

INSURANCE BENEFITS FOR PEOPLE WITH AUTISM SPECTRUM DISORDER

Over the past five years, both state and federal laws have been codified to increase coverage to health services for individuals with Autism Spectrum Disorders (ASD). These laws ensure that individuals with ASD can access medically necessary services.

California **Senate Bills 946** and **126** mandate that small group and individual health insurance plans cover medically necessary behavioral health treatment for individuals with pervasive developmental disorder or autism through January 1, 2017. These services are covered for people of all ages that have a diagnosis of "Autism Spectrum Disorders" or "Rett Syndrome" under the DSM-V, or a diagnosis of "Autistic Disorder," "Asperger syndrome," "Rett Syndrome," "Childhood Disintegrative Disorder," or "Pervasive Developmental Disorder-Not Otherwise Specified" under the DSM-IV.

The federal **Patient Protection and Affordable Care Act (PPACA)**, which took effect in January 2014 offers minimum coverage guidelines for the "10 essential health benefits." This includes behavioral health treatment and both habilitative and rehabilitative services coverage for all individual and small group plans. Large group plans for companies with greater than 50 employees are not required to provide coverage of essential health benefits. However, large group plans must adhere to the "minimum value" requirements for comprehensive care addressed in the PPACA. To meet these requirements, many large companies have plans that include the same areas addressed in the "essential health benefits."

The definitions of "behavioral health treatment" and "habilitative services" are similar. To that end, occupational therapy practitioners will address similar concerns under these two definitions. Families seeking occupational therapy services need not worry about whether their family member is receiving occupational therapy as a "behavioral health treatment" or a "habilitative service." However, occupational therapy practitioners will need to be aware of these two definitions, as the CPT codes for billing services differ based on the definition being used for funding.

Behavioral health treatment includes "professional services and treatment programs ... that develop or restore, to the maximum extent practicable, the *functioning of an individual*," but does not include respite services, day care, educational services, or parent participation time. Occupational therapy practitioners, among others, are named in the law as qualified providers of this service.

Currently in California, **habilitative services** include "medically necessary health care services and health care devices that assist an individual in partially or fully acquiring or improving skills and functioning and that are necessary to address a health condition, to the maximum extent practical." Recently, California passed Senate Bill 43, which redefines habilitative services for plans beginning on or after January 1, 2016 as "health care services and devices that help a person keep, learn, or improve skills and functioning for daily living." Occupational practitioners, among others, are named in the law as qualified providers of these services. Like behavioral health treatment, habilitative services do not include respite services, day care, or educational services.

Is it medically necessary? Treatment is medically necessary when the individual's level of functioning is below the expected developmental level (or the prior level of functioning) and gains can be reasonably expected following intervention. Other criteria are determined by insurance plans and change with time but typically include that treatment is cost-efficient and there is evidence of treatment efficacy.

How much therapy can one person receive? Health plans must not impose visit or monetary limits on behavioral health treatment unless these limits apply equally to all benefits under the plan. Coverage for habilitative and rehabilitative services must meet the state's minimum coverage requirement but individual coverage levels vary by plan.

How to access service: Families should speak with their primary care physician, pediatrician, or psychologist about their concerns. If the doctor/psychologist believes that the individual's condition is impacting functioning they will provide a prescription for evaluation and/or treatment. This prescription should be presented to a local service provider.

—more—

VISION STATEMENT:

A world where all people participate in meaningful occupations to optimize their life experience.



P.O. Box 276567
Sacramento, CA 95827

Phone: 916/567-7000
Fax: 916/567-7001

E-mail: info@otaconline.org
Web site: www.otaconline.org

INSURANCE BENEFITS FOR PEOPLE WITH AUTISM SPECTRUM DISORDER

For more information.

On SB 946/126:

- CA Dept. of Managed Health Care (www.dmhc.ca.gov). This site has resources about your health benefits and rights as well as a link to the Autism Advisory Task Force Report (<https://www.dmhc.ca.gov/Portals/0/AbouttheDMHC/PublicInformationAndReports/aatfr.pdf>)
- CA Dept of Insurance (www.insurance.ca.gov). This site has a list of resources and explanations to help you access behavioral health services on their “Autism Information” page (<http://www.insurance.ca.gov/01-consumers/110-health/60-resources/05-autism/index.cfm>)

On other Autism related services:

- American Occupational Therapy Association (www.aota.org). This national organization offers a variety of information on autism (<http://www.aota.org/Practice/Children-Youth/Autism.aspx>)
- CA Dept. of Developmental Services (www.dds.ca.gov). A variety of links offer information regarding “Autism” in general, Regional Center services and early intervention services.
- CA Dept. of Education (www.cde.ca.gov). The Department of Education has information regarding specialized programs and special education (www.cde.ca.gov/sp/se)
- Unified School Districts. Your local school district can provide more information about your child’s rights and the programs available in your area.

On health insurance and Medi-Cal:

- The Departments of Managed Health Care and Insurance (listed above) have resources on health benefits and rights.
- CA Health & Human Services Agency (www.chhs.ca.gov/Pages/Default.aspx). This website also has information regarding the state health benefit exchange: Covered California (www.coveredca.com).
- CA Dept. of Health Care Services (www.dhcs.ca.gov/Pages/default.aspx). This resource is focused on Medi-Cal and Healthy Families.

If you have any difficulty accessing services through your insurance provider:

If you believe that you or your child have been denied medically necessary services, you have the right to request an appeal and/or file a complaint through the California Department of Insurance. To file a complaint please visit: <http://www.insurance.ca.gov/01-consumers/101-help/index.cfm>

If you would like to appeal a decision, you will need to initiate an Independent Medical Review. This is also done through the California Department of Insurance. For information & to initiate the process please visit: <http://www.insurance.ca.gov/01-consumers/120-company/14-wccontacts/wc-appeal.cfm>

###



P.O. Box 276567
Sacramento, CA 95827

Phone: 916/567-7000
Fax: 916/567-7001

E-mail: info@otaonline.org
Web site: www.otaonline.org

10/2015

*OTAC expresses its appreciation to the following individuals
for their significant contributions to the research and development of this document:
Michaelann Gabriele, OTD, OTR/L; Eliza Binstock, MA, OTS; Patricia S. Nagaishi, PhD, OTR/L*