

**Marketplace National Regional Benefit Interpretation Document**

<b>Benefit Name</b>	AUTISM SPECTRUM DISORDER
<b>Applicable State</b>	California, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
<b>Not Applicable State</b>	Florida
<b>Benefit Definition</b>	<p>This policy addresses behavioral health treatment for spectrum disorder.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. 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.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><b>A. FEDERAL/STATE MANDATED REGULATIONS</b></p> </div> <p><b>Note: The most current federal/state mandated regulations for each state can be found in the links below.</b></p> <p><b>CALIFORNIA:</b></p> <p style="padding-left: 40px;"><a href="#">California Health and Safety Code Sections §1374.72</a></p> <p style="padding-left: 40px;"><a href="#">California Health and Safety Code Section §1374.73</a> Mandate coverage of Pervasive Developmental Disorders, including Autism, and behavioral health treatment, e.g., Applied Behavioral Analysis</p> <p style="padding-left: 40px;"><a href="#">CA Welfare and Institutions Code §4686.2–Applied Behavioral Analysis (“ABA”) Therapy</a></p> <p><b>ILLINOIS:</b></p> <p style="padding-left: 40px;"><a href="#">P.A. 95-1005</a>- AN ACT concerning health</p> <p style="padding-left: 40px;"><a href="#">215 ILCS 5/356z.14</a>- Autism spectrum disorders</p> <p><b>KENTUCKY:</b></p>

[Ky. Rev. Stat. § 304.17A-142](#): Coverage for autism spectrum disorders -- Limitations on coverage -- Utilization review -- Reimbursement not required.

[Ky. Rev. Stat. § 304.17A-144](#): Liaison for autism spectrum disorders treatment benefits.

[806 Ky. Admin. Regs. 17:460](#): Requirements for autism benefits for children

**NEW MEXICO:**

[NMSA 59A-22-49](#); [NMSA 59A-46-50](#)- Coverage for Autism Spectrum Disorder Diagnosis and Treatment

**TEXAS:**

[Section 1355.015](#): Required Coverage for Certain Enrollees.

[Sec. 1355.001](#): Definitions Benefits for Certain Mental Disorders

**UTAH:**

[31A-22-642](#)- Autism Spectrum Disorder

**WASHINGTON:**

[RCW 48.44.450](#)- Neurodevelopmental Therapies

**WISCONSIN:**

[Section 632.895 \(12m\)](#)- Treatment for Autism Spectrum Disorders

**B. STATE MARKET PLAN ENHANCEMENTS**

The member may have additional mental health coverage as required by State Mental Health Parity Law through Molina Healthcare. Refer to the Benefit Interpretation policy titled **Mental Health (Inpatient and Outpatient Services)**

**C. COVERED BENEFITS**

**IMPORTANT NOTE:** Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

**AUSTISM SPECTRUM DISORDER**

**CALIFORNIA:**

**Mental Health Services:** Molina covers medically necessary treatment of a mental health or substance use disorder, including services for the treatment of gender dysphoria, only when that disorder is listed in the mental and behavioral disorders chapter of the most recent edition of the International Classification of Diseases or is listed in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

“Medically necessary treatment of a mental health or substance use disorder” means a service or product addressing the specific needs of that patient, for the purpose of preventing, diagnosing, or treating an illness, injury, condition, or its symptoms, including minimizing the progression of that illness, injury, condition, or its symptoms, in a manner that is all of the following:

- In accordance with the state-required non-profit professional association standards of mental health and substance use disorder care.
- Clinically appropriate in terms of type, frequency, extent, site, and duration.
- Not primarily for the economic benefit of the health care service plan and subscribers or for the convenience of the patient, treating physician, or other health care provider.

Outpatient care for treatment of mental health disorder does not include therapy or counseling for primary diagnosis of any of the following: career, marriage, divorce, parental, or job counseling or therapy.

Molina generally covers the following Medically Necessary Mental Health Services:

- Inpatient care
- Crisis stabilization
- Short-term residential treatment services
- Partial hospitalization programs for mental health
- Intensive outpatient programs for adults and day treatment for children
- Psychological and neuropsychological testing
- Behavioral health procedures

*Autism Spectrum Disorder:* Molina covers the diagnosis and treatment of autism spectrum disorders including autistic disorder, Asperger’s disorder, and pervasive developmental disorder not otherwise specified, as defined by the most recent version of the DSM.

