



MEDICAL COVERAGE POLICY

SERVICE: Autism Spectrum Disorder

Policy Number: 206

Effective Date: 06/01/2025

Last Review: 05/12/2025

Next Review: 05/12/2026

Important note: Unless otherwise indicated, medical policies will apply to all lines of business.

Medical necessity as defined by this policy does not ensure the benefit is covered. This medical policy does not replace existing federal or state rules and regulations for the applicable service or supply. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan documents. See the member plan specific benefit plan document for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. In the event of a discrepancy, the plan document always supersedes the information in this policy.

SERVICE: Autism spectrum disorders (ASDs), includes diagnoses of Autistic Disorder, Asperger's Disorder, Pervasive Developmental Disorder, Pervasive Developmental Disorder-Not Otherwise Specified

PRIOR AUTHORIZATION: Not Applicable

POLICY: Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for coverage details.

Some BSWHP benefit plans specifically exclude therapy for learning disabilities, developmental delays, autism, and mental retardation. In addition, some benefit plans specifically exclude behavioral training or services that are considered educational or training in nature. In benefit plans where these exclusions are present, services that are considered behavioral training, such as applied behavioral analysis are not covered. Please refer to the applicable benefit plan contract to determine terms, conditions and limitations of coverage.

For Medicare plans, please refer to appropriate Medicare NCD (National Coverage Determination) or LCD (Local Coverage Determination). If there are no applicable NCD or LCD criteria, use the criteria set forth below.

For Medicaid plans, please confirm coverage as outlined in the [Texas Medicaid Provider Procedures Manual | TMHP](#) (TMPPM). If there are no applicable criteria to guide medical necessity decision making in the TMPPM, use the criteria set forth below.

BSWHP may consider certain procedures and services medically necessary for the **assessment of autism spectrum disorders (ASD)** when the member meets **ANY** of the criteria listed below:

1. Any loss of language or social skills for children under the age of 10 years that cannot be attributed to head trauma or other disease process; **OR**
2. No 2-word spontaneous (not just echolalic) phrases by 24 months; **OR**
3. No babbling by 12 months; **OR**
4. No gesturing (e.g., pointing, waving bye-bye) by 12 months; **OR**
5. No single words by 16 months

When the above criterion is met, **BSWHP may consider the following services** as medically necessary for the **assessment of suspected or known ASD**:



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1. Medical evaluation including history and physical examination
2. Autism-specific developmental screening (e.g., Checklist for Autism in Toddlers [CHAT], Pervasive Developmental Disorder Screening Test-II, Autism Behavior Checklist [ABC], Childhood Autism Rating Scale [CARS])
3. Behavioral health evaluation including psychiatric examination
4. Evaluation by speech and language pathologist when deficits are present
5. Occupational and/or physical therapy evaluation when motor deficits, motor planning or sensory dysfunction are present
6. Audiological evaluation
7. Electroencephalogram (EEG) when there is suspicion of a seizure
8. Neuroimaging studies when the child is a candidate for specific surgical interventions such as epilepsy surgery
9. Lead screening
10. Quantitative plasma amino acid assays to detect phenylketonuria

For patients with an **established diagnosis** of autism spectrum disorder (ASD), **BSWHP may consider Intensive behavioral health treatment (e.g., behavior modification, applied behavior analytics, or other forms of psychotherapy)** as medically necessary for treatment when **ALL** of the following criteria are met:

1. Treatment is being provided by a licensed and certified behavioral health care professional, **in continuous presence, AND**
2. Meaningful and measurable improvement is expected from the therapy, **AND**
3. Prescribed in relation to autism spectrum disorder by the member's primary care physician or member's psychiatrist in the treatment plan recommended for the member, **AND**
4. A formal documented plan to include family training and education to assure identified interventions are carried out, has been submitted with the request

Note: Texas SB 1484 in 2013 permitted insurance companies to limit the cost of coverage for enrollees 10 years of age or older for applied behavior analysis to \$36,000 per year.

BSWHP may also cover assessment and treatment of comorbid behavioral health and/or medical diagnoses and associated symptoms and/or conditions under applicable medical and behavioral health benefit plans.

BSWHP does **NOT** cover neuropsychological testing for the assessment and/or treatment of ASD because such testing is rarely considered medically necessary.

