



A Summary of Required Coverage for Autism Treatment Through Private Health Insurance and Medicaid

Judith Ursitti

Vice President, Community Affairs

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Our Mission

The Council of Autism Service Providers supports our members by cultivating, sharing, and advocating for provider best practices in autism services.

The Council of Autism Service Providers is a non-profit association of for-profit and not-for-profit agencies serving individuals with autism spectrum disorders.

Our member agencies care for more than 50,000 children and adults with autism across the United States and have collective revenues approaching 1 billion dollars.

CASP represents the autism provider community to the nation at large including government, payers, and the general public. We serve as a force for change, providing information and education and promoting standards that enhance quality.

Health Insurance Appeals Guide

The Council of Autism Service Providers [Appeals Guide](#) sets forth clear information that consumers and treating providers need to know when appealing denials of autism services.

This Guide was written by leading health insurance experts to help educate individuals about their appeal rights and explain the steps in the appeals process.

As part of the efforts to promote health equity, federal and state regulations have been adopted to promote due process for patients who have been denied care because an insurer will not authorize medically necessary coverage or has otherwise made adverse benefit determinations.

Unfortunately, the goals of the insurance appeals process are undermined when patients and their treating providers are not aware of their appeal rights and how to best leverage the internal and external appeals systems to try to get medically necessary care covered.



Part I of the Guide includes a list of key acronyms and defines commonly used insurance and appeals terminology.

Part II offers important background information about health insurance and helps individuals determine what type of health plan they have. This information is necessary to understand before filing an insurance appeal because the plan type will determine what appeal options a patient has, as well as the regulatory bodies charged with overseeing the health insurer and maintaining the integrity of the appeals process.

Part III contains information about the administrative and clinical appeals process. We explain the different levels of appeals, as well as the ways in which insurance denials and appeals are broadly categorized and handled. Understanding the different types of denials and appeals procedures can help individuals better understand how the process works and draft a more effective appeal.

Part IV explores the landmark Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), also known as the Federal Parity Law, and explains its significance in regards to appeals. The history of the Federal Parity Law and related efforts are discussed, as well as the many ways in which insurance companies have historically failed to fully comply with the law. This section also explains how to assert and prove a parity violation, while leveraging the MHPAEA in appeal letters.

Part V focuses on best practices for drafting an appeal letter and provides appeal advice for the denial classifications identified in Part III of the booklet.

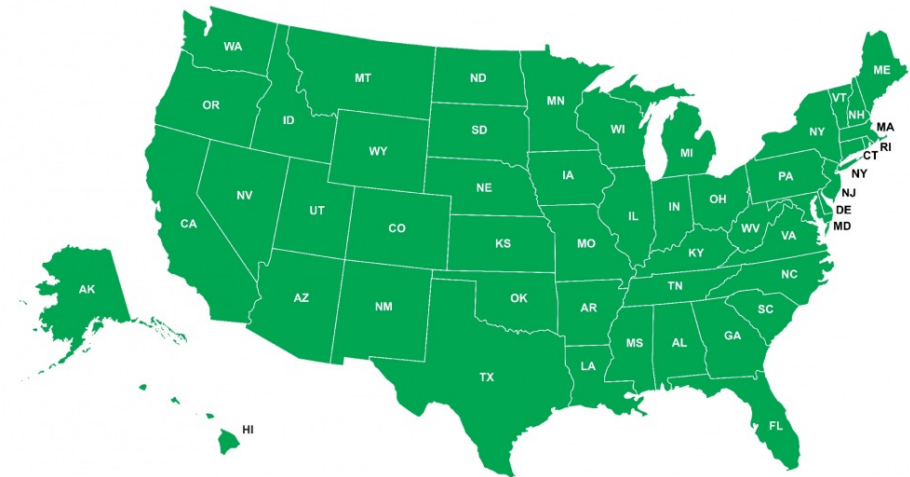
Part VI offers some final thoughts on the health insurance appeals process.

Parts VII and **VIII** of the booklet provide important resources for appeal writers, including lists of frequently asked questions (FAQs) and additional resources.

State Legislation/Regulation

- Applies to plans that are regulated on the state level. (Your HR Department can tell you.)
- Requires coverage of medically necessary diagnosis and treatment for people diagnosed with autism spectrum disorder.
- Coverage varies. Information about your state law can be found [here](#).

