



**Autism and Health Insurance Coverage:
Making Your Benefits Work for your Child**
Karen Fessel, Autism Health Insurance Project
Fedal Almaliti, Autism Health Advocates

Overview

Why Health Insurance?

- A benefit that you pay for
- Autism is a medical condition.
- Autism Treatments are health care services
- Schools treat educational issues related to autism
- RCs are payers of last resort.

Types of plans and how they are regulated? **Ask your employer or look in your manual**

- If it is CA State regulated (this includes most individual policies):
 - Two agencies: Department of Managed Health Care (<http://www.dmhc.ca.gov/>)
 - Department of Insurance (<http://www.insurance.ca.gov/>)
- If it is self-funded, your employer will be regulated under ERISA, through the Employee Benefits Security Administration of the Department of Labor (<http://www.dol.gov/ebsa>).
- Government Employees: Office of Personnel Management (OPM) Federal: <http://www.opm.gov/>
- State: Usually either Department of Managed Health Care (HMOs): (<http://www.dmhc.ca.gov/>) or Cal Pers (PPOs): (<http://www.calpers.ca.gov/>)

Self Insured and Government Plans

- Paid for by employer, administered by health insurance company
- Employer decides what benefits to cover
- New Mental Health Parity Act: If plans provide mental health services, they must offer it in parity with other conditions: NO VISIT LIMITS, only 50 or more employees.
- Read your manual, know your rights, some plans offer independent review process.
- Discuss with your health benefits person, network with others, and speak up together.
- Some self-insured companies have generous benefits packages for autism and other conditions, while others specifically exclude certain mental health and developmental disabilities.

State Regulated Plans, AB 88 – Mental Health Parity Act (California Health and Safety Code 1374.72)

If your plan is California State regulated, you have some protections under AB88, The Mental Health Parity Act.

AB 88 requires coverage for 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 – no visit limits – from new Federal Mental Health Parity Act
- Includes assessment of suspected autism (even if not later confirmed).

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 carve-outs 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
 - Some have the medical health plan process AB 88 claims
 - Some HMOs have the doctor’s group process speech and OT claims.
 - Find out which part of the plan processes claims from your insurer.

What can be covered?

- ABA, possibly other early intensive therapies (usually involves a fight)
- Speech and occupational therapy (OT for motor delays, sometimes sensory integration), for HMO’s, usually you will apply through the Primary care doctor’s medical group.
- Psychological therapy, group therapy, social skills therapy
- Medical treatment (psych meds)

- Developmental pediatrician visits
- Psych evaluations and assessments
- Treatments for other medical conditions
- Family therapy

What is generally not covered?

- Any treatments which lack adequately controlled clinical trials (evidence based medicine).
- Therapies for learning disorders which improve school functioning but not necessarily functioning in other settings (e.g. OT for handwriting, Linda Mood Bell for reading).
- Most DAN (Defeat Autism Now) therapies: chelating agents, immunoglobulin, digestive enzymes, special diets, vitamin and mineral supplements. List and code as vitamin/mineral deficiency, partial reimbursement is possible, esp. w/PPO plans.

Requesting Treatments

- If in HMO, seek authorization first, usually through Primary care doctor.
- For PPOs, self referral OK (prior-auth required for some therapies), but if you go out of network, you will get low rate of reimbursement.
- 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 or you will get list online. Show specialists the list and see who they know.
- Document phone conversations, get tracking #, note date and who you spoke with.
- 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
- They are supposed to respond to requests within 5 working days, 2 days if urgent.
- Make sure to submit to the correct side of the health plan (behavior vs medical)
- Call to confirm receipt of claims after faxing, or send via registered mail.
- For PPOs: Challenge reasonable and customary rates if excessively low, quote Medicare rates at: https://catalog.ama-assn.org/Catalog/cpt/cpt_search.jsp?checkXwho=done
 - Claim statements should include the following:
 - Name, address, and DOB of client
 - ICD and CPT codes
 - Date of service
 - Number of units (OT, 1 hour = 4 units)
 - Name, address, phone #, license #, and EIN of provider

Network Insufficiency

- Many kids with autism must see specialists with autism expertise in their area. Plan must have autism experts in-network within 15 miles for mental health and 30 miles for medical. If they don't, the network is insufficient.
- Plan must offer a single case agreement with specialist.

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.
- The health plans have 30 days to turn around your claims and respond to your appeal.
- Regulator will determine if IMR is needed and if it should be expedited.
- 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). If your healthplan fails to issue a written denial, you can even start the complaint process with just a verbal denial – some health plans are refusing to issue written denials to try to stall or prevent you from filing complaints. The DMHC and DOI can advise you as to what further documentation and steps are necessary.

How to File an Independent Medical Review (IMR)

- Complete an IMR application
 - For DMHC: www.hmohelp.ca.gov
 - For DOI: <http://www.insurance.ca.gov/0100-consumers/0020-health-related/0020-imr/>
- An IMR application may be accompanied by any relevant material or documentation. For example:
 - A copy of the health plan denial letter
 - Relevant Claims
 - Letters of Medical Necessity from treating specialist or PCP
 - A recent health evaluation from a licensed provider which identifies the condition and deficits, and outlines a treatment plan with goals and objectives. For ABA, a specialized questionnaire is included. The referring provider must document that the skills and expertise of a licensed provider is necessary to address the medical needs of the child and why. Common statements include “due to severity (for severe cases)” “due to subtlety (for HFA)”
 - Relevant medical literature, including original controlled trials showing efficacy, or review articles summarizing the state of the literature (for autism: www.pediatrics.org/cgi/content/full/peds.2007-2362v1)
 - Evaluations from regional centers, if they support the need for medical therapies and are from licensed providers.
 - Evaluations or progress reports from providers, if the client is already receiving treatment.
 - School district reports are generally not helpful, as the school is not supposed to diagnose and usually only address educational aspects of autism.

