Autism Spectrum Disorder

Policy Number: BIP130.L
Effective Date: February 1, 2025

➲ Instructions for Use

Table of Contents **Page**

Related Benefit Interpretation Policies

- Attention Deficit Hyperactivity Disorder (ADHD)
- Cognitive Rehabilitation
- Developmental Delay and Learning Disabilities
- Habilitative Services
- Inpatient and Outpatient Mental Health
- Rehabilitation Services (Physical, Occupational, and Speech Therapy)

Federal/State Mandated Regulations

Oregon Revised Statues (ORS) Section 743A.190, Children With Pervasive Developmental Disorder

https://www.oregonlaws.org/ors/743A.190

(1) A health benefit plan, as defined in ORS 743B.005 must cover for a child enrolled in the plan who is under 18 years of age and who has been diagnosed with a pervasive developmental disorder all medical services, including rehabilitation services, which are medically necessary and are otherwise covered under the plan.
(2) The coverage required under subsection (1) of this section, including rehabilitation services, may be made subject to other provisions of the health benefit plan that apply to covered services, including but not limited to:
  (a) Deductibles, copayments or coinsurance;
  (b) Prior authorization or utilization review requirements; or
  (c) Treatment limitations regarding the number of visits or the duration of treatment.
(3) As used in this section:
  (a) "Medically necessary" means in accordance with the definition of medical necessity that is specified in the policy, certificate or contract for the health benefit plan and that applies uniformly to all covered services under the health benefit plan.
  (b) "Pervasive developmental disorder" means a neurological condition that includes, autism spectrum disorder, developmental delay, developmental disability or mental retardation.
  (c) "Rehabilitation services" means physical therapy, occupational therapy or speech therapy services to restore or improve function.
(4) The provisions of ORS 743A.001 do not apply to this section.
(5) The definition of "pervasive developmental disorder" is not intended to apply to coverage required under ORS 743A.168 or section 2, chapter 771, Oregon Laws 2013.

Note: The amendments to 743A.190 by section 20, chapter 771, Oregon Laws 2013, become operative January 2, 2022. See section 24, chapter 771, Oregon Laws 2013. The text that is operative on and after January 2, 2030, is set forth for the user's convenience.

Section 743A.190

(1) A health benefit plan, as defined in ORS 743B.005 must cover for a child enrolled in the plan who is under 18 years of age and who has been diagnosed with a pervasive developmental disorder all medical services, including rehabilitation services, that are medically necessary and are otherwise covered under the plan.
(2) The coverage required under subsection (1) of this section, including rehabilitation services, may be made subject to other provisions of the health benefit plan that apply to covered services, including but not limited to:

(a) Deductibles, copayments or coinsurance;
(b) Prior authorization or utilization review requirements; or
(c) Treatment limitations regarding the number of visits or the duration of treatment.

(3) As used in this section:
(a) "Medically necessary" means in accordance with the definition of medical necessity that is specified in the policy, certificate or contract for the health benefit plan and that applies uniformly to all covered services under the health benefit plan.
(b) "Pervasive developmental disorder" means a neurological condition that includes autism spectrum disorder, developmental delay, developmental disability or mental retardation.
(c) "Rehabilitation services" means physical therapy, occupational therapy or speech therapy services to restore or improve function.

(4) The provisions of ORS 743A.001 do not apply to this section.

(5) The definition of "pervasive developmental disorder" is not intended to apply to coverage required under ORS 743A.168.

Note: 743A.190 was added to and made a part of the Insurance Code by legislative action but was not added to ORS chapter 743A or any series therein. See Preface to Oregon Revised Statutes for further explanation.

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Refer to the member's evidence of coverage (EOC) schedule of benefits (SOB) to determine coverage eligibility.

Note: Autism services performed (OT, ST, PT or ABA) in the home setting are not "home health services" and are not subject to visit or dollar limitations, if any.

- Assessment and coordination of care of the above listed disorders by the member's pediatrician or PCP (e.g., history, physical and management of medications).
- Referral for consultation and evaluation of individuals with suspected complex developmental and/or behavioral problems for confirmation of diagnosis.
- Medical services, including physical, occupational, and speech therapy are covered for members under age 18 years of age who have been diagnosed with an autism spectrum disorder when such services are medically necessary as determined by a physician and are not otherwise excluded.
- Educational services that are focused mainly on building skills and capabilities in communication, social interaction and learning when they are authorized, part of a medically necessary treatment plan, provided by or provided under the direct supervision of a licensed or certified health care professional and are provided by a provider acting within the scope of his or her license.
- Behavioral services for autism spectrum disorder (including intensive behavioral therapies such as applied behavioral analysis (ABA) that are the following:
  - Focused on the treatment of core deficits of autism spectrum disorder;
  - Provided by a Board Certified Behavioral Analyst (BCBA) or other qualified provider under the appropriate supervision or a licensed provider acting within the scope of his or her license; or
  - Medically necessary for treating maladaptive/stereotypic behaviors that are posing danger to self, others and property, and impairment in daily functioning.

Refer to the Benefit Interpretation Policies titled Attention Deficit Hyperactivity Disorder (ADHD), Developmental Delay and Learning Disabilities, Inpatient and Outpatient Mental Health, Cognitive Rehabilitation, and Rehabilitation Services (Physical, Occupational, and Speech Therapy).

Not Covered

- Developmental and neurodevelopmental testing beyond initial diagnosis except for medically necessary covered services for members under 18 years of age who have been diagnosed with an autism spectrum disorder.
- Developmental and neurodevelopmental treatment except for medically necessary covered services for members under the age of 18 who have been diagnosed with an autism spectrum disorder.
- Prescription drugs, unless member has the supplemental prescription benefit.
- Hypnotherapy.
- Tuition for or services that are school-based for children and adolescents required to be provided or paid for, by the school under the Individuals with Disabilities Education Act.
- Transitional living services.

Policy History/Revision Information

Date	Summary of Changes
02/01/2025	• Routine review; no change to coverage guidelines • Archived previous policy version BIP130.K

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. 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.