Clinical Policy: Autism Spectrum Disorder Treatment

Reference Number: QCP.PP.044
Effective Date: 03/01/2021
Date of Last Revision: 03/01/2021

CPT Codes: 90283, 90832**, 90833,** 90834, 90836**, 90837, 90838, 90839,** 90840, 90847, 90863, 90870, 92507, 97001**, 97002, 97003,** 97004, 97112, 97113, 97116, 97124, 97127, 97129, 97130, 97139, 97161**, 97162, 97163, 97164, 97165, 97166, 97167,** 97168, 97530, 97533, 97535, 98925**, 98926, 98927, 98928,** 98929, 98940**, 98941,** 98942, 99183, G0277, J0470, J0600, J0895, J1459, J1557, J1561, J1566, J1568, J1569, J1572, J1599, J2850, J3520, M0300, S8940, S9338, S9355
Document: BI184:13

Public Statement

Effective Date:

a) This policy will apply to all services performed on or after the above revision date which will become the new effective date.
b) For all services referred to in this policy that were performed before the revision date, contact customer service for the rules that would apply.

1) The treatment and diagnosis of Autism Spectrum Disorders are generally covered but many therapies require preauthorization and periodic re-evaluation (as with any therapy) to review the updated treatment plan, goals and documented benefits of interventions. Preauthorization for further treatments will be based on the information provided in the periodic re-evaluation.

2) For Applied Behavior Analysis, please see BI322.

Medical Policy Statement:

1. The diagnosis and treatment of Autism Spectrum Disorder (ASD) will be covered. However, many therapies must be preauthorized and require periodic re-evaluation (as with any therapy) to review the updated treatment plan, goals and documented benefits of interventions. Preauthorization for further treatments will be based on the information provided in the periodic re-evaluation.
2. Definitions:
    - ***Autism Spectrum Disorder*** – Any of the pervasive developmental disorders as defined by the "Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition", including:
        (A) Autistic Disorder

(B) Asperger's Disorder and
(C) Pervasive Developmental Disorder, not otherwise specified.

- ***Diagnosis*** – Medically necessary assessment, evaluations or tests to diagnose whether or not an individual has an Autism Spectrum Disorder (ASD). Diagnostic evaluations do not need to be completed concurrently to diagnose Autism Spectrum Disorder (ASD).
- ***Treatment*** –
  (A) The following care prescribed, provided or ordered for a specific individual diagnosed with an Autism Spectrum Disorder (ASD) by a licensed physician or a licensed psychologist who determines the care to be medically necessary and evidence-based including without limitation:
    (i) Applied Behavior Analysis (see BI322);
    (ii) Pharmacy Care;
    (iii) Psychiatric care;
    (iv) Psychological care;
    (v) Therapeutic care; and
    (vi) Equipment determined necessary to provide evidence-based treatment
  (B) Any care for an individual with Autism Spectrum Disorder (ASD) that is determined by a licensed physician to be:
    (i) Medically necessary; and
    (ii) Beneficial.
- ***Applied Behavior Analysis*** – The design, implementation, and evaluation of environmental modifications by a board certified behavior analyst using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

3. Coverage:
   - Cannot limit the number of visits an individual may make to an autism services provider. However, despite no limit on the number of visits, many therapies must be preauthorized and require periodic re-evaluation (as with any therapy) review the updated treatment plan, goals and documented benefits of interventions. Preauthorization for further treatments will be based on the information provided in the periodic re-evaluation.
   - Will be subject to other general exclusions and limitations, including without limitation:
     (A) Coordination of benefits
     (B) Participating provider requirements

(C) Restrictions on services provided by family or household members
(D) Utilization review of health care services including review of medical necessity, case management, and other managed care provisions.

- For treatment under this section shall not be denied on the basis that the treatment is habilitative in nature.

1) The following CPT codes will not have visit limits when billed with diagnosis codes **F84.0, F84.3 and F84.5 – F84.8:**
   a) **90832 – 90840** (Psychotherapy)
   b) **90847** (Family psychotherapy)
   c) **90863** (Pharmacologic management when performed with psychotherapy)

2) The following codes will not have visit limits when provided by physical, occupational or speech therapists and billed with diagnosis codes **F84.0, F84.3 and F84.5 – F84.8:**
   a) **92507** (Speech therapy)
   b) **97161 – 97168** (PT/OT eval, re-eval)
   c) 97112 (neuromusc reduce of mvmt, balance, coord, kinestheticsense, posture/proprioception for sitting/standing activities)
   d) 97113 (aquatic therapy w/therapy exercises)
   e) 97116 (gait training)
   f) **97124** (massage, incl. effleurage, petrissage and/or tapotement)
   g) 97139 (Unlisted therapeutic procedure (specify))
   h) **97530** (Therapeutic activities)
   i) 97533 – 97535 (Sensory integrative techniques, self-care mgmt training)

3) However, despite no limit on the number of visits, all of the above codes with the accompanying diagnoses must be preauthorized and will require periodic re-evaluation (as with any therapy) to review the updated treatment plan, goals and documented benefits of interventions. Preauthorization for further treatments will be based on the information provided in the periodic re-evaluation.

