



Autism Coverage Update - Guidelines for Telehealth

March 26, 2020

Please refer to the attached policy, Autism Spectrum Disorders, Evaluation and Treatment, for telehealth coverage guidelines.



Autism Spectrum Disorders, Evaluation and Treatment

DESCRIPTION

Autism spectrum disorders (ASD):

Autism spectrum disorders (ASD) are a range of complex neurological disorders with behavioral implications that are referred to as pervasive developmental disorders (PDD). These disorders are characterized by varying degrees of impairment in communication skills, reciprocal social interactions, and restricted, repetitive and stereotyped patterns of speech, interests and behavior. The definition of Autism and Autism Spectrum Disorder (ASD) is provided by the Diagnostic and Statistical manual of Mental Disorders (DSM-IV).

In the past, Asperger's syndrome and Autistic Disorder were separate disorders. They were listed as subcategories within the diagnosis of "Pervasive Developmental Disorders". People whose symptoms were previously diagnosed as Asperger's syndrome or Autistic Disorder are now included as part of the category called Autism Spectrum Disorder (ASD).

Applied Behavior Analysis (ABA):

One treatment approach for Members with an ASD is called applied behavior analysis (ABA). Typically, children learn behaviors and skills without much intervention as the world around them provides the right conditions to learn language, play, and social skills. ABA begins with the concept that children with autism have the potential to learn but they learn much less easily from the environment. ABA focuses on developing the environment to enable children with autism to learn. It encourages positive behaviors and discourages negative behaviors in order to improve a variety of skills. The child's progress is tracked and measured.

NOTE:

- During the CMS-defined covid-19 pandemic time frame, HAP will cover services as described by this policy via telehealth when billed with a telehealth modifier and telehealth place of service.
 - 95 [Modifier: Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System]
 - GT [Modifier: Service via interactive audio and video telecommunication systems (critical access hospitals)]
 - 02 [Place of service, Telehealth: The location where health services and health related services are provided or received, through a telecommunication system]

ABA: Assessment and Treatment Plan Development - Covered Codes

97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior

ABA: Direct Treatment - Covered Codes

97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior

ABA: Social Skills Training - Covered codes

97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes

ABA: Family Training - Covered codes

97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
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OTHER COVERED CPT® CODES

90785	Interactive Complexity (List Separately In Addition To The Code For Primary Procedure)
90791	Psychiatric Diagnostic Evaluation
90792	Psychiatric Diagnostic Evaluation With Medical Services
90832	Psychotherapy, 30 Minutes With Patient
90833	Psychotherapy, 30 Minutes With Patient When Performed With An Evaluation And Management Service (List separately in addition to the code for primary procedure)
90834	Psychotherapy, 45 Minutes With Patient
90836	Psychotherapy, 45 Minutes With Patient When Performed With An Evaluation And Management Service (List separately in addition to the code for primary procedure)
90837	Psychotherapy, 60 Minutes With Patient
90838	Psychotherapy, 60 Minutes With Patient When Performed With An Evaluation And Management Service (List separately in addition to the code for primary procedure)
90846	Family Psychotherapy (without the patient present), 50 minutes
90847	Family Psychotherapy (Conjoint Psychotherapy) (W/Patient Present)
90853	Group Psychotherapy (Other Than, Multiple-Family Group)
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
92508	Speech/Hearing/Voice/Communication Therapy; Group, 2+ Individuals

NON-COVERED HCPCS CODES for this Indication

A4575	Topical hyperbaric oxygen chamber, disposable
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)
P2031	Hair Analysis (excluding arsenic)
S8940	Equestrian/hippotherapy, per session
S9470	Nutritional Counseling, dietitian visit

NON-COVERED CPT CODES for this Indication

82705	Fat or Lipids, Feces; Qualitative
83018	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each, not elsewhere specified
86001	Allergen Specific IgG Quantitative/Semiquantitative, Each Allergen
86003	Allergen Specific IgE; Quantitative/Semiquantitative, Each Allergen crude allergen extract, each
86005	Allergen Specific IgE; Qualitative, Multiallergen Screen (eg, disk, sponge, card)
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes
95967	Magnetoencephalography (Meg), Record & Analysis; For Evoked Magnetic Fields, Ea Add'l Modality
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session
90901	Biofeedback Training, Any Modality

COVERED ICD-10 CODES

F840	Autistic disorder
F843	Other childhood disintegrative disorder
F845	Asperger's syndrome
F848	Other pervasive developmental disorders
F849	Pervasive developmental disorder, unspecified

