

Cigna Medical Coverage Policy for Autism

Subject Autism Spectrum Disorders/Pervasive Developmental Disorders:

Assessment and Treatment

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Coverage Policy Number0447

Coverage Policy

Some benefit plans specifically exclude therapy and nonmedical ancillary services for learning disabilities, developmental delays, autism, and mental retardation or for care which is not restorative in nature. In addition, many benefit plans specifically exclude behavioral training or services that are considered educational and/or training in nature. In benefit plans where these exclusions are present, services that are considered behavioral training or such as intensive behavioral interventions would not be covered.

In addition, coverage of intensive behavioral interventions and/or treatment of autism spectrum disorders (ASD) may be governed by state and/or federal mandates.

Aids or devices that assist with nonverbal communications, including but not limited to communication boards and prerecorded speech devices, are specifically excluded under many benefit plans. Therefore, speech generating devices that use prerecorded messages (HCPCS codes E2500-E2506) are generally not covered. If covered, coverage for speech generating devices is subject to the terms, conditions and limitations of the applicable benefit plan's Durable Medical Equipment (DME) benefit and schedule of copayments. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage. Under many benefit plans, coverage for DME is limited to the lowest-cost alternative.

Under many benefit plans formerly administered by Great-West Healthcare, speech therapy, occupational therapy, and physical therapy are only covered when the therapy services are performed for acute injuries, diseases or conditions and are expected to result in significant clinical improvement within two months.

Services provided by a psychiatrist, psychologist or other behavioral health professionals may be subject to the provisions of the applicable behavioral health benefit.

Assessment and treatment for comorbid behavioral health and/or medical diagnoses and associated symptoms and/or conditions may be covered under applicable medical and behavioral health benefit plans.

Coverage of medications related to the treatment of Autism Spectrum Disorder (ASD) may be subject to the pharmacy benefit portion of the applicable benefit plan.

Assessment

Cigna covers the following services as medically necessary for the assessment of a suspected or known ASD:

- audiological evaluation
- behavioral health evaluation including psychiatric examination
- electroencephalogram (EEG) when there is suspicion of a seizure
- evaluation by speech and language pathologist
- lead screening
- medical evaluation including history and physical examination
- autism-specific developmental screening (Current Procedural Terminology [CPT] code 96110, e.g., Checklist for Autism in Toddlers [CHAT], Pervasive Developmental Disorder Screening Test-II) and CPT code 96111, e.g., Autism Behavior Checklist [ABC], Childhood Autism Rating Scale [CARS])
- neuroimaging studies when the child is a candidate for specific interventions such as epilepsy surgery
- occupational and/or physical therapy evaluation when motor deficits, motor planning or sensory dysfunction are present
- quantitative plasma amino acid assays to detect phenylketonuria when ANY of the following criteria are met:
 - any loss of any language or social skills at any age
 - absence of babbling by 12 months
 - absence of gesturing (e.g., pointing, waving bye-bye) by 12 months
 - absence of single word speech by 16 months
 - absence of 2-word spontaneous (not echolalic) phrases by 24 months

Treatment

Cigna covers behavioral health treatment* (e.g., behavior modification, family therapy, cognitive behavioral therapy or other forms of psychotherapy) for ASD as medically necessary when ALL of the following criteria are met:

- individual meets criteria for ASD in the Diagnostic and Statistical Manual of Mental Health Disorders, Fifth Edition (DSM-5)
- services are appropriate in terms of type, frequency, extent, site and duration
- treatment is being provided by an appropriate behavioral health care professional
- meaningful and measurable improvement is expected from the therapy

*this does not include intensive behavioral interventions for autism (e.g., early intensive behavior intervention [EIBI] intensive behavior intervention [IBI], Lovaas therapy, applied behavior analysis [ABA]). Please refer to the Not Covered Services section below.

Please refer to the Cigna Coverage Policy on Intensive Behavioral Interventions

Please refer to the Cigna Coverage Policies on Speech Therapy, Occupational Therapy and Physical Therapy for specific coverage criteria for these therapies.

Speech Generating Device

Cigna covers a speech generating device for ASD as medically necessary when ALL of the following criteria are met:

- The individual has a permanent and severe expressive speech impairment.
- A speech evaluation, conducted by a speech-language pathologist, has documented the severity of the individual's disability, specific to their primary language.
- Speaking needs cannot be met using natural communication methods.
- Other forms of treatment have failed, are contraindicated, or are otherwise not appropriate.
- A speech generating device is available in the individual's primary language
- A speech generating device is being requested for the sole purpose of speech generation.

Not Covered Services

Services that are considered primarily educational or training in nature or related to improving academic or work performance are not covered under many benefit plans. Cigna does not cover the following services for the assessment and/or treatment of ASD because they are primarily educational and training in nature (this list may not be all-inclusive):

- education and achievement testing
- educational interventions (e.g., classroom environmental manipulation, academic skills training and parental training)

Cigna does not cover neuropsychological testing for the assessment and/or treatment of ASD because such testing is considered educational in nature and/or not medically necessary.

Cigna does not cover multi-purpose, general consumer electronic devices such as personal digital assistants (PDAs), computers, tablet devices (e.g., iPads®), smart phones, electronic mail devices and pagers, because they are not medical in nature.

Cigna does not cover ANY of the following procedures/services for the assessment and/or treatment of ASD because they are considered experimental, investigational or unproven for this indication (these lists may not be all-inclusive):

Not Covered Assessment:

- allergy testing (e.g., food allergies for gluten, casein, candida, molds)
- celiac antibodies testing
- erythrocyte glutathione peroxidase studies
- event-related potentials (i.e., evoked potential studies)
- hair analysis

- heavy metal testing
- immunologic or neurochemical abnormalities testing
- intestinal permeability studies
- magnetoencephalography (MEG)
- micronutrient testing (e.g., vitamin level)
- mitochondrial disorders testing (e.g., lactate and pyruvate)
- provocative chelation tests for mercury
- stool analysis
- urinary peptides testing

Not Covered Treatment:

- acupuncture
- art therapy
- auditory integration therapy
- chelation therapy
- cognitive rehabilitation
- craniosacral therapy
- dietary and nutritional interventions (e.g., elimination diets, vitamins)
- EEG biofeedback/neurofeedback
- equestrian therapy (hippotherapy)
- facilitated communication
- holding therapy
- hyperbaric oxygen therapy
- immune globulin therapy
- intensive behavioral interventions for autism (e.g., early intensive behavior intervention [EIBI] intensive behavior intervention [IBI], Lovaas therapy, applied behavior analysis [ABA])
- music therapy
- recreational therapy
- secretin infusion
- sensory integration therapy
- social skills training
- Theory of Mind cognitive model
- vision therapy

In situations when a state mandate requires coverage or a plan specifically covers applied behavior analysis therapy, please refer to the Cigna Behavioral Health medical necessity criteria for Autism Behavior Intervention Therapies (ABIT).