined above may be **medically necessary** for patients with Autism Spectrum Disorders:

- Medically necessary physical, occupational, speech or psychotherapy\* specifically for the treatment of Autism Spectrum Disorders (Therapy visit limits do not apply to members/groups whose benefits are subject to the terms mandated in Pennsylvania Act 62 of 2008.)
  - For physical therapy. *See MP 8.001 Physical Medicine and Specialized Physical Medicine Treatments (Outpatient)*
  - For occupational therapy. *See MP 8.004 Occupational Therapy (Outpatient)*
  - For speech therapy. *See MP 8.002 Speech Therapy (Outpatient)*
  - Psychotherapy (90785, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90853, 96156, 96158, 96159, 96164, 96165)
- Medically necessary behavior therapy\* and behavior modification\* (see exclusions) including but not limited the following services:
  - Behavior specialist consultation
  - Therapeutic staff support services (H0004, H0031, H0032, H2014, H2015, H2017, H2019, H2021)
- Medically necessary interventions to improve verbal and nonverbal communication skills (*See exclusions and corresponding medical policies as listed in cross-references for medical necessity criteria.*)
- Medically necessary and appropriate treatments for comorbidities, including psychotherapy\*, behavioral therapy\*, physical and occupational therapy
- Continued rehabilitative medical treatment once the therapeutic goals have been achieved to preserve the current level of function and prevent regression (maintenance) (S8990)

\*Medical necessity review of behavioral health services will be conducted by the employer group’s Managed Behavioral Healthcare Organization (MBHO).

**The following exclusions (not medically necessary) apply to all members with a diagnosis of Autism Spectrum Disorders.**

- Sensory friendly, compression or weighted clothing (A9999)
- Chiropractic evaluation, myofascial and musculoskeletal treatment and/or manipulation for ASD as ASD does not have a musculoskeletal etiology
- Day treatment services (T2020, T2021) (*Exclusion does not apply to members/groups whose benefits are subject to the terms mandated in Pennsylvania Act 62 of 2008, specifically code H2012 for day treatment.*)
- Applied Behavior Analysis (ABA)\*\* (also known as Lovaas therapy, intensive behavioral intervention (IBI), discrete trial training, early intensive behavioral intervention (EIBI), or intensive intervention programs) (0362T, 0373T, 97151, 97153,

POLICY TITLE	AUTISM SPECTRUM DISORDERS
POLICY NUMBER	MP 2.304

97154, 97155, 97156, 97157, 97158) (*Exclusion does not apply to members/groups whose benefits are subject to the terms mandated in Pennsylvania Act 62 of 2008*)

- Elimination diets (e.g., gluten and milk elimination) (No Code)
- Family based mental health services (90846, 90847, 96167, 96168, 96170, 96171) (*Exclusion does not apply to members/groups whose benefits are subject to the terms mandated in Pennsylvania Act 62 of 2008*)
- Host home services

\*\* Coding for ABA may vary based on contractual agreements.

Each of the following assessments and treatments are **investigational** for Autism Spectrum Disorders including but not limited to:

**Assessment:**

- Allergy testing (especially food allergy for gluten, casein, candida, and other molds) *See MP 2.001 Allergy Testing and Immunotherapy*
- Erythrocyte glutathione peroxidase studies (82271, 82272, 82979)
- Event-related brain potentials. *See MP 4.029 Evoked Potential Studies*
- Nutritional testing *See G2099 Intracellular Micronutrient Analysis, G2056 Diagnosis of Idiopathic Environmental Intolerance*
- Intestinal permeability studies (84378, 84379, 84620)
- Magnetoencephalography/magnetic source imaging. *See MP 5.011 Magnetoencephalography and Magnetic Source Imaging*
- Neuroimaging studies such as CT, MRI, MRS, PET, SPECT for ASD (70450, 70460, 70470, 70551, 70552, 70553, 78608, 78609) \*\*\*
- Electronystagmography (in the absence of dizziness, vertigo, or balance disorder) (92540, 92541, 92542, 92544, 92545, 92546, 92547)
- Provocative chelation tests for mercury (83015, 83018)
- Stool analysis (to measure pH or to assess the presence and amount of pathogenic yeast, parasites, bacteria, occult blood, short chain fatty acids, mucus or other substances) (82715, 83986, 87045, 87046, 87102)
- Tests for celiac antibodies (82784, 83516)
- Tests for immunologic or neurochemical abnormalities (86332)
- Tests for micronutrients such as vitamin levels. *See G2099 Intracellular Micronutrient Analysis*
- Tests for mitochondrial disorders including lactate and pyruvate. *See MP 2.273 Genetic Testing for Mitochondrial Disorders*
- Tests for urinary peptides (no specific code)

\*\*\* Some imaging services are managed by National Imaging Associates (NIA) guidelines.

