Minuteman Health

Clinical Review Criteria Related to Speech Therapy for Autism Disorders

I.Definitions

Autism Spectrum Disorders (ASD):
The Diagnostic and Statistical Manual of Mental Disorders, 4th ed., Text Revision (DSM-5-TM) positions ASD within the broader category of Neurodevelopment disorders; which includes deficits in social communication and social interaction across multiple contexts, including deficits in social reciprocity, nonverbal communicative behaviors used for social interaction and skills in developing, maintaining and understanding relationships. Restrictive repetitive patterns of behavior, interests or activities.

Speech-Language Pathologist (SLPs):
Provide services for the diagnosis and treatment of speech and language disorders resulting in communication disabilities. The goal of interventional services is to improve all aspects of communication – comprehension, expression, sound production and the social use of language (i.e., pragmatics).

SLPs provide services as members of collaborative teams that include the individual, family/caregivers, and other relevant persons (e.g., educators, medical personnel) and implement a multimodal approach to enhance effective communication that is culturally and linguistically appropriate. Services include:

1. Design and implementation of treatment program.
2. Establishment of treatment goals, which must be concise, specific, measurable and achievable.
3. Establishment of compensatory communication skills (e.g., air injection techniques or word finding strategies).
4. Ongoing and regularly scheduled analysis during implementation phase.
5. Analysis of progress toward goals using objective measurable data.
6. The selection and initial training of a device for augmentative or alternative communication systems.

7. Evaluation for ACC, along with selection and initial training for SGDs and other forms of ACC.

8. Patient and family training to augment restorative treatment or to establish a maintenance program. Education of staff and family must begin at the time of evaluation.

Augmentative and Alternative Communication Device (AAC):
Any combination of devices, aids, techniques, symbols, and/or strategies to represent and/or augment spoken and/or written language or to provide an alternative mode of communication; speech-generating devices (SGDs) are included in this category.

MASSACHUSETTS MEMBERS

The Plan covers the diagnosis and medically necessary treatment of autism spectrum disorders. Coverage is provided consistent with Chapter 207 of the Acts of 2010 - An Act Relative to Insurance Coverage for Autism (ARICA) in the state of Massachusetts.

II.Criteria for Approval

A. A reasonable expectation of benefit in function, activity and participation in a reasonable and generally predictable period of time.

B. Interventional method is consistent with accepted clinical practice standards of professional organizations (e.g., American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, American Speech-Language Hearing Associations) and should address the specific clinical and functional restrictions.

C. Amount, frequency and duration of services are reasonable consistent with accepted clinical practice standards.

D. MHI's Health Plan reviewer will review the prior authorization request, which should include previous speech therapy treatments, and will make a determination regarding coverage for additional visits.

III. Required Documentation

A. Clinical documentation of a definitive diagnosis of autism spectrum disorder made by a neurologist, pediatric neurologist, developmental pediatrician, psychologist,

psychiatrist or other licensed physician experienced in the diagnosis and treatment of autism.

1. Services for speech therapy must be medically necessary AND
2. The services are not duplicative services provided as part of an individual educational plan (IEP) or individual service plan (ISP) AND
3. The treatment plan requires the services of a skilled speech therapist and addresses the signs and symptoms of the diagnosis AND
4. No less intensive services would be effective AND
5. Condition results in daily functional deficits AND
6. There must be a reasonable expectation of functional gains, activity and participation AND
7. Interim clinical documentation demonstrates progress toward goals.

NEW HAMPSHIRE MEMBERS

IV. Criteria for Approval

A. A reasonable expectation of benefit in function, activity and participation in a reasonable and generally predictable period of time.

B. Interventional method is consistent with accepted clinical practice standards of professional organizations (e.g., American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, American Speech-Language Hearing Associations) and should address the specific clinical and functional restrictions.

C. Amount, frequency and duration of services are reasonable consistent with accepted clinical practice standards.

D. Two (2) visits for diagnosis followed by up to 3 treatment visits in each contract year are covered without review/cannot be prior authorized. Subsequent visits within the contract year may be subject to utilization review. The treatment plan must be submitted.

