



**PERVASIVE DEVELOPMENTAL DISORDERS,
INCLUDING AUTISTIC SPECTRUM DISORDERS**

Effective Date: October 19, 2009
Date Of Origin: July 2007

Review Dates: 7/07, 6/08, 6/09, 8/09
Status: Current

Summary of Changes

Clarifications:

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Deletions:

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Additions:

- Pg 1, Section II, A & B criteria added for coverage.
- Pg 2, Section II, D, rationale, added (a) further explanation of coverage.
- Pg 3, Section III, Medical Necessity Review, added "Required*" and removed "Not Applicable". Also added a statement reflecting prior auth (by member only) required for Initial Evaluation.

I. DESCRIPTION

Pervasive developmental disorder (PDD) is a category designated by the American Psychiatric Association to indicate children with delay or variance in their social/language/motor and/or cognitive development. A child may have delays in social development and delays in one or more of the other categories. The profiles of children with a pervasive developmental disorder can vary tremendously. Pervasive developmental disorders are not one disorder but a category that encompasses a wide range of delays of different magnitude in different domains. Autism, a lifelong and incurable developmental disability, is the most severe of the pervasive developmental disorders. Autism indicates a primary disturbance in the individual's ability to relate to others. Language delay and cognitive delays are also common. Early detection and intervention may remediate specific deficits.

The Individuals with Disabilities Education Act (IDEA) of 1990 (20 U.S.C.A. Sections 1400 et seq.) is federal legislation that assures all children with disabilities have available to them a free appropriate public education. A free appropriate public education encompasses special education and related services, including some therapy services that are provided at public expense. In Michigan, pursuant to this federal legislation, special education, intervention and related services are provided to children from birth to age 26, provided criteria are met to qualify for services.



II. POLICY/CRITERIA

- A. Initial Evaluation for diagnostic clarification, including psychological and neuropsychological testing, is covered by the Plan.
- B. Medication management is covered by the Plan.
- C. Coverage is **NOT** provided for the treatment of PDD, including autism and autistic spectrum disorders, if:
 - 1. Physical, occupational or speech therapy treatment for the pervasive developmental disorder is involved, **unless** such therapy and rehabilitation benefits are provided for acute conditions requiring short-term therapy that is expected to result in significant functional improvement of the member's health within 90 days of the onset of treatment. **OR**
 - 2. The services or treatment are the legal responsibility of a governmental or school program, as elected by the member in accordance with the criteria and authorization requirements of the Individuals with Disabilities Education Act. **OR**
 - 3. The services are specifically excluded under the member certificate, such as remedial education programs, treatment related to learning disabilities and developmental delays, cognitive rehabilitation, physical, occupational, speech, and cognitive therapies for developmental delays.
- D. If the services or treatment are medically necessary, and they are not the legal responsibility of the government or school, the member must be evaluated by the primary care physician (PCP) so that in conjunction with the Plan, a determination of coverage is made.
- E. Screening tests, such as a hearing test provided by the school will require an evaluation by the PCP, with approval by the Plan and the use of Plan providers, if treatment is prescribed.
- F. The following procedures and treatment are non-covered benefits (*not an all inclusive list*):
 - 1. Chelation therapy
 - 2. Cognitive rehabilitation
 - 3. Facilitated Communities
 - 4. Holding Therapy
 - 5. Applied Behavior Analysis/Lovaas therapy/discrete trial training/intensive intervention programs
 - 6. Sensory integration therapy
 - 7. Vision therapy
 - 8. Neurofeedback
 - 9. Nutritional supplements (e.g., megavitamins, high dose pyridoxine and magnesium, dimethylglycine)



Rationale:

- a. Treatment is covered by the Plan when it is evidence-based and medically necessary. The procedures and therapies identified in F. above are not evidence-based.
- b. Treatment for developmental disorders may be provided under the Individuals with Disabilities Education Act (IDEA) of 1990 (20 U.S.C.A. Sections 1400 et seq.).

III. MEDICAL NECESSITY REVIEW

Required* Not Required Not Applicable

*Prior auth (by member only) required for Initial Evaluation.

IV. APPLICATION TO PRODUCTS

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS).*
- ❖ **MEDICAID:** *For Medicaid members, this policy will not apply.*
- ❖ **MICHILD:** *For MiCHILD members, this policy will not apply.*

V. CODING INFORMATION

Diagnosis:

Non-covered ICD-9 Codes for treatment services (not an all inclusive list):

315	Specific delays in development
315.0	Specific reading disorder
315.00	Reading disorder, unspecified
315.01	Alexia
315.02	Developmental dyslexia
315.09	Other
315.1	Mathematics disorder



315.2	Other specific learning difficulties
315.3	Developmental speech or language disorder
315.31	Expressive language disorder
315.32	Mixed receptive-expressive language disorder
315.39	Other
315.4	Developmental coordination disorder
315.5	Mixed development disorder
315.8	Other specified delays in development
315.9	Unspecified delay in development
317	Mild Mental Retardation
318	Other Specified Mental Retardation
318.1	Severe Mental Retardation
318.2	Profound Mental Retardation
319	Unspecified Mental Retardation
783.40	Lack of normal physiological development, unspecified
783.42	Delayed milestones

VI. REFERENCES:

1. HAYES Directory, Sensory Integration Therapy for Children with Learning disabilities or Developmental Delays, December 6, 2004.
2. HAYES Directory, Sensory Integration. Update Search December 20, 2005.
3. HAYES Directory, Lovaas Therapy for Autism, February 28, 2003.
4. HAYES Directory, Lovaas Therapy for Autism, Update Search 2/6/2006.
5. Individuals with Disabilities Education Act (IDEA) of 1990 (20 U.S.C.A. Sections 1400 et seq.).
6. National Dissemination Center for Children with Disabilities, News Digest, D16, 2nd Edition, September 2001.
7. Priority Health Certificate of Coverage/Member Handbook, 2007.



All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

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