Autism Insurance Reform in 50 States



2001 - Indiana	2009 - Connecticut	2010 - Missouri	2012 - Alaska	2015 - Georgia
2007 - South Carolina	2009 - Wisconsin	2010 - New Hampshire	2012 - Delaware	2015 - Hawaii
2007 - Texas	2009 - Montana	2010 - Massachusetts	2013 - Minnesota	2015 - North Carolina
2008 - Arizona	2009 - New Jersey	2011 - Arkansas	2013 - Oregon	2016 - Oklahoma
2008 - Florida	2009 - New Mexico	2011 - West Virginia	2014 - Maryland	2017 - Ohio
2008 - Louisiana	2010 - Maine	2011 - Virginia	2014 - Nebraska	2017 - Alabama
2008 - Pennsylvania	2010 - Kentucky	2011 - Rhode Island	2014 - Utah	2018 - Idaho
2008 - Illinois	2010 - Kansas	2011 - California	2014 - Washington	2018 - North Dakota
2009 - Colorado	2010 - Iowa	2011 - New York	2015 - South Dakota	2019 - Wyoming
2009 - Nevada	2010 - Vermont	2012 - Michigan	2015 - Mississippi	2019 - Tennessee

But wait .. These laws are just for ABA for little kids, right?


Actually, autism insurance laws *generally* require coverage for autism treatments that are medically necessary (including things like applied behavior analysis, speech, OT, PT, psychological services and psychiatric services) for people up to ages 18-21.

Some states cover adults as well. Efforts are continuing to ensure adults are covered in all fifty states.



Medicaid

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



CMCS Informational Bulletin

DATE: July 7, 2014

FROM: Cindy Mann, Director
Center for Medicaid and CHIP Services

SUBJECT: Clarification of Medicaid Coverage of Services to Children with Autism

In response to increased interest and activity with respect to services available to children with autism spectrum disorder (ASD), CMS is providing information on approaches available under the federal Medicaid program for providing services to eligible individuals with ASD.

Background

Autism spectrum disorder is a developmental disability that can cause significant social, communication and behavioral challenges. A diagnosis of ASD now includes several conditions that used to be diagnosed separately: autistic disorder, pervasive developmental disorder not otherwise specified (PDD-NOS), and Asperger syndrome. These conditions are now all called autism spectrum disorder. Currently, the Center for Disease Control and Prevention (CDC) estimates that approximately 1 in 68 children has been identified with ASD.¹

Treatments for children with ASD can improve physical and mental development. Generally these treatments can be categorized in four categories: 1) behavioral and communication approaches; 2) dietary approaches; 3) medications; and 4) complementary and alternative medicine.² While much of the current national discussion focuses on one particular treatment modality called Applied Behavioral Analysis (ABA), there are other recognized and emerging treatment modalities for children with ASD, including those described in the ASD Services, Final Report on Environmental Scan (see link below)³. This bulletin provides information related to services available to individuals with ASD through the federal Medicaid program.

The federal Medicaid program may reimburse for services to address ASD through a variety of authorities. Services can be reimbursed through section 1905(a) of the Social Security Act (the Act), section 1915(i) state plan Home and Community-Based Services, section 1915(c) Home

¹ <http://www.cdc.gov/ncbddd/autism/facts.html>
² <http://www.cdc.gov/ncbddd/autism/treatment.html>
³ <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topic/Long-Term-Services-and-Supports/Downloads/Autism-Spectrum-Disorders.pdf>

- CMS (the federal agency that oversees Medicare and Medicaid) issued an [informational bulletin](#) in July, 2014 clarifying Medicaid coverage specific to autism spectrum disorder.
- Children means Medicaid-enrolled individuals under the age of 21.
- 47 states have taken action to implement.
- New York, Texas and Illinois are still in process.
- Efforts are in process specific to adults. (New Mexico is the first state to pass a law requiring coverage for adults. Other states are considering.)

