Pervasive Developmental Disorder and Autism Spectrum Disorder

Policy Number: BIP011.J
Effective Date: February 1, 2024

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Application

This benefit interpretation policy applies to members with a diagnosed or suspected pervasive developmental disorder (PDD) or other related disorders of communication, language, and/or socialization.

Federal/State Mandated Regulations

Section 1355.015

Section 1355.015. Required Coverage For Certain Enrollees

https://statutes.capitol.texas.gov/DocViewer.aspx?DocKey=IN%2fIN.1355&Phrases=1355.015&HighlightType=1&ExactPhrase=False&QueryText=1355.015

(a) At a minimum, a health benefit plan must provide coverage for screening a child for autism spectrum disorder at the ages of 18 and 24 months.

(a-1) At a minimum, a health benefit plan must provide coverage for treatment of autism spectrum disorder as provided by this section to an enrollee who is diagnosed with autism spectrum disorder from the date of diagnosis, only if the diagnosis was in place prior to the child's 10th birthday.

b) The health benefit plan must provide coverage under this section to the enrollee for all generally recognized services prescribed in relation to autism spectrum disorder by the enrollee's primary care physician in the treatment plan recommended by that physician. An individual providing treatment prescribed under this subsection must be:
   1) A health care practitioner:
      (A) Who is licensed, certified, or registered by an appropriate agency of this state;
      (B) Whose professional credential is recognized and accepted by an appropriate agency of the United States; or
      (C) Who is certified as a provider under the TRICARE military health system; or
   2) An individual acting under the supervision of a health care practitioner described by Subdivision (1).

c) For purposes of Subsection (b), "generally recognized services" may include services such as:
   1) Evaluation and assessment services;
   2) Applied behavior analysis;
   3) Behavior training and behavior management;

4) Speech therapy;
5) Occupational therapy;
6) Physical therapy; or
7) Medications or nutritional supplements used to address symptoms of autism spectrum disorder.

(c-1) The health benefit plan is not required to provide coverage under Subsection (b) for benefits for an enrollee 10 years of age or older for applied behavior analysis in an amount that exceeds $36,000 per year.

(d) Coverage under Subsection (b) may be subject to annual deductibles, copayments, and coinsurance that are consistent with annual deductibles, copayments, and coinsurance required for other coverage under the health benefit plan.

(e) Notwithstanding any other law, this section does not apply to a standard health benefit plan provided under Chapter 1507.

(f) Subsection (a) does not apply to a qualified health plan defined by 45 C.F.R. Section 155.20 if a determination is made under 45 C.F.R. Section 155.170 that:
(1) This subchapter requires the qualified health plan to offer benefits in addition to the essential health benefits required under 42 U.S.C. Section 18022(b); and
(2) This state must make payments to defray the cost of the additional benefits mandated by this subchapter.

(g) To the extent that this section would otherwise require this state to make a payment under 42 U.S.C. Section 18031(d)(3)(B)(ii), a qualified health plan, as defined by 45 C.F.R. Section 155.20, is not required to provide a benefit under this section that exceeds the specified essential health benefits required under 42 U.S.C. Section 18022(b).

Added by Acts 2007, 80th Leg., R.S., Ch. 877 (H.B. 1919), Sec. 8, eff. September 1, 2007.
Amended by:

- Acts 2009, 81st Leg., R.S., Ch. 1107 (H.B. 451), Sec. 2, eff. September 1, 2009.
- Acts 2013, 83rd Leg., R.S., Ch. 1070 (H.B. 3276), Sec. 1, eff. September 1, 2013.
- Acts 2013, 83rd Leg., R.S., Ch. 1359 (S.B. 1484), Sec. 1, eff. September 1, 2013.
- Acts 2013, 83rd Leg., R.S., Ch. 1359 (S.B. 1484), Sec. 2, eff. September 1, 2013.
- Acts 2015, 84th Leg., R.S., Ch. 1236 (S.B. 1296), Sec. 11.003(a), eff. September 1, 2015.
- Acts 2015, 84th Leg., R.S., Ch. 1236 (S.B. 1296), Sec. 11.003(b), eff. September 1, 2015.
- Acts 2015, 84th Leg., R.S., Ch. 1236 (S.B. 1296), Sec. 21.001(37), eff. September 1, 2015.

Section 1355.001. Definitions Benefits for Certain Mental Disorders

https://statutes.capitol.texas.gov/Docs/IN/htm/IN.1355.htm

(1) "Serious mental illness" means the following psychiatric illnesses as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual (DSM):
(A) Bipolar disorders (hypomanic, manic, depressive, and mixed);
(B) Depression in childhood and adolescence;
(C) Major depressive disorders (single episode or recurrent);
(D) Obsessive-compulsive disorders;
(E) Paranoid and other psychotic disorders;
(F) Schizo-affective disorders (bipolar or depressive); and
(G) Schizophrenia.

(3) "Autism spectrum disorder" means a neurobiological disorder that includes autism, Asperger's syndrome, or pervasive developmental disorder–not otherwise specified.

State Market Plan Enhancements

None

Covered Benefits

Note: Autism services performed (OT, ST, PT or ABA) in the home setting are not “Home Health Services” and are not subject to visit or dollar limitations, if any.

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Note: Refer to the member's evidence of coverage (EOC)/schedule of benefits (SOB) for specific benefit information.

Covered services include:

- Assessment and coordination of care by the member's treating physician or PCP (e.g., history, physical and management of medications, etc) as part of a of a recommended treatment plan and determined medically necessary.
- The following recognized services are covered when prescribed by the member's primary care physician and are medically necessary for a member who is diagnosed with autism spectrum disorder from the date of diagnosis until the tenth (10^{th}) birthday.
  - Applied behavior analysis; may require prior authorization by the member's primary medical group or UnitedHealthcare
  - Behavior training and behavior management/modification when determined to be medically necessary for member's diagnosed with autism spectrum disorder (Examples include, but are not limited to, art therapy, music therapy and play therapy).
  - Speech therapy;
  - Occupational therapy;
  - Physical therapy; or
  - Medications or nutritional supplements used to address symptoms of autism spectrum disorder
  - Routine laboratory testing for therapeutic medication level
- An individual providing covered services for autism spectrum disorder must be a health care practitioner who is licensed, certified, or registered by an appropriate agency by the state whose professional credential is recognized and accepted by an appropriate agency of the United States; or who is certified as a provider under the TRICARE military system.

Refer to the Benefit Interpretation Policies titled Attention Deficit Hyperactivity Disorder (ADHD), Cognitive Rehabilitation, Developmental Delay and Learning Disabilities, Inpatient and Outpatient Mental Health, Rehabilitation Services (Physical, Occupational, and Speech Therapy), and Preventive Care Services.

Not Covered

- Hypnotherapy

Policy History/Revision Information

Date	Summary of Changes
02/01/2024	**Supporting Information** • Removed *Definitions* section • Archived previous policy version BIP011.I

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.