BSWHP does **NOT** cover ANY of the following procedures or services for the assessment and/or treatment of ASD because they are considered experimental, investigational or unproven. (This list may not be all-inclusive):



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1. Allergy testing (including, but not limited to, food allergy for gluten, casein, Candida and other molds)
2. Electronystagmography (in the absence of dizziness, vertigo, or balance disorder)
3. Erythrocyte glutathione peroxidase studies
4. Event-related potentials (i.e., evoked potential studies)
5. Hair analysis
6. Heavy metal testing
7. Homocysteine level testing
8. Immunologic or neurochemical abnormalities testing
9. Intestinal permeability studies
10. Magnetoencephalography
11. Micronutrient testing (e.g., vitamin level)
12. Mitochondrial disorders testing (e.g., lactate and pyruvate)
13. Neuroimaging studies such as: CT, MRI, MRS, PET, SPECT, and Functional MRI
14. Provocative chelation tests for mercury
15. Stool Analysis
16. Trace Metal Testing
17. Tympanometry (in the absence of hearing loss)
18. Urinary peptide testing
19. Vision Therapy

BSWHP does **NOT** cover ANY of the following procedures or services for the assessment and/or treatment of ASD because they are considered experimental, investigational or unproven. (This list may not be all-inclusive):

1. Acupuncture
2. Art therapy
3. Auditory integration therapy
4. Chelation therapy
5. Cognitive rehabilitation
6. Craniosacral therapy (e.g., chiropractic manipulation)
7. Dietary and nutritional interventions (e.g., elimination diets, vitamins)
8. EEG biofeedback/neurofeedback
9. Equestrian therapy (hippotherapy)
10. Facilitated communication
11. Floor time therapy
12. Holding therapy
13. Hyperbaric oxygen therapy
14. Immune globulin therapy
15. Immunologic or neurochemical abnormalities testing
16. Music therapy and rhythmic entrainment interventions
17. Nutritional, Mineral and Herbal Supplements (e.g., megavitamins, high dose pyridoxine, and magnesium, dimethylglycine and glutathione, calcium, germanium, selenium, tin, tungsten,



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vanadium, zinc, echinacea, berberis, etc.)

18. Recreational therapy
19. Secretin infusion
20. Sensory integration therapy
21. Sensory Integration Therapy (including, but not limited to, Berard Auditory integration training [AIT]; The Audio Tone Enhancer/Trainer; Digital Auditory Aerobics; Electronic Auditory Stimulation effect (EASe program); Kirby Auditory Modulation System (KAMS); SAMONAS Sound Therapy; Tomatis Sound Therapy The LiFTTM; The Listening Program)
22. Squeeze machine therapy

BSWHP does **NOT** cover general consumer electronic devices including (but not limited to); computers, smart phones, personal digital assistants (PDAs), tablet devices (e.g., iPads), electronic mail devices and pagers, for the assessment and/or treatment of ASD because they are not medical in nature.

BSWHP does **NOT** cover genetic screening for ASD in the general population because such screening is considered not medically necessary and of unproven benefit.

BACKGROUND:

Autism, Asperger's and Pervasive Developmental Disorder NOS ("not otherwise specified") comprise the Autism Spectrum Disorders (ASD). Today, about 1 in 68 children has been identified with an autism spectrum disorder (ASD) according to estimates from CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network. Autism occurs in all racial, ethnic, and social groups and is almost five times more likely to occur in boys than girls. Autism impairs a person's ability to communicate and relate to others. It is also associated with rigid routines and repetitive behaviors, such as obsessively arranging objects or following very specific routines. Symptoms can range from very mild to severe.

Research has shown that a diagnosis of autism at age 2 can be reliable, valid, and stable. Parents may be the first to notice their child's unusual behaviors or their child's failure to reach appropriate developmental milestones. Some parents describe a child who seemed different from birth, while others describe a child who was developing normally and then lost skills.

There is no single treatment approach for all children with ASD, but highly structured educational/behavioral programs are central in most treatment plans. There are many program models, but the American Academy of Pediatrics has identified a number of common components that most successful treatment models share:

1. Entry into intervention as soon as an ASD diagnosis is seriously considered rather than deferring until a definitive diagnosis is made;
2. Active engagement of the child at least 25 hours per week, 12 months per year, in systematically planned, developmentally appropriate educational activities designed to address identified



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objectives;

3. Low child-to-teacher ratio to allow sufficient amounts of 1:1 and small group time;
4. Inclusion of a family component;
5. Promotion of opportunities for interaction with typically developing peers to the extent that these opportunities are available and helpful;
6. Ongoing measurement and documentation of the individual child's progress toward objectives, with adjustments in programming as needed;
7. Incorporation of a high degree of structure through elements such as predictable routine, visual activity schedules, and clear physical boundaries to minimize distractions;
8. Strategies to apply learned skills to new environments and situations (generalization) and to maintain functional use of these skills;
9. Use of assessment-based curricula that address: functional, spontaneous communication; social skills; adaptive skills that prepare the child for increased responsibility and independence; reduction of disruptive or maladaptive behavior; cognitive skills; and more.

