Geisinger

Geisinger Health Plan Policies and Procedure Manual

Policy: MP232

Section: Medical Benefit Policy

Subject: Autism Spectrum Disorder – Evaluation and Medical Management

Applicable line of business:

Commercial	**x**	**Medicaid**	**x**
Medicare	**x**	**ACA**	**x**
CHIP	**x**		

I. Policy: Autism Spectrum Disorder – Evaluation and Medical Management

II. Purpose/Objective:

To provide a policy of coverage regarding Autism Spectrum Disorder – Evaluation and Medical Management

III. Responsibility:

A. Medical Directors
B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

Commercial

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Medicare

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan/Geisinger Indemnity Insurance Company are part of Geisinger, an integrated health care delivery and coverage organization.

CHIP

Geisinger Health Plan Kids (GHP Kids) is a Children's Health Insurance Program (CHIP) offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Medicaid

Geisinger Health Plan Family (GHP Family) is a Medical Assistance (Medicaid) insurance program offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community.
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

This medical policy is consistent with Pennsylvania state mandated coverage for autism spectrum disorder. Certain provisions outlined in this policy may apply only to those contracts subject to PA Act 62.

DESCRIPTION:
According to the National Institutes of Health, Autism Spectrum Disorder (ASD) encompasses five disorders categorized as Pervasive Developmental Disorders and identified by F84 diagnosis codes in the Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5)

EVALUATION SERVICES:
The following services are considered medically necessary for children and adolescents under age 21 by the Child Neurology Society, American Academy of Neurology and/or the American Academy of Pediatrics for the evaluation of ASD:

- History and physical examination, including parent and child interviews
- Review of pregnancy, delivery and neonatal course
- Screening for ASD using a validated standardized screening tool(s) (eg., Autism Screening Questionnaire, Pervasive Developmental Disorder Screening Test II (PDDST-II), Checklist for Autism in Children (CHAT), Modified Checklist for Autism in Children (M-CHAT), Social Communication Questionnaire (SCQ), etc.)
- Use of standardized diagnostic tool(s) (eg., Childhood Autism Rating Scale (CARS), Autism Diagnostic Interview – Revised (ADI-R), Autism Diagnostic Observation schedule (ADOS), etc.)
- Genetic Testing (Comparative Genomic Hybridization (see policy MP255), karyotype and DNA analysis for fragile X syndrome if any of the following symptoms are present:
    - Presence of intellectual disability (or if intellectual disability cannot be excluded)
    - Dysmorphic features
    - Family history of fragile X syndrome
- Genetic counseling for parents of a child with diagnosed ASD to evaluate risk of recurrence in future pregnancies
- Laboratory evaluations as necessary, including:
    - Selective metabolic testing if any of the following are present:
        - Cyclical vomiting, lethargy, or early seizures
        - Dysmorphic or coarse features
        - Presence of intellectual disability (or if intellectual disability cannot be excluded)
    - Amino acid assay to detect phenylketonuria
    - Blood lead level (if increased risk is identified)

- Speech and language evaluation and/or communication evaluation
- Vision evaluation
- Audiologic evaluation
- Electroencephalogram – if the member has an associated seizure disorder or if sub-clinical seizures are suspected.

MANAGEMENT SERVICES:
Physical Therapy, Speech Therapy and/or Occupational Therapy (limitations may be based on individual contract, or by state mandate).

Applied Behavior Analysis

- Criteria for coverage will be in accordance with the OMHSAS Bulletin Medical Necessity Guideline for ABA using BSC-ASD & TSS Services for Children & Adolescents with ASD issued Jan 13th 2017.

EXCLUSIONS:
Therapies or services for which the Plan, the Geisinger Technology Assessment Committee, or national specialty guidelines have determined that insufficient evidence exists in the peer-reviewed, published medical literature to establish the safety and/or a therapeutic benefit in the treatment of Autism Spectrum Disorder, will be considered Experimental, Investigational or Unproven, and therefore NOT COVERED unless otherwise mandated under Act 62 or other State or Federal mandate. These services include, but are not limited to:

- Interactive Metronome Training – MP74
- Massage Therapy – MP126
- Hippotherapy – MP116
- Suit Therapy – MP181
- Chelation Therapy – MP81
- Therapeutic Listening – MP119
- Vibroacoustic Therapy – MP137
- Alternative or Complimentary Medicine Therapies – MP136
    - (eg. Art therapy, music therapy, therapeutic touch, elimination diets, nutritional supplements, etc.)
- IVIG – MBP4.0
- Routine neuroimaging – AAN Guideline
- Hair analysis, celiac antibodies, allergy testing (particularly food allergies for gluten, casein, candida, and other molds), immunologic or neurochemical abnormalities, micronutrients such as vitamin levels, intestinal permeability studies, stool analysis, urinary peptides, mitochondrial disorders (including lactate and pyruvate), thyroid function tests, or erythrocyte glutathione peroxidase studies – AAN Guideline

Services performed and provided by unlicensed practitioners and/or services which do not require licensure to perform, (e.g., breathing exercises, guided visualization, meditation, etc) are considered to be unproven and not medically necessary, and therefore **NOT COVERED**.

Educational and training services related to vocational or academic performance including, but not limited to, Intelligence Quotient testing, achievement testing and classroom environment interventions (e.g. Theory of Mind training) are considered to be unproven and not medically necessary, and therefore **NOT COVERED**.

Medicaid Business Segment:
Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

LINE OF BUSINESS:
Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:
The General Assembly of Pennsylvania. House Bill #1150. July 1, 2008.

American Academy of Neurology and the Child Neurology Society. Practice parameter: Screening and diagnosis of autism. August 2000. http://www.aan.com/professionals/practice/pdfs/gl0063.pdf.

American Academy of Pediatrics. Technical report: the pediatrician's role in the diagnosis and management of autistic spectrum disorder in children. May 2001. http://pediatrics.aappublications.org/cgi/reprint/107/5/e85.

American Speech-Language-Hearing Association (ASHA). Guidelines for speech-language pathologists in diagnosis, assessment, and treatment of autism spectrum disorders across the life span. 02/03/06. http://www.asha.org/docs/html/gl2006-00049.html.

Myers SM, Johnson CP, American Academy of Pediatrics (AAP) Council on Children with Disabilities. Management of children with autism spectrum disorders. American Academy of Pediatrics (AAP). *Pediatrics.*2007;120(5):1162-1182.

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Centers for Disease Control and Prevention (CDC). Fragile X syndrome. 09/01/06. http://www.cdc.gov/ncbddd/single_gene/fragilex.htm.

National Guideline Clearinghouse. Practice parameter: screening and diagnosis of autism. Report of the Quality Standards Subcommittee of the American Academy of Neurology and the Child Neurology Society. July 2006. http://www.guideline.gov/summary/summary.aspx?doc_id=2822.

National Guideline Clearinghouse. Assessment, diagnosis and clinical interventions for children and young people with autism spectrum disorders. A national clinical guideline. July 2007. http://www.guideline.gov/summary/summary.aspx?doc_id=11011.

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American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders, (5th ed., DSM-5). Washington, D.C.

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Siu AL; US Preventive Services Task Force (USPSTF), Bibbins-Domingo K, Grossman DC, et al. Screening for autism spectrum disorder in young children: US Preventive Services Task Force Recommendation Statement. JAMA. 2016;315(7):69169-6.

Sun F, Oristaglio J, Levy SE, et al. Genetic testing for developmental disabilities, intellectual disability, and autism spectrum disorder. Technical Brief No. 23. Prepared by the ECRI Institute–Penn Medicine Evidence-based Practice Center under Contract No. 290-2012-00011-I. AHRQ Publication No.15-EHC024-EF: Agency for Healthcare Research and Quality (AHRQ); June 2015

Weissman L. Autism spectrum disorder in children and adolescents: Overview of management. UpToDate Inc., Last reviewed December May 2021

This policy will be revised as necessary and reviewed no less than annually.

Devised: 6/09

Revised: 5/16, 4/17, 3/23 (update ABA criteria); 4/24 (add exclusions); 3/26 (revise requirements for parity)

Reviewed: 10/10, 10/11, 10/12, 10/13, 10/14; 10/15, 4/18, 4/19, 4/20, 4/21, 4/22, 4/25

CMS UM Oversight Committee Approval: 12/23, 7/24, 6/25, 5/26

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at https://www.geisinger.org/health-plan/providers/ghp-clinical-policies