

## **Securing Health Insurance Coverage for Autism Spectrum Disorders A Few Parents' Perspective**

**Autism 101:** Getting the most out of your health insurance coverage for children with autistic spectrum disorders

For the most part, health insurance companies do not want to pay for these services. You have to make your case, and even then, they often refuse or make it very difficult for you. This is a process that takes time and persistence, but once you win a specific intervention, the insurer usually will continue to provide the benefits for a long enough time that it can make a meaningful difference in the life of your child. If you win, the insurer can also be forced to pay retroactively, depending on the circumstances. As ASD parents, many of you know that we have to fight our educational systems to get good educational programs for our ASD children. Unfortunately, we have to fight for good medical care for our kids, too.

**What type of plan do you have, and what is covered? Ask your employer**

- If it is CA State regulated, you have some protection under AB 88 (this includes most individual policies)
- If it is self-funded or federal, you will be covered under ERISA. The new National Mental Health Parity will take effect January 1, 2010, and may offer additional protection. Some self-employed companies have elected to treat autism.
- If self-insured, discuss with your health benefits person, network with others, and speak up together.
- Read your plan benefits package and evidence of coverage manual. Know your rights.
- Class Action Suit? If the denial is because "Autism is not a covered condition," this may violate the Americans With Disabilities Act. It is worth looking into.

### **AB 88 – Mental Health Parity Act (California Health and Safety Code 1374.72)**

If your plan is California State regulated, you are covered under AB88, The Mental Health Parity Act.

AB 88 requires coverage of the diagnosis and medically necessary treatment of the following "severe mental illnesses" in parity with other medical conditions.

- pervasive developmental disorder or autism
- schizoaffective disorder and schizophrenia,
- bipolar, and major depression,
- panic disorder, OCD
- eating disorders (anorexia nervosa, bulimia nervosa)
- Serious emotional disturbance in child which includes a non developmental delay DSM dx, impairment in self care, family relationships, school or community functioning, and meets special education eligibility criteria.

Parity means under the same terms and conditions as other medical conditions:

- Co-payments and deductibles
- Maximum lifetime coverage
- Includes in-patient, out-patient and partial hospitalizations, and prescription drugs, if the plan contract includes coverage for prescription drugs.
- Visit limits – most plans interpret “same terms and conditions” to include no annual visit limits if medically necessary

Example: If speech therapy is provided to those who have had a stroke or head injury, then speech therapy needs to be provided for those with ASD.

Mental Health carveouts are permitted to administer these benefits.

- Many health plans use specialized behavioral health plans (mental health carveouts) to administer the mental health parity benefits. (e.g., United Behavioral Health)
- This can cause confusion among subscribers and providers as to which side of the plan handles AB 88 claims.
  - Some insurers have the mental health plan process AB 88 claims
  - Others have the medical health plan process AB 88 claims.
  - Find out which plan processes claims for your insurer.

### **What can be covered?**

- ABA, possibly other early intensive therapies (involves a fight)
- Speech and occupational therapy (OT for motor delays, sometimes sensory integration)
- Psychological therapy, group therapy, social skills therapy
- Medical treatment (psych meds)
- Developmental pediatricians
- Psych evaluations and assessments
- Treatments for other medical conditions
- Family therapy related to autism

### **What is generally not covered?**

- Most DAN (Defeat Autism Now) therapies: chelating agents, immunoglobulin, digestive enzymes, special diets, vitamin and mineral supplements.
- Any treatments which lack adequately controlled clinical trials (evidence based medicine).
- Encourage DAN doctors to submit research to peer reviewed journals.
- Therapies for learning disorders which improve school functioning but not necessarily functioning in other settings (e.g. OT for handwriting).

## **The Process for Securing Insurance Coverage and Some Tips**

### **Requesting Treatments**

- If in HMO, seek authorization first, usually through Primary care doctor.
- For PPOs self referral OK (prior-auth required for some therapies) prescription helpful
- Behavioral health carve-outs often require you to work the system yourself, i.e. call the behavioral health plan and they will give you the name of qualified therapists.
- Ask for a case manager with autism experience
- Ask for providers / therapists with autism experience/expertise

- Follow-up phone requests in writing
- Save copies of all communication
- Insist on referrals for treatment even if you expect a denial
- Document all verbal commitments and verbal denials with name, date, and details
- They are supposed to respond within 5 working days, 2 days if urgent.