*Mental Health Parity and Addiction Equity Act:* Molina complies with the federal Mental Health Parity and Addiction Equity Act. Molina ensures that the financial requirements and treatment limitations on Mental Health Services or

Substance Use Disorder benefits provided are no more restrictive than those on medical or surgical benefits.

**Note:** Molina covers ABA- It is specified in the benchmark plan for CA

**IDAHO:**

**Autism Spectrum Disorder Services:** Molina covers the diagnosis and treatment of autism spectrum disorders including autistic disorder, Asperger’s disorder, and pervasive developmental disorder not otherwise specified, as defined by the Diagnostic and Statistical Manual. Molina covers Applied Behavioral Analysis (ABA) and Board Certified Behavioral Analysis (BCBA) Molina covers services provided by a provider that have a current Board Certified Behavioral Analysis certification issued by the Behavioral Analyst Certification Board issued by the Idaho Department of Health and Welfare.

**Note:** Molina covers ABA for ID- <https://doi.idaho.gov/wp-content/uploads/ID/4924.pdf>

**ILLINOIS:**

**Autism Spectrum Disorder:** Molina covers the diagnosis and treatment of autism spectrum disorders including autistic disorder, Asperger’s disorder, and pervasive developmental disorder not otherwise specified, as defined by the Diagnostic and Statistical Manual, current edition.

**Note:** Molina covers ABA for IL

**KENTUCKY:**

**Autism Spectrum Disorder:** Passport covers the diagnosis and treatment of autism spectrum disorders including autistic disorder, Asperger’s disorder, and pervasive developmental disorder not otherwise specified, as defined by the Diagnostic and Statistical Manual of Mental Disorders (“DSM”), current edition.

Treatment for autism spectrum disorders includes the following care for an individual diagnosed with any of the autism spectrum disorders:

- Medical care services provided by a licensed physician, an advanced registered nurse practitioner, or other licensed health care provider;
- Habilitative or rehabilitative care, including professional counseling and guidance services, therapy, and treatment programs, including applied behavior analysis, that are necessary to develop, maintain, and restore, to the maximum extent practicable, the functioning of an individual;

- Pharmacy care, if covered by the plan, including medically necessary medications prescribed by a licensed physician or other health-care practitioner with prescribing authority and any medically necessary health-related services to determine the need or effectiveness of the medications;
- Psychiatric care, including direct or consultative services, provided by a psychiatrist licensed in the state in which the psychiatrist practices;
- Psychological care, including direct or consultative services, provided by an individual licensed by the Kentucky Board of Examiners of Psychology or by the appropriate licensing agency in the state in which the individual practices;
- Therapeutic care services provided by licensed speech therapists, occupational therapists, or physical therapists; and
- Applied behavior analysis (ABA) prescribed or ordered by a licensed health or allied health professional.

**Note:** Passport covers ABA for KY

**MICHIGAN:**

**Autism Spectrum Disorder:** Molina covers the diagnosis and treatment of autism spectrum disorders including autistic disorder, Asperger’s disorder, and pervasive developmental disorder not otherwise specified, as defined by the Diagnostic and Statistical Manual, current edition. Autism services are not subjected to quantitative or non-quantitative limits; however, reasonable medical management techniques may be applied. Autism spectrum disorder services include:

- Applied Behavior Analysis
- Physical therapy, occupational therapy and speech therapy
- Prescription Drugs
- Psychiatric and psychological care

**Note:** Molina covers ABA for MI

**MISSISSIPPI:**

**Autism Spectrum Disorder:** Molina covers the diagnosis and treatment of autism spectrum disorders including autistic disorder, Asperger’s disorder, and pervasive developmental disorder not otherwise specified, as defined by the Diagnostic and Statistical Manual, current edition.

**Note:** Molina does not cover ABA for MS

**NEW MEXICO:**

**Autism Spectrum Disorder:** Molina cover the following services for the diagnosis and treatment of Autism Spectrum Disorder:

- Well baby and well child screening for diagnosing the presence of autism spectrum disorder.
- Habilitative and Rehabilitative services such as speech therapy, occupational therapy, physical therapy, and applied behavioral analysis.

To be covered under the EOC, treatment for Autism Spectrum Disorder must be:

- Medically Necessary;
- Prescribed by a physician who is a Participating Provider; and
- Provided under the Participating Provider’s treatment plan.