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

**Treatment:**

- Auditory integration training. *See MP 8.011 Sensory Integration Therapy and Auditory Integration Therapy*
- Biofeedback. *See MP 2.064 Biofeedback and Neurofeedback Therapy*
- Chelation therapy. *See MP 4.005 Intravenous Chelation Therapy*
- Cognitive rehabilitation (*Exclusion does not apply to members/groups whose benefits are subject to the terms mandated in Pennsylvania Act 62 of 2008*) *See MP 8.007 Cognitive Rehabilitation*
- Facilitated communication (no specific code)
- Hippotherapy (S8940)
- Holding therapy (no specific code, 90899)
- Immune globulin infusion. *See Immune Globulins.*
- Pet therapy (no specific code, 90899)
- Secretin infusion (J2850)
- Sensory integration therapy (97533) (*Exclusion does not apply to members/groups whose benefits are subject to the terms mandated in Pennsylvania Act 62 of 2008*). *See MP 8.011 Sensory Integration Therapy and Auditory Integration Therapy*
- Vision therapy. *See MP 4.007 Vision Therapy*

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

***Cross-references:***

- MP-2.001** Allergy Testing and Immunotherapy
- MP-2.012** Electroencephalograms (EEGs)
- 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-2.276** 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

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

**II. PRODUCT VARIATIONS**

[TOP](#)

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

**FEP PPO:** 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.

**CHIP (aka Capital Cares 4Kids):** Pennsylvania Act 62 of 2008 does not apply.

**Special Care<sup>SM</sup>:** Pennsylvania Act 62 of 2008 does not apply.

**NOTE:** Pennsylvania Act 62 of 2008 does not apply to employer groups of 50 or fewer employees and does not apply to certain self-insured employer groups who may elect not to follow this state mandate.

**III. DESCRIPTION/BACKGROUND**

[TOP](#)

Autism Spectrum Disorders 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 Autism Spectrum Disorders 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.

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

The impairments of Autism Spectrum Disorders 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 ASD has not been reached. However, many medications are used in the treatment of behavioral and comorbid issues that are associated with ASD. Since ASD 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 ASD.

**IV. DEFINITIONS**

[TOP](#)

**APPLIED BEHAVIOR ANALYSIS (ABA)** (Also known as Lovaas therapy, intensive behavioral intervention (IBI), discrete trial training, early intensive behavioral intervention (EIBI), or intensive intervention programs): a treatment for Autism Spectrum Disorders which includes the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior or to prevent loss of attained skill or function, including the use of direct observation, measurement and functional analysis of the relations between environment and behavior

**ASPERGER'S DISORDER:** a condition in which the essential features are severe and 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).

**AUDITORY INTEGRATION TRAINING (AIT):** a therapy that uses electronically modulated and/or filtered music to attempt to retrain the ear and auditory system. AIT has been investigated in the treatment of behavioral and learning disabilities hoping to affect alertness, attention span, concentration, information processing and communication. Treatment consists of the identification of hypersensitivity and peak of sound distortion, as well as the selection of the optimum music for the individual. Once these determinations are completed, the selected music is played twice a day for 10 to 12 consecutive days through a listening device.

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

**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.

**BEHAVIOR MODIFICATION:** a therapy type that is designed to create new behavior patterns in people through intensive and frequent feedback using a reward, non-reward system

**BEHAVIOR SPECIALIST:** also known as a behavior specialist consultant (BSC), this individual is usually Masters prepared and designs, implements and/or evaluates behavior modification intervention components of a treatment plan, including those based on applied behavior analysis, to produce socially significant improvements in human behavior or to prevent loss of attained skill or function, through skill acquisition and the reduction of problematic behavior.