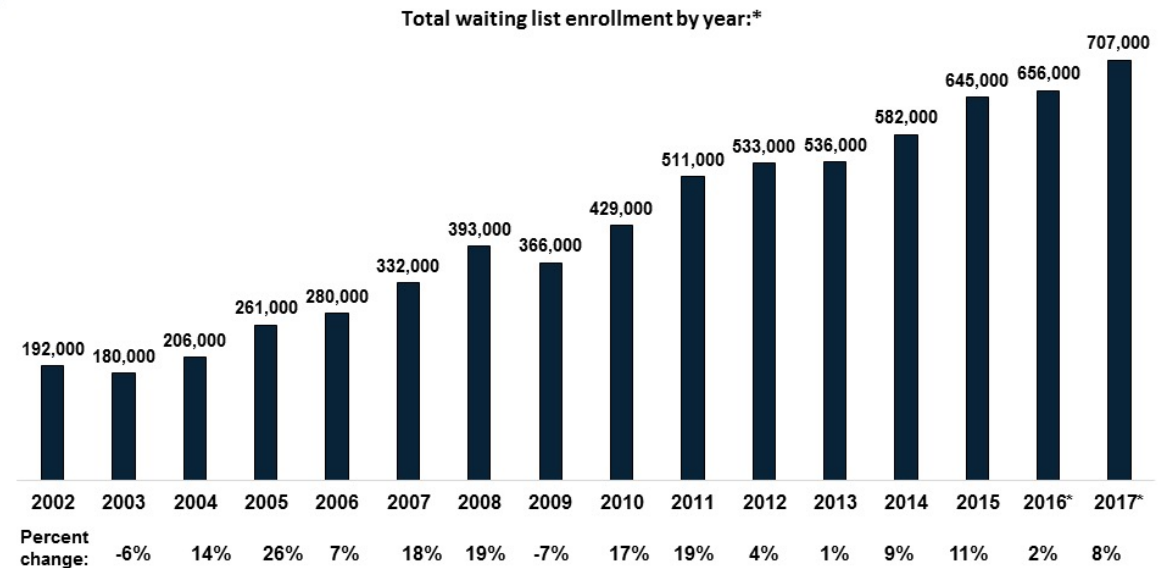
Medicaid

In addition to state plan services, Medicaid home and community based waivers are available on the state level.

Wait lists are devastating.

Make sure you get on the wait list now. Contact your state [here](#).

Figure 1
Medicaid HCBS waiver waiting list enrollment, 2002-2017.



NOTES: Percent change is calculated using unrounded totals. *Beginning in 2016, totals include Section 1916 (c) and Section 1115 HCBS waiver waiting lists except that CA and NY did not report enrollment for Section 1115 waiting lists; prior years include only Section 1915 (c) waiver waiting lists.

SOURCE: Kaiser Family Foundation Medicaid FY 2002-2017 HCBS program surveys.

MHPAEA (The Federal Parity Law)

The Mental Health Parity and Addiction Equity Act (MHPAEA) was passed in 2008 and requires health insurance plans to cover behavioral health benefits and physical health benefits equally. The Federal Parity Law says three things:

- Health insurance plans CANNOT have higher co-payments and other out-of-pocket expenses for your behavioral health benefits than they do for other medical benefits.
- Health insurance plans CANNOT put higher limitations on the number of visits or days of coverage for your behavioral health care than they do for other medical care.
- Health insurance plans CANNOT use more **restrictive managed care practices** for behavioral health benefits than they use for other medical benefits.

<https://www.paritytrack.org/what-is-parity/>

MHPAEA (The Federal Parity Law)

- The [Federal Parity Law](#) does not require that all health insurance plans cover behavioral health care, but if they do, the coverage must be comparable to what's in place for other medical care.
- [State Parity Laws](#) can also provide additional rights beyond the Federal Parity Law. Learn more about state parity laws and legislative efforts to improve those laws [here](#).

MHPAEA (The Federal Parity Law)

What does this have to do with autism spectrum disorder?

The MHPAEA final rule states that mental health conditions are defined by the terms of the plan or health insurance coverage and "in accordance with applicable and federal state law...consistent with generally recognized independent standards of current medical practice (e.g., the most current version of the DSM, ICD or state guidelines)."

Mental Health Parity (MHPAEA)

Applies if:

- The insurance policy is covered by MHPAEA; (See comprehensive list in [CASP Appeals Guide](#)).
- The coverage provides mental health/substance abuse disorder (MH/SUD) coverage in addition to medical/surgical coverage;
- The financial requirements, quantitative treatment limits, or non-quantitative treatment limits is more restrictive for some aspect of MH/SUD care when compared to medical/surgical care; and
- The MH/SUD treatment under dispute is in the same **classification** as the medical/surgical treatment to which it is being compared.

Mental Health Parity (MHPAEA)

Classifications when comparing medical vs. mental health:

- inpatient in-network
- inpatient out-of-network
- outpatient in-network
- outpatient out-of-network
- emergency; and prescription drug

Mental Health Parity Tools (MHPAEA)

- [MHPAEA Disclosure Template](#) must be completed in 30 Days when requested by plan member
- The US Department of Labor also maintains on its website a [MHPAEA Self-Compliance Tool](#) that is intended to help group health plan sponsors and administrators, health insurance issuers, State regulators, and other stakeholders determine whether a group health plan or health insurance issuer complies with MHPAEA.
- The Consolidated Appropriations Act, 2021 (CAA) (Pub. L. No. 116-260) requires group health plans and issuers that cover mental health/substance use disorder (MH/SUD) and medical/surgical (M/S) benefits to **prepare a comparative analysis of any nonquantitative treatment limits (NQTLs) that apply**. Beginning Feb. 10, 2021 plans must supply this analysis and other information if requested by federal regulators. More information [here](#).

Please stay in touch

Judith Ursitti

Vice President Community Affairs

jursitti@casproviders.org

(508) 785-4074