This plan includes:

- Diagnosis;
- Proposed treatment by types;
- Frequency and duration of the treatment;
- Anticipated outcomes stated as goals;
- Frequency with which the treatment plan will be updated;
- Signature of the treating physician

Benefits for the diagnosis of Autism Spectrum Disorder and for Covered Services under an approved treatment plan must be received from appropriate Participating Provider health care professionals. Outpatient Office Visit Cost Sharing will apply.

Coverage for Autism Spectrum Disorder shall not be denied on the basis that the services are habilitative or rehabilitative in nature. (This means that the services are treatment programs that are necessary to develop, maintain, and restore, to the maximum extent practicable, the functioning of an individual.)

We do not cover treatment or services for Autism Spectrum Disorder when they are received under the Federal Individuals with Disabilities Education Improvement Act of 2004 (IDEA). We also do not cover treatment or services under specialized educational programs (for children ages 3 to 23) that are the responsibility of state and local school boards which includes home school.

For the purposes of this section, the term “**Autism Spectrum Disorder**” means a condition that meets the diagnostic criteria for the pervasive developmental disorders published in the Diagnostic and Statistical Manual of Mental Disorders, also known as DSM-V-TR, current edition, text revision. This is published by the American psychiatric association ‘This includes autistic disorder; Asperger’s disorder; pervasive development disorder not otherwise specified; Rett’s disorder; and childhood disintegrative disorder.

**Note:** Molina covers ABA with PA for NM

**SOUTH CAROLINA, TEXAS, UTAH, WASHINGTON:**

**Autism Spectrum Disorder:** Molina covers the diagnosis and treatment of autism spectrum disorders including autistic disorder, Asperger’s disorder, and pervasive developmental disorder not otherwise specified, as defined by the Diagnostic and Statistical Manual, current edition.

**Note:** The SC health plan does not cover ABA for Marketplace

**Note:** Molina covers ABA for TX

**Note:** Molina covers ABA for UT (**Utah Admin Code 31A-22-642**)

**Note:** Molina covers ABA for WA

**OHIO:**

**Autism Spectrum Disorder:** Molina covers the diagnosis and treatment of autism spectrum disorders including autistic disorder, Asperger’s disorder, and pervasive developmental disorder not otherwise specified, as defined by the Diagnostic and Statistical Manual, current edition.

Habilitation Services include:

- Treatment of Autism Spectrum Disorder for children ages 0-21 (Molina does not have visit limits that apply to these services)

**Note:** Molina covers ABA for OH

**WISCONSIN:**

**Autism Spectrum Disorder:** Molina covers the diagnosis and treatment of autism spectrum disorders including autistic disorder, Asperger’s disorder, and pervasive developmental disorder not otherwise specified, as defined by the Diagnostic and Statistical Manual, current edition.

Molina may require a Member to obtain a second opinion from another health care provider at Molina’s expense. This provider must be experienced in the use of empirically validated tools specific for Autism Spectrum Disorders. The Member, the Member’s parent or the Member’s authorized representative and Molina must agree upon the provider. Coverage for the cost of a second opinion will be in addition to the benefit mandated by **Section 632.895 (12m), Wisconsin Statutes, as amended.**

Benefits under this provision do not include benefits for Durable Medical Equipment or Prescription Drugs. For coverage of these items, please see the “Durable Medical Equipment” section and the “Prescription Drug Coverage” section.



Autism Spectrum Disorder Services Definitions:

“Autism Spectrum Disorder” means autism disorder, Asperger’s syndrome, or pervasive development disorder not otherwise specified.

“Behavior Analyst” means a person certified by the Behavior Analyst Certification Board, Inc., or successor organization, as a board-certified Behavior Analyst and has been granted a license under Section 440.312, Wisconsin Statutes, to engage in the Practice of Behavior Analysis.

“Behavioral” means interactive therapies that target observable behaviors to build needed skills. These interactive therapies reduce problem behaviors using well-established principles of learning used to change socially important behaviors. The goal is building a range of communication, social and learning skills, as well as reducing challenging behaviors.