**COGNITIVE REHABILITATION:** a systematically applied set of medical and therapeutic services designed to improve the functioning of individuals whose cognition is impaired because of physical trauma or disease. The program interventions are based on an assessment and understanding of the person's brain-behavior deficits and focus on the management of specific problems in perception, memory, thinking and problem solving. Skills are practiced and strategies are taught to help improve function and/or compensate for remaining deficits.

**ELIMINATION DIET:** specialized diet usually used to isolate food allergies or food sensitivity. When used as an intervention for ASD, specific foods or food groups are omitted, such as gluten and milk.

**FACILITATED COMMUNICATION:** a method of communication using aids or alternatives to speech such as sign language, flashcards, communication boards, etc.

**FUNCTIONAL BEHAVIORAL ASSESSMENT:** a comprehensive and individualized strategy to identify the purpose or function of a person’s problem behavior(s), develop and implement a plan to modify variables that maintain the problem behavior, and teach appropriate replacement behaviors using positive interventions

**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

**MOBILE THERAPIST:** a Bachelor or Masters prepared individual who helps to implement the behavioral interventions included in the treatment plan by providing modeling, instruction and individual and family therapy in the home or school setting with the ultimate goal of transitioning care to the family and school staff

**MUSIC THERAPY AND RHYTHMIC ENTRAINMENT INTERVENTIONS:** use of music as therapy for diseases, illnesses and disabilities. These therapies are theorized to enhance memory, improve communication, promote physical rehabilitation and reduce anxiety levels and anxiety-related disruptive behaviors.



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

**PENNSYLVANIA ACT 62 OF 2008 (FORMERLY HOUSE BILL 1150) – AUTISM SPECTRUM DISORDERS COVERAGE:** Commonwealth of Pennsylvania law that requires health insurers to provide coverage for medically necessary diagnosis and treatment of autism spectrum disorders effective July 1, 2009. This legislation applies to individuals under the age of 21 who are insured through an employer group of 51 or more employees and does not apply to certain specified policies, including but not limited to Medicare supplement, or to certain self-insured employer groups who may elect not to follow this state mandate.

**REHABILITATIVE CARE:** professional services and treatment programs provided to a person to produce improvements in behavior or function with the goal of enabling the person to achieve maximum self-sufficiency

**SENSORY INTEGRATION TECHNIQUES:** a technique designed to guide intervention for children who have significant difficulty processing sensory information. The approach has been investigated as a treatment of developmental disabilities, autism, developmental delay, intellectual disability, and learning disabilities. It is a treatment modality of unusual complexity, consisting of both the sensory stimulation selected to match a child’s sensory needs and the child’s adaptive responses to the sensory stimulation. The therapy usually involves full body movements that provide vestibular, proprioceptive, and tactile stimulation. The goal of therapy is to improve the way the brain processes and organizes sensations, as opposed to teaching higher order skills themselves.

**THERAPEUTIC SERVICES:** any of the professional services prescribed by physician which enhance functioning in an area of development, including but not limited to physical functioning, basic activities of daily living, speech and communication

**THERAPEUTIC STAFF SUPPORT PERSON (TSS):** a trained specialist who works under the supervision of a Behavior Specialist and Mobile Therapist providing behavioral and emotional support to children and adolescents in their homes, schools, and other community settings. The TSS is required to provide specific activities according to the treatment plan, which may include, but is not limited to, instructing parents, school staff, and community staff. The TSS is trained to help the child/adolescent to promote positive, socially appropriate behavior. The TSS is responsible for documenting the progress the child/adolescent is making toward reaching their specific goals and communicating the progress to the Behavior Specialist and Mobile Therapist.

**VISION THERAPY:** the use of professionally supervised eye exercises to correct problems with vision such as lazy eye, crossed eyes, double vision, convergence insufficiency and some reading and learning disabilities. In addition to exercises, corrective lenses and treatment devices including computer software may be used.

**NOTE:** For definitions of other terms refer to Pennsylvania Act 62 of 2008.

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

**V. BENEFIT VARIATIONS**

[TOP](#)

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 BlueCross. Members and providers should consult the member's health benefit plan for information or contact Capital BlueCross for benefit information.