Kaiser, Special Info

- Health Plan owns the medical group. Doctors won't recommend therapy or make referrals if the plan won't cover it, even when medically necessary.

- Sometimes will just give verbal denials.
- Will diagnose (sometimes) but generally won't treat autism.
- Will offer case management, usually involves referrals to school district and regional center (illegal, RC is payer of last resort, must pay after Kaiser).'
- Request treatment in writing from member services (back of card).
- Stalling tactics:
 - Call you back for repeated evaluations.
 - Authorize a few sessions of speech and OT and then won't reauthorize.
 - Best to allow them to evaluate.
- If you are not a regional center client, you may have to pay for a private evaluation to get someone to authorize services.

Senate Select Committee on Autism

Regional Task Forces on Autism: Developing statewide legislation in four areas:

- Insurance coverage for autism
- Early identification and treatment
- Transitions and employment
- Housing

Recent and potential federal legislation:

- Health Care Education and Affordable Reconciliation Act of 2010
- Autism Treatment Acceleration Act

See www.autismvotes.org for more information.

Litigation

- Consumer Watchdog, current action against the DMHC:
<http://www.consumerwatchdog.org/>, 310-392-0522.
- Law Offices of Scott Glovsky, phone: 877-316-2093: Class action against Kaiser: <http://www.fighthmos.com/>

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

- Most of the information in this talk, including weblinks, can be found at:
www.autismhealthinsurance.org

- 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
Explore files section for useful files.
- Kaiser Support Group <http://health.groups.yahoo.com/group/kaiserspectrumkids>
To subscribe send an e-mail to kaiserspectrumkids-subscribe@yahoogroups.com
- National health insurance support group: autism_insurance_information-subscribe@yahoogroups.com.
- Get involved to support insurance reform: www.autismvotes.org
- Talk about curing autism: <http://www.talkaboutcuringautism.org/resources/autism-insurance/insurance-coverage-for-biomedical-traditional-treatments.htm>
- Senate Select Committee on Autism, a follow-up to the CA Blue Ribbon Autism Commission, has identified establishing appropriate coverage for autism as a priority. President Pro Tem Darryl Steinberg chairs this committee and has a full-time policy consultant on autism issues, Dr Louis Vismara. He is interested in hearing your concerns: louis.vismara@sen.ca.gov, phone: 916-327-9202.

Appendix – Example Billing Codes and Coding Tips

Example billing codes

- CPT codes = procedure codes = what treatment is being done
- For Occupational and Physical Therapies:
 - 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)
- For Speech Therapies:
 - 92507 individual speech therapy (1 hour)
 - 92508 group speech therapy (1 hour)
- For Mental Health
Procedure codes
 - 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

- Different combinations of diagnosis and procedure codes may influence coverage and payment levels
- 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 (OT codes are usually in 15 minute intervals).
- Additional codes to use can be found at:
<http://www.talkaboutcuringautism.org/resources/autism-insurance/billing-codes-that-work.htm>

Prepared by:

Karen Fessel, Autism Health Insurance Project
Feda Almaliti, Autism Health Advocates

Contact us if you have questions: Karen Fessel..... karenfes@sbcglobal.net,
Feda Almalitiautismhealthadvocate@gmail.com

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(Note: This is just a suggestion, please put on letterhead and modify as you see fit).
DMHC Question Response

Child:
DOB:
Age:
Date of Report:

Telephone:
Parent/Guardian:
Address:

Question 1. Please confirm the patient's diagnosis and level of deficits. _____ was initially diagnosed with PDD/NOS on _____ (date) by _____ (diagnosing doctor). On _____ (date) __, she re-examined _____ and found his diagnosis to be consistent with autism (DSM IV 299.0). I concur with that diagnosis. Further details, including level of deficits, can be found in the enclosed report "Psychological Re-Evaluation."

Question 2. Please provide a detailed treatment plan that identifies the medically necessary services that are required to treat the patient's condition/deficits and the benefits/improvement that these services are anticipated to achieve. Please identify the intensity and length of time for each recommended service.

_____ requires ___ hours per week of Applied Behavioral Analysis, and _ hour(s) each per week of speech and occupational therapies. These therapies will treat and potentially remediate many of the symptoms of his autism.

See attached Psychological Evaluation by Dr _____ for treatment plan and Progress reports from _____ (ABA provider agency, for goals.

Question 3. Please identify the type of provider you are recommending to perform each service.

_____ 's condition requires the skill and experience of a healthcare provider licensed by the state of California to provide his ABA program. _____ 's condition requires a licensed clinician who has training and experience delivering ABA therapy.

Question 4. If you are recommending that the services be provided by a health care professional licensed under the California Business and Professions Code, which also may be provided by an unlicensed individual, please explain what it is about the patient's condition that requires this higher level of care.

It is the _____ (severity or subtlety or other) and complexity of _____ 's deficits that constitute the reason for my recommendation of a licensed provider. The extra training for the clinician will ensure the ABA is delivered appropriately to address his unique needs.

Please feel free to contact me with further questions or concerns about this matter.

Sincerely,

_____, treating _____ (specialty)
license _____