“Evidence-Based Therapy” means therapy, service, and treatment based upon medical and scientific evidence. Evidence-Based Therapy is determined to be a useful treatment or strategy. It is prescribed to improve the Member’s condition or to achieve social, cognitive, communicative, self-care, or behavioral goals. These goals are clearly defined within the Member’s treatment plan. To be considered an efficacious treatment or strategy, the therapy must be designed to:

- Address cognitive, social, or Behavioral conditions associated with Autism Spectrum Disorders;
- Sustain and maximize gains made during Intensive-Level Services; or
- Improve an individual with Autism Spectrum Disorder’s condition.

“Intensive-Level Services” means evidence-based Behavioral therapies designed to help an individual with Autism Spectrum Disorder overcome the cognitive, social, and behavioral deficits linked with that disorder. These therapies must be directly based on, and related to, a Member’s therapeutic goals and skills. These goals and skills are prescribed by a physician familiar with the Member. Intensive-Level Services may include evidence-based speech therapy and occupational therapy. These therapies are provided by a Qualified Therapist when such therapy is based on or related to a Member’s therapeutic goals and skills and is concomitant with evidence based Behavioral therapy.

“Nonintensive-Level Services” means Evidence-Based Therapies that occur after the completion of treatment with Intensive-Level Services. These are designed to sustain and maximize gains made during treatment with Intensive-Level Services. They are also designed for an individual who has not and will not



receive Intensive-Level Services, Evidence-Based Therapies that will improve the individual's condition.

“Practice of Behavior Analysis” means the design, use, and evaluation of systematic instructional and environmental modifications. These modifications are used to produce socially significant improvements in human behavior. These improvements include the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis. This includes interventions based on scientific research and the direct observation and measurement of behavior and environment. Practice of Behavior Analysis does not include psychological testing, neuropsychology, psychotherapy, cognitive therapy, sex therapy, marriage counseling, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities.

“Qualified Intensive-Level Professional” means an individual working under the Supervision of an Outpatient Mental Health Clinic who is a licensed treatment professional as defined in Section DHS 35.03(9g), Wis. Admin. Code. This professional has completed at least 2,080 hours of training, education, and experience including all of the following:

- 1,500 hours of supervised training. This training involves direct one-on-one work with individuals with Autism Spectrum Disorders using evidence-based, efficacious therapy models;
- Supervised experience with all of the following:
  - Working with families as part of a treatment team and ensuring treatment compliance;
  - Treating individuals with Autism Spectrum Disorders who function at a variety of cognitive levels and exhibit a variety of skill deficits and strengths;
  - Treating individuals with Autism Spectrum Disorders with a variety of Behavioral challenges;
  - Treating individuals with Autism Spectrum Disorders who have shown improvement to the average range in cognitive functioning, language ability, adaptive and social interaction skills; and
  - Designing and implementing progressive treatment programs for individuals with Autism Spectrum Disorders; and
- Academic coursework from a regionally accredited higher education institution with demonstrated coursework in the application of Evidence-Based Therapy models consistent with best practice and research on effectiveness for individuals with Autism Spectrum Disorders.

“Qualified Intensive-Level Provider” means an individual identified in **Section 632.895(12m)(b)1. to 4., Wisconsin Statutes**, acting within the scope of a currently valid state-issued license for psychiatry, psychology, or Behavior Analyst. It also means a social worker acting within the scope of a currently valid state-issued certificate or license to practice psychotherapy, who provides evidence-based Behavioral therapy in accordance with this provision and **Section 632.895(12m)(a) 3., Wisconsin Statutes**. This individual has completed at least 2,080 hours of training, education, and experience that includes all of the following:

- 1,500 hours of supervised training involving direct one-on-one work with individuals with Autism Spectrum Disorders using evidence-based, useful therapy models;
- Supervised experience with all of the following:
  - Working with families as the primary provider and ensuring treatment compliance;
  - Treating individuals with Autism Spectrum Disorders who function at a variety of cognitive levels and exhibit a variety of skill deficits and strengths;
  - Treating individuals with Autism Spectrum Disorders with a variety of Behavioral challenges;
  - Treating individuals with Autism Spectrum Disorders who have shown improvement to the average range in cognitive functioning, language ability, adaptive and social interaction skills;
  - Designing and implementing progressive treatment programs for individuals with Autism Spectrum Disorders;
    - Academic coursework from a regionally accredited higher education institution with demonstrated coursework in the application of Evidence-Based Therapy models. This coursework must be consistent with best practice and research on effectiveness for individuals with Autism Spectrum Disorders.

