



Autism Services Payment Policy

Policy

Fallon Community Health Plan (FCHP) covers the diagnosis and medically necessary treatment of autism spectrum disorders. Coverage is provided consistent with Chapter 207 of the Acts of 2010 - An Act Relative to Insurance Coverage for Autism (ARICA) in the state of Massachusetts.

Definitions

Autism spectrum disorders (ASDs) are any of the pervasive developmental disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental disorders, including autistic disorder, Asperger's syndrome and Pervasive Developmental Disorders Not Otherwise Specified (PDD-NOS). There are also two rare and very severe disorders, known as Rett syndrome and Childhood Disintegrative Disorder.

Treatment for ASDs is defined to include habilitative or rehabilitative care, but not limited to, Applied Behavioral Analysis (ABA) therapy, pharmacy, psychiatric, psychological and therapeutic care (including outpatient physical, occupational and speech therapies).

ABA therapy is generally only used to treat young children with autistic disorder. ABA therapy is defined as the design, implementation and evaluation of environmental modifications, 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.

Benefits application

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Companion Care
- FCHP MassHealth
- Fallon Preferred Care PPO
- Fallon Senior Plan HMO
- Fallon Senior Plan PPO
- Summit ElderCare®
- NaviCare®

Reimbursement

Treatment, benefits, and authorization requirements

FCHP will coordinate care and review coverage requests for all treatments and therapies for ASDs, including ABA therapy, individually based on medical necessity. The treatment and benefits for eligible FCHP members have no annual or lifetime dollar or unit of service limitations; however, a plan authorization is required for all services related to ASDs. Eligible members will be responsible for a copayment equivalent to their PCP copayment when receiving services from an autism service provider, including services rendered in either the provider's office or a home setting.

For FCHP's contracted physical therapy (PT), occupational therapy (OT) and speech therapy (ST) providers

The PT/OT benefit mandated by ARICA is separate from the standard medical PT/OT benefit that FCHP covers.

- **Medical:** FCHP will process claims with a medical (non-ASD) primary diagnosis in accordance with the member's medical benefit, typically 60 visits per benefit year with no prior authorization required.
- **ARICA:** FCHP will cover unlimited therapy visits, provided medical necessity is met, a plan authorization is granted prior to the services being rendered, and the primary diagnosis is one of the ASD diagnoses outlined below.

Referral/notification/prior authorization requirements

A plan authorization is required for all services related to ASDs.

Providers are encouraged to contact FCHP's Developmental Care Specialist at 1-508-368-9289 or via fax at 1-508-368-9133 for treatment authorization requirements, provider coordination (to include ABA therapy with Beacon Health Strategies) and member eligibility questions.

Billing/coding guidelines

Applicable ASD primary diagnosis codes

- 299.00 Autistic disorder
- 299.80 Pervasive Developmental Disorders Not Otherwise Specified (PDD-NOS)
- 299.80 Asperger's syndrome
- 299.80 Rett syndrome
- 299.10 Childhood disintegrative disorder

Claims are to be submitted to FCHP's Claims department, with the exception of ABA therapy claims, which should be sent directly to Beacon Health Strategies.

Place of service

This policy applies to services rendered in all settings.

Policy history

Origination date: January 1, 2012
Previous revision date(s): N/A
Connection date & details: November 2011 – new policy

This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for FCHP. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. FCHP reserves the right to apply this payment policy to all FCHP companies and subsidiaries. FCHP routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.