**Don't accept the following explanations:**

- Not Medically Necessary (cite literature)
- Experimental (cite literature)
- Educational (this is a medical problem)
- Regional center (this is the payor of last resort)
- Not a covered benefit (violates AB 88)
- Language skills in normal range (submit pragmatic language test results)
- No license for ABA (many supervisors have licenses, CA has no ABA specific license)
- No providers contracted in network (they must give you a single case agreement at in-network rates).
- Not a healthcare service (this is a medical condition, evidence-based treatments are healthcare services)

**Other tips and follow up**

- Make sure the in-network therapists have experience with autism. If they don't, request a single case agreement at in-network rates (no deductibles).
- If you are in an HMO, they must tell you who the autism experts are: don't let them tell you to call everyone on the list. If they don't, name your provider or report them to DMHC.
- Make sure claims are submitted to the correct side of the health plan (behavioral/mental versus medical). This is often a reason for denial. Submit to both, if in doubt.
- Make sure claims were received and entered into the system correctly with accurate codes. Claims are often lost or mistakes are made.
- Challenge reasonable and customary rates if below market. Get Medicare rates at [https://catalog.ama-assn.org/Catalog/cpt/cpt\\_search.jsp?checkXwho=done](https://catalog.ama-assn.org/Catalog/cpt/cpt_search.jsp?checkXwho=done)
- If they give you a runaround, call the DMHC helpline 888-hmo-2219.
- If you can afford the risk, seek treatment with your own expert and send in claims.

**Denials, Appeals, Complaints, IMR (Independent Medical Review)**

- If you have started treatment or are in PPO, send in the claims.
- If no response within 30 days or you receive a written denial, appeal.
- They have 30 days to respond to your appeal.
- While filing an appeal, you can also file a complaint with the DMHC or Department of Insurance (your insurer will tell you which agency in your denial letter). You can also call the DMHC help line 888-hmo-2219 and start the complaint process even with just a verbal denial – some health plans are refusing to issue written denials to try to avoid the appeals process. The help department will advise you as to what further documentation and steps are necessary.

### **Appeals and Complaints**

- Write up what you are requesting. Stick to the facts. Specify amounts: e.g 25 hours of ABA/ week; 2 hours ST /week. Some insurers will take your appeal over the phone.
- Mention AB 88 (Mental Health Parity)
- Literature: It is often to your benefit to be able to quote the literature. Most traditional therapies are covered in: Pediatrics, "Management of Children with Autism Spectrum Disorders," October, 2007 (see weblink below)

### **Independent Medical Review (IMR)**

- If medical necessity is not in dispute, the DMHC and DOI lawyers can rule on your case.
- DMHC /DOI will determine if an IMR is indicated.
- Ask for expedited review if timing is urgent to your child's health
- Work with them, additional information may be needed.
- IMR should be filed by DMHC within 30 days.
- Results should be returned in 30 days, 3-7 days if expedited (request if urgent).

### **How to file IMR (source DMHC)**

- Complete an IMR application
  - The application may be obtained by calling DMHC's Help Center at 1-888-HMO-2219, or
  - Go to the DMHC website at [www.hmohelp.ca.gov](http://www.hmohelp.ca.gov)
- An IMR application may be accompanied by
  - Any relevant material or documentation. For example
  - Medical records (Out of network providers)
  - A copy of the health plan denial letter
  - A statement from your provider establishing that the dispute is eligible for review
  - A statement from your provider indicating the service or treatment you request is medically necessary
  - Medical Articles of Support

### **Kaiser Members Specific Guidance**

- Kaiser is a unique health system
- Health plan owns the medical group, which is for profit.
- Doctors rather than plan deny services
  - Won't recommend treatments that the plan won't cover, even if they are medically necessary
  - Refuse to make referrals because not covered
  - Issue explicit denials (usually verbal)
- Conflict of interest for doctors and patients
- Currently, Kaiser will diagnose, but not treat autism
- Some centers offer case management, but this usually involves therapies from regional centers and school districts (illegal) and not within Kaiser.
- Request treatment in writing from member services dept.

### **Kaiser Member Complaints and IMRs**

- Kaiser may stall with the following:
  - They will not issue a denial in writing (verbal may be enough).
  - Tell will tell you to go back to the ASD center and get a re-assessment (not necessary).
- You may file an IMR 30 days after your initial request for treatment. IMR and regional review can occur at the same time.
- Order the complete medical record (including Drs' notes and psych records).
- Document all conversations in writing.

