

Subject: Pervasive Developmental Disorder and Autism Policy

Effective Date: 01/2000

Review Date: 07/2018

DESCRIPTION

Treatment for the diagnosis of Pervasive Developmental Disorder (PDD) Spectrum including Autism is covered by The Ohio State University Health Plan. The coverage has defined coverage requirements and time frames. A complete work-up by approved medical and mental health professionals is required prior to approving payment of services. This core treatment for PDD and ASD benefit is covered as a behavioral health diagnosis and subject to same benefit guidelines. Speech therapy (ST), physical therapy (PT) and occupational therapy (OT) visit limits apply as specified in The Ohio State University Faculty and Staff Health Plans Specific Plan Details Document (SPD). Covered services include diagnostic work-up with appropriate psychological testing, professional services from licensed mental health professionals, speech therapy, occupational therapy, physical therapy and therapeutic aides if Intensive Behavioral Intervention (IBI/ABA) is approved.

BENEFIT/COVERAGE ISSUES

Services for a diagnosis of Autism include mental health services (professional services by a licensed mental health or medical provider) and a clinically appropriate amount of 1 to 1 therapeutic aide time if the candidate meets screening qualifications as defined by age. Up to 20 hours of IBI aide services can be covered upon completion of the pre-screening diagnostic work-up through the clients 21st birthday.

The child will have regular intervals of review, and if there is no progress, coverage will be withdrawn. No period of approval will be longer than 12 months. Forms for this review have been created and must be used to request further approval.

NOTE: The coverage offered through the OSU Health Plan is not to be used for other services such as regular day care, respite or baby-sitting expenses.

CRITERIA

The OSU Health Plan considers IBI aide services medically necessary when the following criteria are met:

- Must have a diagnosis within the PDD spectrum (includes Autism) as identified with at least 4 standardized tests performed by experts in Autism or early childhood development disorders (see Prior Authorization section below).
- Coverage limited to a clinically appropriate amount of 1 to 1 aide time, not exceeding 20 hours per week up to the age of 21.
- Coverage of 1 to 1 aides ends on the child's 21st birthday
- All cases are under case management and reviewed every 12 months through the end of their treatment. Failure to progress during any review means a termination of coverage for IBI care.

All medical care that would normally be covered under OSU Health Plan guidelines will be covered for clients with an ASD disorder using the standard plan guidelines and limits without regard to age or ASD diagnosis. This includes professional services provided by a licensed mental health or medical provider, ST, PT, and OT.

PRIOR AUTHORIZATION

IBI coverage is considered under the OSU Health Plan Home Health Benefits and therefore requires Prior Authorization. Providers must use OSU Health Plan Autism Prior Authorization Forms, and the initial request must include complete work-up by qualified expert professional(s). The work-up must confirm the diagnosis of PDD, PDD NOS or Autism prior to approving IBI level of care. The testing must include appropriate screening of all areas of functioning, for example:

- Appropriate IQ testing
- Mullen Scales of Early Learning
- Scales of Independent Behavior
- Childhood Autism Rating Scale (CARS)
- Gilliam Autism Rating Scale (GARS)
- Autism Diagnostic Observation Schedule (ADOS)
- Pediatric Questionnaire

If PDD or Autism is the confirmed diagnosis and the above criteria are met, an initial approval of 12 months can be initiated. The start of the approval should only occur after the entire team has been assembled and the treatment plan is in place. After the initial approval, a complete review of progress is required. Failure to document progress means no further approvals will be made. Subsequent approvals will be done in 12 month intervals.

Services not provided in a home setting or an intensive outpatient setting do not require prior authorization. Examples of services not requiring a prior authorization include professional services provided by a licensed mental health or medical provider, ST, PT, and OT.

Cessation of approvals for IBI services

Unless continued progress is documented at any review point, IBI level of care will not continue to be approved. IBI approvals will suspend upon the child reaching the age of 21.

INDICATIONS FOR NURSE APPROVAL:

Clients must have completed evaluation by an appropriate expert clinician or clinical group with expertise in Autism Spectrum Disorders. Upon subsequent authorizations, if progress is documented in 50% of the goals (including mastery/retirement of goals and introduction of new goals), approval for another block of hours can be approved until the client meets the cut-off age.

PHYSICIAN DISCUSSION POINTS

- Services must meet all indications and be provided through acceptable licensed, bonded and contracted agencies.
- Progress must be documented and significant (at least 50% of goals show progress and goals can't be just ADL in nature) to continue approvals.

REASONS FOR PHYSICIAN REVIEWER DENIAL

Child has not had complete work-up by provider with specialty in diagnosis of Developmental Delays, child is older than specified age, child has not progressed since last review period, and/or child has reported I.Q. less than 50.

SERVICES NOT COVERED

The following categories are not covered under the plan guidelines:

- Services that are provided by non-licensed providers that are educationally based

- Tuition costs at Special Education Centers

DIAGNOSES WHICH MAY SUPPORT MEDICAL NECESSITY:

- F84.0 Autistic disorder [Autism spectrum disorder, Infantile autism, Infantile psychosis, Kanner’s syndrome]
- F84.2 Rett’s syndrome
- F84.3 Other childhood disintegrative disorder [Dementia infantilis, Disintegrative psychosis, Heller’s syndrome, Symbiotic psychosis]
- F84.5 Asperger’s syndrome [Asperger’s disorder, Autistic psychopathy, Schizoid disorder of childhood]
- F84.8 Other pervasive developmental disorders [Overactive disorder associated with intellectual disabilities and stereotyped movements]
- F84.9 Pervasive developmental disorder, unspecified [Atypical autism]

CPT/HCPCS CODES

Codes	Description
H0031	Mental health assessment, by nonphysician
H0032	Mental health service plan development by nonphysician
H2014	Skills training and development, per 15 minutes
H2017	Psychosocial rehabilitation services, per 15 minutes
H2018	Psychosocial rehabilitation services, per diem
H2019	Therapeutic behavioral services, per 15 minutes
H2020	Therapeutic behavioral services, per diem
S5108	Home care training to home care client, per 15 minutes
S5109	Home care training to home care client, per session
S5110	Home care training, family; per 15 minutes
S5111	Home care training, family; per session
0359T	Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report
0360T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient
0361T	each additional 30 minutes of technician time, face-to-face with the patient
0362T	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient
0363T	each additional 30 minutes of technician(s) time, face-to-face with the patient
0364T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time
0365T	each additional 30 minutes of technician time
0366T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time
0367T	each additional 30 minutes of technician time
0368T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time
0369T	each additional 30 minutes of patient face-to-face time

0370T	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional
0371T	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional
0372T	Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients
0373T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient
0374T	each additional 30 minutes of technicians' time face-to-face with patient
96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
96151	re-assessment
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual
96153	group (2 or more patients)
96154	family (with the patient present)
96155	family (without the patient present)

Any use of the above CPT or HCPCS codes should be supported by documentation as required/recommended by the AMA CPT and HCPCS Documentation Guidelines and the CMS Documentation Guidelines.

REFERENCES AND ATTACHMENTS

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