“Qualified Paraprofessional” means an individual working under the active supervision of a Qualified Supervising Provider, Qualified Intensive-Level Provider, or Qualified Provider and who complies with all of the following:

- Is at least 18 years of age;
- Obtains a high school diploma;
- Completes a criminal background check;
- Obtains at least 20 hours of training. This training includes subjects related to Autism Spectrum Disorders, evidence-based treatment methods, communication, teaching techniques,

problem behavior issues, ethics, special topics, natural environment, and first aid;

- Obtains at least 10 hours of training in the use of Behavioral Evidence-Based Therapy including the direct application of training techniques with an individual who has Autism Spectrum Disorder present;
- Receives regular, scheduled oversight by a Qualified Supervising Provider in implementing the treatment plan for the Member.

“Qualified Professional” means a professional acting under the Supervision of an Outpatient Mental Health Clinic certified under Section 51.038, Wisconsin Statutes, acting within the scope of a currently valid state-issued license and who provides Evidence-Based Therapy in accordance with this provision.

“Qualified Provider” means an individual acting within the scope of a currently valid state-issued license for psychiatry, psychology, or Behavior Analyst, or a social worker acting within the scope of a currently valid state-issued certificate or license to practice psychotherapy and who provides Evidence-Based Therapy in accordance with this provision.

“Qualified Supervising Provider” means a Qualified Intensive-Level Provider who has completed at least 4,160 hours of experience as a supervisor of less experienced providers, professionals, and paraprofessionals.

“Qualified Therapist” means an individual who is either a speech-language pathologist or occupational therapist acting within the scope of a currently valid state-issued license and who provides Evidence-Based Therapy in accordance with this provision.

“Supervision of an Outpatient Mental Health Clinic” means an individual who meets the requirements of a Qualified Supervising Provider and who periodically reviews all treatment plans developed by Qualified Professionals for Members with Autism Spectrum Disorders.

“Waiver Program” means services provided by the Wisconsin Department of Health Services through the Medicaid Home and Community-Based Services as granted by the Centers for Medicare and Medicaid Services.

#### **Intensive-Level Services Benefit**

Covered Services include evidence-based Behavioral Intensive-Level Services, the majority of which are provided to the Member when a parent or legal guardian is present and engaged in the therapy. The therapy must be prescribed by a physician and must meet all of the following requirements:

- Therapy must be based upon a treatment plan developed by a Qualified Intensive-Level Provider or Qualified Intensive-Level Professional that includes at least 20 hours per week over a six-month period of time of evidence-based Behavioral intensive therapy, treatment, and services with specific cognitive, social, communicative, self-care, or behavioral goals that are clearly defined, directly observed, continually measured, and that address the characteristics of Autism Spectrum Disorders. Treatment plans shall require the Member to be present and engaged in the intervention;
- Therapy must be implemented by Qualified Providers, Qualified Professionals, Qualified Therapists, or Qualified Paraprofessionals;
- Therapy must be provided in an environment that is most conducive to achieving the goals of the Member’s treatment plan;
- Therapy must implement identified therapeutic goals developed by the team including training, consultation, participation in team meetings, and active involvement of the Member’s family;
- Therapy must begin after a Member is two years of age and before he or she is nine years of age;
- Therapy must be provided by a Qualified Intensive-Level Provider or Qualified Intensive-Level Professional who directly observes the Member at least once every two months.

Progress must be assessed and documented throughout the course of treatment. We may, at Our option, request and review the Member’s treatment plan and the summary of progress on a periodic basis.

Coverage for Intensive-Level Services will be provided for up to 48 months. Molina may credit against the required 48 months of Intensive-Level Services any previous Intensive-Level Services the Member may have received prior to enrolling under this product. Molina may require documentation, including medical records and treatment plans, to verify any evidence-based Behavioral therapy that the Member received for Autism Spectrum Disorders that was provided prior to the Member attaining nine years of age. Molina may consider any evidence-based Behavioral therapy that was provided to the Member for an average of 20 or more hours per week over a continuous six-month period to be Intensive-Level Services.

Travel time for Providers will not be included when calculating the number of hours of care provided each week. Benefits are not payable for separately billed travel time.

Benefits are also payable for charges of a Qualified Therapist when services are rendered concomitant with Intensive-Level evidence-based Behavioral therapy and all of the following:

- The Qualified Therapist provides Evidence-Based Therapy to the Member who has a primary diagnosis of an Autism Spectrum Disorder;
- The Member is actively receiving Behavioral services from a Qualified Intensive-Level Provider or Qualified Intensive-Level Professional;
- The Qualified Therapist develops and implements a treatment plan consistent with their license.