**VI. DISCLAIMER**

[TOP](#)

*Capital BlueCross's 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 BlueCross' Provider Services or Member Services. Capital BlueCross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.*

**VII. CODING INFORMATION**

[TOP](#)

**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 of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Note: See [Policy section](#) for applicable coding information. Diagnoses listed below.

<b>ICD-10-CM Diagnosis Code</b>	<b>Description</b>
F84.0	Autistic disorder
F84.1	Atypical Autism
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

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

**VIII. REFERENCES**

[TOP](#)

*American Academy of Child and Adolescent Psychiatry. Policy Statement- Secretin in the Treatment of Autism. June 15, 2002. [Website]:*  
[http://www.aacap.org/aacap/policy\\_statements/2002/Secretin\\_in\\_the\\_Treatment\\_of\\_Autism.aspx](http://www.aacap.org/aacap/policy_statements/2002/Secretin_in_the_Treatment_of_Autism.aspx) Accessed February 25, 2020.

*American Academy of Pediatrics, Myers SM, Johnson CP, Committee on Children with Disabilities, Identification and Evaluation of Children with Autistic Spectrum Disorders, Pediatrics Vol. 120(5) October 2007.*

*American Academy of Pediatrics, Myers SM, Johnson CP, Committee on Children with Disabilities, Management of Children with Autistic Spectrum Disorders, Pediatrics Vol. 120(5) October 2007.*

*BCBSA TEC Assessment. Special Report: Early Intensive Behavioral Intervention Based on Applied Behavior Analysis among Children with Autism Spectrum Disorders. Vol. 23(9) February 2009.*

*Blue Cross Blue Shield Association Technology Evaluation Center (TEC). TEC Special Report: “Array Comparative Genomic Hybridization (aCGH) for the Genetic Evaluation of Patients with Developmental Delay/Mental Retardation and Autism Spectrum Disorder. TEC Assessments 2009; 24 (Tab 10).*

*Cohen H, Amerine-Dickens M, Smith T. Early intensive behavioral treatment: replication of the UCLA model in a community setting. J Dev Behav Pediatr. 2006; 27(2Suppl):S145-155.*

*Cooper GM, Coe BP, Girirajan S et al. A copy number variation morbidity map of developmental delay. Nat Genet 2011; 43(9):838-46.*

*Coulter ME, Miller DT, Harris DJ et al. Chromosomal microarray testing influences medical management. Genet Med 2011; 13(9):770-6.*

*Gold C, Wigram T, Elefant C. Music therapy for autistic spectrum disorder. Cochrane Database of Systematic Reviews 2006, Issue 2. Art. No.: CD004381.*

*Jesner OS, Aref-Adib M, Coren E. Risperidone for autism spectrum disorder. Cochrane Database of Systematic Reviews 2007, Issue 1. Art. No.: CD005040.*

*Johnson C.P, Myers, S and the Council on Children With Disabilities. Identification and Evaluation of Children with Autism Spectrum Disorders. Published online November 1, 2007 Pediatrics Vol. 120 No. 5 November 2007, pp. 1183-1215 (doi:10.1542/peds.2007-2361) Reaffirmed December 1, 2010. [Website]*  
<http://pediatrics.aappublications.org/content/120/5/1183.long>. Accessed February 25, 2020.

*Novitas Solutions. Local Coverage Determination (LCD) L35101 Psychiatric Codes. Effective 10/1/15. [Website]: [LCD35101](#). Accessed February 25, 2020.*

*Nye C, Brice A. Combined vitamin B6-magnesium treatment in autism spectrum disorder. Cochrane Database of Systematic Reviews 2005, Issue 4. Art. No.: CD003497.*

*Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, § 512, 29 U.S.C. § 1185a [Website]: [https://www.cms.gov/cciio/programs-and-initiatives/other-insurance-protections/mhpaea\\_factsheet.html](https://www.cms.gov/cciio/programs-and-initiatives/other-insurance-protections/mhpaea_factsheet.html) Accessed February 25, 2020.*

**MEDICAL POLICY**

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

*Pennsylvania General Assembly. Act 62 of 2008 (formerly House Bill 1150). [Website]: <http://www.legis.state.pa.us>. Accessed February 25, 2020.*

*Saam J, Gudgeon J, Aston E et al. How physicians use array comparative genomic hybridization results to guide patient management in children with developmental delay. Genet Med 2008; 10(3):181-6.*