There is no cure for Autism Spectrum Disorders. However appropriate intervention with scientifically validated approaches, used in conjunction with parents or guardians who rigidly follow prescribed treatment plans, can result in many individuals with Autism Spectrum Disorders living a highly functional, productive and full life.

MANDATES:

Texas: (TIC Section 1355.015 and 28 TAC Sections 21.4401—21.4404)

- At a minimum, an EOC must provide coverage to an enrollee diagnosed with autism spectrum disorder from the date of diagnosis until the enrollee completes nine years of age.
- An EOC must provide coverage for all generally recognized services prescribed in relation to autism spectrum disorder by the enrollee's primary care physician in the treatment plan recommended by that physician. This coverage may be subject to annual deductibles, copayments, and coinsurance. "Generally recognized services" includes applied behavior analysis; speech, occupational and physical therapy; medications or nutritional supplements; and other treatments.

Texas SB 1484, July 17, 2013, amends current law by removing the age restriction for children with the diagnosis of autism by the age of 10 years. *Senate Bill 1484* amends provisions of the Insurance Code relating to mandatory health benefit plan coverage for enrollees diagnosed with autism spectrum disorder. Previous law required a health benefit plan to provide such coverage only until the enrollee completed nine years of age. The bill requires a health benefit plan to provide coverage to any enrollee whose diagnosis was in place prior to the enrollee's 10th birthday, regardless of the enrollee's age. However, the bill establishes that a health benefit plan is not required to provide coverage for an enrollee 10 years of age or older for applied behavior analysis in an amount that exceeds \$36,000 per year. The bill specifies that a qualified health plan, as defined by federal law, is not required to provide



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a benefit to an enrollee diagnosed with autism spectrum disorder that exceeds the specified essential health benefits required under the federal Patient Protection and Affordable Care Act to the extent that the state would be required to make a payment to defray the cost of the additional benefit.

CODES:

Important note: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes	Covered when Medically Necessary for Treatments of ASD 0362T, 0373T Adaptive behavior treatment by protocol 97151, 97152 97153, 97154, 97155, 97156, 97157, 97158 – Adaptive behavior treatment interventions
CPT Codes NOT covered Educational in nature and NOT covered unless specified by state mandate or plan contract:	96116 Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report 96118 Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report 96119 Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face 96120 Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report



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HCPCS Codes NOT covered Experimental, Investigational, Unproven NOT Covered when used for the treatment of autism spectrum disorders	A4575 Topical hyperbaric oxygen chamber, disposable C1300 Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval E1902 Communication board, non-electronic augmentative or alternative communication device 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) J1459 Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g. liquid), 500 MG J1557 Injection, immune globulin, (Gammalex), intravenous, non-lyophilized (e.g., liquid), 500 mg (code effective 01/01/2012) J1559 Injection, immune globulin (Hizentra), 100 mg J1561 Injection, immune globulin, (Gamunex), intravenous, nonlyophilized (e.g., liquid), 500 mg J1562 Injection, immune globulin (Vivaglobin), 100 mg J1566 Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg J1568 Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg J1569 Injection, immune globulin, (Gammagard liquid), intravenous, nonlyophilized, (e.g., liquid), 500 mg J1572 - Injection, immune globulin, (Flebogamma), intravenous, nonlyophilized (e.g., liquid), 500 mg J1599 Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified J2850 Injection, secretin, synthetic, human, 1 mcg S8940 Equestrian/hippotherapy, per session S9355 - Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
	ICD10 Codes F84.0F84.9 - Autism spectrum disorder

POLICY HISTORY:

Status	Date	Action
New	08/02/2012	New policy
Reviewed	02/28/2013	Reviewed. Minor revisions made.
Reviewed	02/20/2014	Reviewed and updated with mandate. ICD10 codes added.
Reviewed	03/26/2015	Updated mandate language
Reviewed	03/17/2016	Reviewed.
Reviewed	09/01/2016	Clarified language when lacking of medical necessity.
Reviewed	03/07/2017	Created separate policy for treatment – see 232
Reviewed	01/30/2018	No changes
Reviewed	07/30/2020	Language added to include First Care

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Reviewed	07/22/2021	Minor update: delete extraneous comment in Overview
Reviewed	09/22/2022	No changes
Reviewed	09/22/2023	Formatting changes, added hyperlinks to NCD and TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes
Reviewed	03/11/2024	Corrected the "For Medicaid Plans" section to utilize this Medical Policy if TMPPM does not have medical necessity guidance.
Reviewed	05/12/2025	No changes
Updated	08/11/2025	Removed "Medicare NCD or LCD specific InterQual criteria may be used when available."

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP will continue to review clinical evidence surrounding acupuncture with and without electrical stimulation and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to BSWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order

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MEDICAL COVERAGE POLICY

SERVICE: Autism Spectrum Disorder

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Note:

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