**Nonintensive-Level Services Benefit**

Covered Services include evidence-based Nonintensive-Level Services, including direct or consultative services, that are provided to a Member by a Qualified Provider, Qualified Professional, Qualified Therapist, or Qualified Paraprofessional either after the completion of Intensive-Level Services to sustain and maximize gains made during Intensive-Level Services or provided to a Member who has not and will not receive Intensive-Level Services but for whom Nonintensive-Level Services will improve the Member's condition. Nonintensive-Level Services must meet all of the following requirements:

- Therapy must be based upon a treatment plan developed by a Qualified Provider, Qualified Professional, or Qualified Therapist that includes specific Evidence-Based Therapy goals that are clearly defined, directly observed, continually measured, and that address the characteristics of Autism Spectrum Disorders. Treatment plans shall require the Member to be present and engaged in the intervention;
- Therapy must be implemented by a Qualified Provider, Qualified Professional, Qualified Therapist, or Qualified Paraprofessional;
- Therapy must be provided in an environment most conducive to achieving the goals of the Member's treatment plan;
- Therapy must implement identified therapeutic goals developed by the team including training, consultation, participation in team meetings, and active involvement of the Member's family.

Progress must be assessed and documented throughout the course of treatment. Molina may request and review the Member's treatment plan and the summary of progress on a periodic basis.

Travel time for Providers will not be included when calculating the number of hours of care provided each week. Benefits are not payable for separately billed travel time.

**Transition to Nonintensive-Level Service**

Molina will provide notice to the Member or the Member's authorized representative regarding a change in the Member's level of treatment. The notice will indicate the reason for transition that may include any of the following:

- The Member has received 48 cumulative months of Intensive-Level Services;
- The Member no longer requires Intensive-Level Services based on supporting documentation from a Qualified Supervising Provider, Qualified Intensive-Level Provider, or Qualified Intensive-Level Professional;
- The Member is no longer receiving evidence-based Behavioral therapy for at least 20 hours per week over a six-month period of time.

**Notice Requirement**

The Member or the Member's authorized representative must notify Molina at any time in which such Member requires and qualifies for Intensive-Level Services but is unable to receive Intensive-Level Services for an extended period of time. The Member or the Member's authorized representative must indicate the specific reason(s) in which the applicable Member's family or caregiver is unable to comply with the Intensive-Level Services treatment plan. Reasons for requesting Intensive-Level Services to be interrupted for an extended period of time may include a significant medical condition, surgical intervention and recovery, catastrophic event, or any other reason that We determine to be acceptable.

We will not deny Intensive-Level Services provided to a Member for failing to maintain at least 20 hours per week of evidence-based Behavioral therapy over a six-month period of time when such Member or Member's authorized representative provides the notice required under this section or when the Member or Member's authorized representative can document that the failure to maintain at least 20 hours per week of evidence-based Behavioral therapy was due to waiting for Waiver Program services.

**Note:** Molina covers ABA for WI



**RPM Clarification on 6/7/2021: WI Only:** OT and ST therapy when provided with a primary diagnosis of autism spectrum disorder will be excluded from the regular hab/rehab benefit (to not limit according to the rehab limits) and will be included in the non-intensive level benefit to be limited per EOC language. Speech and occupational billed as part of the intensive level benefit would be included in the rate for T1025 or T1026

### **MORE INFORMATION**

Please refer to the Benefit Interpretation Policy titled **Mental Health (Inpatient and Outpatient)**

#### **D. NOT COVERED**

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

### **AUTISM SPECTRUM DISORDER**

#### **FLORIDA:**

Molina does not cover treatment for Autism Spectrum Disorder

#### **NEW MEXICO:**

We do not cover treatment or services for Autism Spectrum Disorder when they are received under the Federal Individuals with Disabilities Education Improvement Act of 2004 (IDEA). We also do not cover treatment or services under specialized educational programs (for children ages 3 to 23) that are the responsibility of state and local school boards.

#### **MISSISSIPPI, SOUTH CAROLINA, WISCONSIN:**

Treatment or testing within an inpatient setting related to Pervasive Developmental Disorders, including autism spectrum disorder, learning disabilities, and/or cognitive disabilities are not covered.