V. Required Documentation

A. Clinical documentation of a definitive diagnosis of autism spectrum disorder made by a neurologist, pediatric neurologist, developmental pediatrician, psychologist, psychiatrist or other licensed physician experienced in the diagnosis and treatment of autism.

1. Services for speech therapy must be medically necessary AND
2. The services are not duplicative services provided as part of an individual educational plan (IEP) or individual service plan (ISP) AND
3. The treatment plan requires the services of a skilled speech therapist and addresses the signs and symptoms of the diagnosis AND
4. No less intensive services would be effective AND
5. Condition results in daily functional deficits AND
6. There must be a reasonable expectation of functional gains, activity and participation AND
7. Interim clinical documentation demonstrates progress toward goals.

VI.What is Not Covered (Massachusetts and New Hampshire)

A. Services primarily educational in nature.

B. Services in school settings, provided by school personnel as part of an IEP or ISP.

C. Services provided in a nonconventional health care setting such as vocational, educational or recreational settings.

D. Services which are not medically necessary.

E. Services which are investigational or experimental.

F. Ongoing services when progress has plateaued and further gains are not reasonably anticipated.

****** For Speech Generating Devices refer to policy on MHI's the medical policy website******

VII.CPT/ ICD-10/ HCPCS Codes

Applicable Coding: Codes may not be all inclusive as the American Medical Association (AMA) code updates may occur more frequently or at different intervals than policy updates. These codes are not intended to be used for coverage determinations.

ICD 10 Diagnosis Codes

F84.0	Autistic disorder
F84.2	Rett's syndrome
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified
G31.81	Alpers disease

CPT Procedure Codes

92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92521	Evaluation of speech fluency (e.g., stuttering, cluttering)
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)
92524	Behavioral and qualitative analysis of voice and resonance

HCPC Procedure Codes

V5362	Speech evaluation
V5363	Language evaluation
S9152	Speech therapy re-evaluation

VIII.References

NCQA Standard, UM 2, Clinical Criteria for Utilization Management Decisions, Element A

American Speech-Language-Hearing Association (ASHA). Roles and responsibilities of speech-language pathologists in diagnosis, assessment, and treatment of autism spectrum disorders across the life span.[ASHA Web site]. March 2003. Available at: http://www.asha.org/Practice -Portal/Clinical-Topics/autism. (Last Accessed 1/30/2017)

Newschaffer CJ, Falb MD, and Gurney JG. (2010). National Autism Prevalence Trends From United States Special Education Data. *Pediatrics.* 115(3): e277-e282. (Last Accessed 1/30/2017)

Koegel Kynn Ker, Koegel Robert L, Ashbaugh Kristen, Bradshaw Jessica. March 2014. The importance of early identification and intervention for children with or at risk for autism spectrum disorder. International Journal of Speech Language Pathology, 16 (1): 50-56 http://www.asha.org/Practice-Portal/Clinical-Topics/Autism/ (Last Accessed 1/30/2017)

Rhea Paul, PHD, Interventions to Improve Communication. Child Adolescent Psychiatry Clin N Am 2008 10/17(4) 835 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2635569/ (Last Accessed 1/30/2017)

Lindgre, Scott, PH.D, Doobay, Alissa, PH.D Evidenced based Interventions for Autism Spectrum Disorders 05/2011 http://www.interventionsunlimited.com/editoruploads/files/Iowa%20DHS%20Autism%20Interventions%206-10-11.pdf (Last Accessed 1/30/2017)

Clarification of Medicaid Coverage of Services to Children with Autism 07/2014 https://www.medicaid.gov/federal-policy-guidance/downloads/cib-07-07-14.pdf (Last Accessed 1/30/2017)

IX.Summary of Changes

04/13/2017

- New Policy

X.Review Dates

HNE Review Dates: 04/04/2017
MHI Review Dates: 04/13/2017

(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). Health New England expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by Health New England, as some programs exclude coverage for services or supplies that Health New England considers medically necessary. If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS). All coding and web site links are accurate at time of publication. Health New England has adopted the herein policy in providing management, administrative and other services to its Health Plan.