### **You Can Do It. You are Not Alone**

- Do not take NO for an answer
- You are NOT the only one
- Your case is NOT unique
- Do NOT be embarrassed
- Do NOT be shamed into giving up
- This is what insurance companies count on – only 10% appeal
- We can gain POWER IN NUMBERS
- It does take time
- There is support available and hope

### **Useful Resources**

- California insurance help support group – to assist in getting coverage for treatment  
<http://health.groups.yahoo.com/group/ASDInsuranceHelp>  
To subscribe send an e-mail to [ASDInsuranceHelp-subscribe@yahoogroups.com](mailto:ASDInsuranceHelp-subscribe@yahoogroups.com)
- How to get involved to support insurance reform: [www.autismvotes.org](http://www.autismvotes.org)
- DMHC: [www.hmohelp.ca.gov](http://www.hmohelp.ca.gov), or 888-hmo-2219; Bobbie Reagan (deputy director) 1-916-255-2405. (DMHC regulates about 80% of health plans covered by CA law, most HMOs and some PPOs (Blue Cross, Blue Shield))
- DMHC Healthcare Rights [http://www.dmhc.ca.gov/dmhc\\_consumer/br/br\\_rights.asp](http://www.dmhc.ca.gov/dmhc_consumer/br/br_rights.asp)
- DOI: 1-800-927- Help (4357) (DOI regulates about 20% of health plans covered by CA law)
- Kaiser Support Group <http://health.groups.yahoo.com/group/kaiserspectrumkids>  
To subscribe send an e-mail to [kaiserspectrumkids-subscribe@yahoogroups.com](mailto:kaiserspectrumkids-subscribe@yahoogroups.com)
- Autism Insurance Website [www.insurancehelpforautism.com](http://www.insurancehelpforautism.com)
- Chris Angelo's analysis and letter  
<http://64.177.146.159/AB%2088%20Updated%20030405.PDF>  
<http://www.insurancehelpforautism.com/insuranceletter.html>
- Medicare usual and customary rates [https://catalog.ama-assn.org/Catalog/cpt/cpt\\_search.jsp?checkXwho=done](https://catalog.ama-assn.org/Catalog/cpt/cpt_search.jsp?checkXwho=done)
- Literature: [www.pediatrics.org/cgi/content/full/peds.2007-2362v1](http://www.pediatrics.org/cgi/content/full/peds.2007-2362v1)
- For legal help: Disability Rights Advocates: 510-665-8644, or e-mail [hfagan@dralegal.org](mailto:hfagan@dralegal.org).
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Caveat: Preparers make no assurances about the accuracy of the information contained in this handout or guarantees that following these procedures will ensure coverage of ASD treatment. This handout is intended to provide assistance to families struggling to secure insurance coverage for ASDs

## Appendix – Example Billing Codes and Coding Tips

### Example billing codes

- CPT codes = procedure codes = what treatment is being done
  - 97110 therapy session with therapeutic exercise (15 min)
  - 97112 therapy session with neuromuscular re-education (15 min)
  - 97530 therapy session with kinesthetic exercises (15 min)
  - 97533 therapy session with sensory integrative techniques (15 minutes)
  - 92507 individual speech therapy (1 hour)
  - 92508 group speech therapy (1 hour)
  - 90802 interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication (1 hour –sometimes appropriate for classroom or interactive observations)
  - 90846 family psychotherapy without patient present (hour)
  - 90847 family psychotherapy with patient present (1 hour)
  - 90853 group psychotherapy (sometimes appropriate for group social skills)
  - 96118 neuropsych assessment
  - 97532 ABA therapist/instructor (15 min)
  - 90808 face to face behavior modifying therapy (75-80 min)
- ICD-9 codes = diagnosis codes = why treatment is being done
  - 299.0 Autism (DSM-IV code - parity diagnosis)
  - 299.80 PDD-NOS, Aspergers' Syndrome (DSM-IV code - parity diagnosis)
  - 781.30 Motor incoordination
  - 784.5 Speech delay

### Coding Tips

- To process a claim, insurers need both procedure and diagnosis codes
- Different combinations of diagnosis and procedure codes may influence coverage and payment levels
- Sometimes autism codes are valuable, sometimes they hinder coverage
- Appropriate units (e.g., 15 min vs 1 hr) must be used as well as correct number of decimal places, errors can result in denial of claims or underpayment
- Usually the provider's employment identification number or social security number is needed to process the claims
  
- Additional codes to use can be found at:  
<http://www.talkaboutcuringautism.org/resources/autism-insurance/billing-codes-that-work.htm>

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