#### **WISCONSIN:**

##### **Non-Covered Services related to Autism Spectrum Disorder:**

Molina will not cover or pay for any expenses incurred for the following:

- Acupuncture
- Animal-based therapy, including hypnotherapy
- Auditory integration training
- Chelation therapy
- Child care fees
- Claims that have been determined by Us to be fraudulent



- Costs for a facility or location or use of a facility or location when treatment, services, or Evidence-Based Therapy are provided outside of the Member’s home
- Cranial sacral therapy
- Custodial care
- Hyperbaric oxygen therapy
- Special diets or supplements
- Therapy, treatment, or services provided to a Member who is residing in a residential treatment center, inpatient treatment facility, or day treatment facility
- Treatment rendered by a parent or legal guardian who is otherwise considered a Qualified Provider, Qualified Supervising Provider, Qualified Therapist, Qualified Professional, or Qualified Paraprofessional when the treatment is rendered to his or her own children
- Travel time by Qualified Providers, Qualified Supervising Providers, Qualified Professionals, Qualified Therapists, or Qualified Paraprofessionals

### **APPLIED BEHAVIOR ANALYSIS (ABA)**

#### **FLORIDA, MISSISSIPPI, and SOUTH CAROLINA:**

Molina does not cover ABA

#### **E. DEFINITIONS**

[See Glossary](#)

#### **F. POLICY HISTORY/REVISION INFORMATION**

Date	Action/Description
4/15/2021	<ul style="list-style-type: none"> <li>• Added KY 2022 Drafted Language</li> </ul>
5/14/2021	<ul style="list-style-type: none"> <li>• Added IL 2022 EOC Language</li> </ul>
6/30/2021	<ul style="list-style-type: none"> <li>• Added ID 2022 EOC</li> </ul>
12/3/2021	<ul style="list-style-type: none"> <li>• Changed policy name from changed from Pervasive Developmental Disorder (which included Autism) to</li> </ul>

		Persistent Depressive Disorder																		
<b>Procedure Codes (Internal Use Only)</b>	<b>BI Policy Configuration Autism Spectrum Disorder</b>  <b>Coding Disclaimer:</b> Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT <sup>®</sup> ), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.																			
<b>Prior Authorization</b>	For the MHI PA Matrix, if a code is NOT listed, it could EITHER be: <ul style="list-style-type: none"> <li>a. Covered and No PA Required</li> <li>b. Not Covered</li> </ul> You cannot use the MHI PA Matrix to make coverage determinations.  <a href="#">PA Lookup Tool</a>																			
<b>Approval</b>	<table border="1"> <thead> <tr> <th data-bbox="467 1262 686 1335">Departments</th> <th data-bbox="686 1262 930 1335">Product</th> <th data-bbox="930 1262 1166 1335">CIM</th> <th data-bbox="1166 1262 1427 1335">Clinical Management</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1335 686 1373">Date</td> <td data-bbox="686 1335 930 1373">3/17/2021</td> <td data-bbox="930 1335 1166 1373">6/29/2021</td> <td data-bbox="1166 1335 1427 1373">4/21/2021</td> </tr> <tr> <td data-bbox="467 1373 686 1446">Revised (for 1/1/2022)</td> <td data-bbox="686 1373 930 1446">11/16/2021</td> <td data-bbox="930 1373 1166 1446">3/22/2022</td> <td data-bbox="1166 1373 1427 1446">11/29/2021</td> </tr> <tr> <td data-bbox="467 1446 686 1516">Revised (for 1/1/2023)</td> <td data-bbox="686 1446 930 1516">12/8/2022</td> <td data-bbox="930 1446 1166 1516"></td> <td data-bbox="1166 1446 1427 1516">12/8/2022</td> </tr> </tbody> </table>				Departments	Product	CIM	Clinical Management	Date	3/17/2021	6/29/2021	4/21/2021	Revised (for 1/1/2022)	11/16/2021	3/22/2022	11/29/2021	Revised (for 1/1/2023)	12/8/2022		12/8/2022
Departments	Product	CIM	Clinical Management																	
Date	3/17/2021	6/29/2021	4/21/2021																	
Revised (for 1/1/2022)	11/16/2021	3/22/2022	11/29/2021																	
Revised (for 1/1/2023)	12/8/2022		12/8/2022																	