*Schaefer GB, Mendelsohn NJ. Clinical genetics evaluation in identifying the etiology of autism spectrum disorders. Genet Med 2008; 10(4):301-5.*

*Stankiewicz P, Beaudet AL. Use of array CGH in the evaluation of dysmorphology, malformations, developmental delay, and idiopathic mental retardation. Curr Opin Genet Dev 2007; 17(3):182-92.*

*Subramonia-Iyer S, Sanderson S, Sagoo G et al. Array-based comparative genomic hybridization for investigating chromosomal abnormalities in patients with learning disability: systematic review metaanalysis of diagnostic and false-positive yields. Genet Med 2007; 9(2):74-9.*

*Williams KW, Wray JJ, Wheeler DM. Intravenous secretin for autism spectrum disorder. Cochrane Database of Systematic Reviews 2005, Issue 3. Art. No.: CD003495.*

**IX. POLICY HISTORY**

[TOP](#)

<b>CAC 11/25/08</b> (original)
<b>CAC 11/24/09</b> Consensus review, no change to policy statement
<b>CAC 9/27/10</b> Minor revision. Array Comparative Genomic Hybridization for the genetic evaluation of patients with cognitive developmental delay, mental retardation, or autism spectrum disorder is considered investigational.
<b>CAC 4/26/11</b> Minor revision. Sensory Integration Therapy changed from not medically necessary to investigational. Reference added to MP 8.011 Sensory integration therapy and MP-2.242 Array Comparative Genomic Hybridization (aCGH) for the Genetic Evaluation of Patients with Developmental Delay/Intellectual Disability or Autism Spectrum Disorders  Please Note: The Legal Department reviewed this version for us, and agreed with the content. 7/15/11.  Added note to sensory integration therapy “sensory integration investigational status does not apply to members/groups whose benefits are subject to the terms mandated in PA Act 62 of 2008”.
<b>CAC 2/28/12</b> Added Chromosomal microarray (CMA) analysis to list of testing that is considered medically necessary referencing MP 2.242 for criteria. Deleted array comparative genomic hybridization (aCGH) from list of investigational services. Changed aCGH to CMA in title, policy statements and text.
<b>CAC 9/24/13</b> Consensus. No change to policy statements. References updated. Admin coding review.
<b>CAC 9/30/14</b> Consensus review. No changes to the policy statements. References updated. Codes reviewed, removed deleted codes.

# MEDICAL POLICY

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

	<b>12/15/14</b> Coding update.
	<b>01/2015</b> New 2015 codes added to policy.
	<b>03/26/2015-</b> Administrative coding updates. No change to policy statements.
	<b>CAC 9/29/15 Consensus review.</b> No change to policy statements. References updated. Coding reviewed.
	<b>CAC 9/27/16 Minor review.</b> Added sensory friendly, compression or weighted clothing to list of non-covered services. Reviewed references.
	<b>CAC 5/23/17 Minor review.</b> Reorganized policy to have the headers of diagnostics to rule out other conditions, diagnostics to diagnose PDD, medically necessary treatments and their exclusions, and investigational assessments and treatments for PDD. Coding was added to the policy statement portion policy. References were updated.
	<b>1/1/18 Administraitve Update</b> Code F84.9 added to policy. Product Variations updated.
	<b>1/9/18 Consensus review.</b> Added statement about new nomenclature of Austism Spectrum Disorder. Policy Statements unchanged. References Updated.
	<b>4/5/18 Administrative update.</b> Title changed to “Autism Spectrum Disorders” to accurately reflect the current terminology. New nomenclature updated within policy but no policy statement changes. Previously referenced as Pervasive Developmental Disorders.
	<b>1/1/19 Administrative update.</b> Removed deleted codes, and added new codes effective 1/1/2019.
	<b>1/10/19 Consensus review.</b> No new policy statements. Policy cross-references updated. References updated.
	<b>12/1/19 Coding updated.</b> Policy coding reviewed and updated. Policy cross-references updated.
	<b>1/1/2020 Coding updated.</b> New 2020 codes added to policy.
	<b>02/25/2020 Consensus review.</b> No changes to policy statements, all coding reviewed.
	<b>12/11/20 Administrative update.</b> Removed deleted codes 92585 and 92586, effective 1/1/21.

*Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.*