COVERAGE CRITERIA

- a. Coverage of services is based on the Member's subscriber documents. Please refer to those resources for information regarding eligibility for coverage, network or provider requirements. If the Member has coverage for the services discussed in this policy, then the medical criteria applies.
- b. A comprehensive multidisciplinary assessment ordered and performed by a HAP/AHL Affiliated or Contracted Clinician is covered for HAP/AHL Members 18 years old or younger for the diagnosis of a suspected Autism Spectrum Disorder (ASD).
 - a. Assessment and treatment for comorbid behavioral health and/or medical diagnoses and associated symptoms and/or conditions may be covered for HAP/AHL Members under applicable medical and behavioral health benefit plans.
- c. Treatment of ASD including but not limited to Applied Behavior Analysis (ABA) is covered for Commercial HAP/AHL Members 18 years old or younger who meet the following criteria:
 - a. The Member has been diagnosed with one of the ASD disorders by a HAP/AHL Affiliated fully licensed physician or psychologist (PhD or PsyD level) by completing a multidisciplinary assessment which can include the Autism Diagnostic Observation Scale (ADOS).
 - i. A copy of the multidisciplinary assessment and the ADOS report have been submitted to HAP's Coordinated Behavioral Health Management (CBHM) area.
 - b. A written treatment plan (less than 6 months old) including the objectives and goals of treatment with specific clinical interventions and the validated screening tool have been submitted by a HAP/AHL Affiliated Provider and approved by HAP.
 - c. The Member demonstrates measurable progress and demonstrated improvement toward the approved treatment goals and objectives.
 - d. A new treatment plan is submitted to and approved by HAP every 6 months for continued treatment.
 - e. Evaluation (including but not limited to Vineland, ABLLS, or VB-MAPP) to be completed every 12 months and included in treatment plan.
 - f. All medically appropriate visits are with a HAP/AHL contracted behavioral health clinician for treatment in their scope of practice.
 - g. Must be authorized by a HAP Coordinated Behavioral Health Management (CBHM) Medical Director or designee at 800-444-5755.
- d. Medically appropriate visits with a HAP contracted physician (MD/DO) or psychiatrist for medication management are covered for HAP/AHL Members.
- e. Medicaid Providers:
 - a. To obtain supports and services related to a behavioral health condition, intellectual or developmental disability, or a substance use disorder for Medicaid Members – contact the Member's Care Coordinator to obtain services provided through the Prepaid Inpatient Health Plan (PIHP).

EXCLUSIONS

1. Services that are considered primarily related to improving academic or work performance are not covered for HAP/AHL Members.
2. Treatment for ASD performed in the absence of a diagnosis listed under Covered ICD-9/ICD-10 codes above is not covered for HAP/AHL Members.
3. Members 19 years of age and older do not have coverage for the diagnosis and treatment of an Autism Spectrum Disorder (ASD) according to the Subscriber Contract.
4. Members that do not demonstrate progress toward the treatment goals and objectives.
5. The treatment of ASD is not covered for Medicare Advantage Members.
6. Procedures/services for the assessment and/or treatment of ASD which are not supported by the evidence-based peer-reviewed literature are not covered for HAP/AHL Members including but not limited to:
 - a. Allergy testing (e.g., food allergies for gluten, casein, candida, molds)
 - b. Art therapy
 - c. Auditory integration therapy
 - d. Augmentative communication devices
 - e. Celiac antibodies testing
 - f. Chelation therapy
 - g. Cognitive rehabilitation
 - h. Craniosacral therapy
 - i. Dietary and nutritional interventions (e.g., elimination diets, vitamins)
 - j. EEG biofeedback/neurofeedback

- k. Equestrian therapy (hippotherapy)
- l. Erythrocyte glutathione peroxidase studies
- m. Event-related potentials (i.e., evoked potential studies)
- n. Facilitated communication
- o. Hair analysis
- p. Heavy metal testing
- q. Holding therapy
- r. Hyperbaric oxygen therapy
- s. Immune globulin therapy
- t. Immunologic or neurochemical abnormalities testing
- u. Intestinal permeability studies
- v. Magnetoencephalography (MEG)
- w. Micronutrient testing (e.g., vitamin level)
- x. Mitochondrial disorders testing (e.g., lactate and pyruvate)
- y. Music therapy
- z. Provocative chelation tests for mercury
- aa. Recreational therapy
- ab. Secretin infusion
- ac. Sensory based treatment
- ad. Supervision
- ae. Stool analysis
- af. Urinary peptides testing
- ag. Vision therapy

RELATED BENEFIT ADMINISTRATION MANUAL POLICIES:

1. The coverage of genetic testing is not addressed in this policy. See the Genetic Testing Policies for specific coverage criteria for the different conditions or testing indicated by the differential diagnosis.
2. The coverage of Speech Therapy is not addressed in this policy. See the **Speech and Language Policy** for coverage criteria.
3. The coverage of Physical therapy and Occupational therapy is not addressed in this policy. See the **Outpatient Physical Therapy (PT)** and the **Outpatient Occupational Therapy (OT) Policies** for coverage criteria.
4. The coverage of Neuropsychology Testing is not addressed in this policy. See the **Neuropsychological Testing Policy** for coverage criteria.

REFERENCE:

1. National Institute of Mental Health. Autism Spectrum Disorder. October 2016. Available @ <https://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd/index.shtml>

This Benefit policy discusses the medical criteria for covered services. Coverage of services for Members is based on the Member's subscriber documents and are subject to all terms and conditions including specific exclusions and limitations. This type of document includes the following: Subscriber contract and associated riders; Member Benefit Guide; or an Evidence of Coverage document (for Medicare Advantage Members).

HAP HMO/POS and AHL EPO/PPO Members:

If there is a discrepancy between this policy and coverage described in the subscriber documents, the Member's subscriber documents will apply.

ASO Members:

Coverage as discussed in this policy may not apply to employer groups that are self-funded (referred to as an ASO group [Administrative Services Only]). Each ASO group determines the coverage available to their members which is found in the ASO Benefit Guide and associated riders. If a member has coverage for the type of service covered by this policy, then the medical criteria as discussed in this policy applies to those services.

Medicare Advantage Plan Members:

Coverage is based on Medicare (CMS) regulations and guidelines which include the NCDs (National Coverage Decision) and LCDs (Local Coverage Decision) for our area. When no coverage determination has been made by CMS, then this policy will apply.

Medicaid Plan Members:

For Medicaid/Healthy Michigan Plan members coverage is provided through the Prepaid Inpatient Health Plan (PIHP).

EFFECTIVE DATE

11/01/2011

REVISED DATE

03/25/2020

REVIEWED DATE

11/07/2019

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