4) The following codes are *not covered* when billed with diagnosis codes **F84.0, F84.3, and F84.5 – F84.8:**
   a) **90283** (Immune globulin (IgIV), human, IV use)
   b) **97129** – Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, exec functions, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 min.
   97130 – each add'l 15 min.
   c) **98925 – 98929** (Osteopthc manip trmt (OMT) [when spec as manip of spnl rgns])

d) **98940 – 98942** (Chiropractic manip trtmt (CMT); spinal)
e) **99183** (Physician attendance & supv of hyperbaric oxygen therapy; per session)
f) **G0277** (Hyperbaric oxygen under pressure, full body chamber, per 30 mn intrvl)
g) **J0470** (Dimercaprol Inj, per 100 mg (BAL in oil))
h) **J0600** (Edetate calcium disodium Inj, up to 1,000 mg)
i) **J0895** (Deferoxamine mesylate Inj (Desferal), 500 mg)
j) **J1459** (Immune globulin Inj (Privigen), IV, non-lyophilized, 500 mg)
k) **J1557** (Immune globulin Inj (Gammaplex), IV, non-lyophilized, 500 mg)
l) **J1561** (Immune globulin Inj (Gamunex), IV, non-lyophilized, 500 mg)
m) **J1566** (Immune globulin Inj, IV, lyophilized, not otherwise spec, 500 mg)
n) **J1568** (Immune globulin Inj, (Octagam), IV, non-lyophilized, 500 mg)
o) **J1569** (Immune globulin Inj, (Gammagard liquid), IV, non-lyophilized, 500 mg)
p) **J1572** (Immune globulin Inj, (Flebogamma/Flebogamma DIF), IV, non-lyoph, 500 mg)
q) **J1599** (Immune globulin Inj, IV, non-lyophilized, not otherwise specified, 500 mg)
r) **J2850** (Secretin Inj, synthetic, human, 1 microgram)
s) **J3520** (Edetate disodium, per 150 mg)
t) **M0300** (IV chelation therapy)
u) **S8940** (Equestrian/hippotherapy, per session)
v) **S9338** (Hm infsn tx, immuno, admn/prof rx svcs, care coord & all nec supp/eqpt, per diem)
w) **S9355** (Hm infsn tx, chelation tx; admin svcs, care coord & all nec sup/eqpt, per diem)
x) **90870 (Electroconvulsive therapy)**
y) **S9355** (Hm infsn tx, chelation tx; admin svcs, care coord & all nec sup/eqpt, per diem
z) **90870 (Electroconvulsive therapy)**

The following treatments or therapies are considered **investigational and not medically necessary** for the treatment of autism, Asperger's syndrome, Rett syndrome, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified (NOS):

a) Chelation therapy
b) Cognitive rehabilitation
c) Elimination diets (e.g., gluten and milk elimination)
d) Facilitated communication
e) Immune globulin infusion
f) Hyperbaric oxygen therapy
g) Nutritional supplements (e.g., megavitamins, high-dose pyridoxine and magnesium, dimethylglycine)
h) Pet therapy (e.g., Hippotherapy)
i) Secretin infusion
j) Spinal manipulation
k) Vision therapy
l) Electroconvulsive therapy

Codes Used In This BI:

ACTIVE	
90283	Immune globulin (IgIV), human, IV use
90832	Psychotherapy, 30 mn w/pt &/or family mbr
90833	when perf w/E&M svc
90834	Psychotherapy, 45 min w/pt &/or family mbr
90836	when perf w/E&M svc
90837	Psychotherapy, 60 min w/pt &/or family mbr
90838	when perf w/E&M svc
90839	Psychotherapy for crisis; first 60 min
90840	ea addtl 30 mn
90847	Family psychotherapy w/pt present
90863	Pharm mgmt, incl rx & rvw of meds, when perf w/psychotherapy svcs
90870	Electroconvulsive therapy
92507	Trtmt of speech, lang, voice, commun, &/or auditory proc disordr; indiv
97161	PT Evaluation: low complexity
97162	PT Evaluation: med complexity
97163	PT Evaluation: high complexity
97164	PT Re-evaluation
97165	OT Evaluation: low complexity
97166	OT Evaluation: med complexity
97167	OT Evaluation: med complexity
97168	OT Re-evaluation
97112	Therapeutic proc, 1+ areas, ea 15 mn; neuromusc re-ed of mvmt, balance, coord, kinesthetic sense, posture, &/or proprioception for sitting &/or standing activities
97113	Aquatic therapy w/therapeutic exercises
97116	Gait training (incl stair climbing)
97124	Massage, incl effleurage, petrissage &/or tapotement
97127	Therapeutic interventions that focus on cogn fnctn & compensatory strategies to manage perform of an activity, dir pt cntct (new code 1/1/18) (Deleted and replaced by 97129, 97130) **97129** – Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, exec functions, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or

	schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 min **97130** – each add'l 15 min.
97139	Unlisted therapeutic proc
97530	Therapeutic activities, dir pt contact, ea 15 mn
97533	Sensory intgrtv techng to enhance snsry prcsng & promote adaptive resp to envrnmntl demands, dir pt cntct, ea 15 mn
97535	Self-care/home mgmt training, dir pt contact, ea 15 mn
98925	Osteopathic manip trtmt (OMT); 1-2 body regions involved
98926	3-4 body regions involved
98927	5-6 body regions involved
98928	7-8 body regions involved
98929	9-10 body regions involved
98940	Chiropractic manip trtmt (CMT); spinal, 1-2 regions
98941	spinal, 3-4 regions
98942	spinal, 5 regions
99183	Physician attendance & supv of hyperbaric oxygen therapy; per session
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 mn interval
J0470	Dimercaprol Inj, per 100 mg (BAL in oil).
J0600	Edetate calcium disodium Inj, up to 1,000 mg
J0895	Deferoxamine mesylate Inj, 500 mg (Desferal)
J1459	Immune globulin Inj (Privigen), IV, non-lyophilized, 500 mg
J1557	Immune globulin Inj (Gammaplex), IV, non-lyophilized, 500 mg
J1561	Immune globulin Inj (Gamunex), IV, non-lyophilized, 500 mg
J1566	Immune globulin Inj , IV, lyophilized, NOS, 500 mg
J1568	Immune globulin Inj (Octagam), IV, non-lyophilized, 500 mg
J1569	Immune globulin Inj (Gammagard liquid), IV, non-lyophilized 500 mg
J1572	Immune globulin Inj (Flebogamma/Flebogamma DIF), IV, non-lyophilized; 500 mg
J1599	Inj, immune globulin, IV, non-lyophilized, NOS, 500 mg
J2850	Inj, secretin, synthetic, human, 1 microgram
J3520	Edetate disodium, per 150 mg
M0300	IV chelation therapy
S8940	Equestrian/hippotherapy, per session
S9338	Home infusn tx, immunotherapy, admin svcs, prof rx svcs, care coord & all necess suppl/equip, per diem

S9355	Home infusn tx, chelation therapy, admin svcs, care coord & all necess supp/eqpt, per diem
DELETED	
97001	PT Evaluation (code deleted 1/1/17)
97002	PT Re-evaluation (code deleted 1/1/17)
97003	OT Evaluation (code deleted 1/1/17)
97004	OT Re-evaluation (code deleted 1/1/17)
97532	Dvlpmnt of cognitive skills to imprv attention, memory, prob solv, dir pt cntct, ea 15 mn (code deleted 1/1/18)

References:

Arkansas Act 196 of 2011

Addendum:

1. **Effective 04/01/2017:** Updated with periodic re-evaluation requirement in order to preauthorize continued treatment and ensure benefit from interventions.

   Updated *Claim Statement* & *Codes Used in This BI* section to reflect new/deleted CPT codes. The following codes were deleted 1/1/17: 97001 – 97004. These codes were replaced with the following new codes effective 1/1/17: 97161 – 97168.
2. **Effective 1/1/2018:** 2018 Code Updates. Updated *Claim Statement* & *Codes Used in This BI* section to reflect new/deleted CPT codes. The following code was deleted 1/1/18: 97532. This code was replaced with the following new code effective 1/1/18: 97127.
3. **Effective 01/01/2020:** 2020 Code Updates – Code 97127 deleted and replaced by codes 97129 and 97130.
4. **Effective 03/01/2021:** Electroconvulsive therapy (90870) is considered E/I for Autism Spectrum Disorder.

Application to Products:
This policy applies to all group health plans and products administered by QualChoice, both those insured by QualChoice and those that are self-funded by the sponsoring employer, unless there is indication in this policy otherwise or a stated exclusion in your medical plan booklet. Consult the individual plan sponsor Summary Plan Description (SPD) for self-insured plans or the specific Evidence of Coverage (EOC) or Certificate of Coverage (COC) for those plans or products insured by QualChoice. In the event of a discrepancy between this policy and a self-insured customer's SPD or the specific QualChoice EOC or COC, the SPD, EOC, or COC, as applicable, will prevail. State and federal mandates will be followed as they apply.

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Last Modified By: Lubna Maruf, MD Date: 12/14/2020