

# Pennsylvania mandate – Autism spectrum disorders coverage

Autism is a complex developmental disability that typically appears during the first three years of life and affects a person's ability to communicate and interact with others. Autism is defined by a certain set of behaviors and is a "spectrum disorder," meaning it affects individuals differently and to varying degrees. Depending on the service that is being requested, members, or a health care provider on their behalf, may be required to submit a treatment plan to Independence Blue Cross prior to receiving treatment. This plan may need to be reviewed and approved by Independence Blue Cross every six months.

Benefit	Autism spectrum disorders coverage
<b>Benefit limit</b>	\$36,000 per benefit period <sup>1</sup>
<b>Benefit period</b>	Members should refer to their medical benefits plan to determine if their benefit period is based on a contract year or calendar year.
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>■ Eligible individuals must have a primary diagnosis of autism and be under 21.</li> <li>■ Coverage is provided only under policies issued or renewed in Pennsylvania, on or after July 1, 2009, to groups with 51 or more employees.</li> </ul>
<b>Covered services</b> (services must be medically necessary and coverage is subject to the copayment, deductible, and coinsurance provisions of your medical benefits plan, as well as any applicable referral or prescription requirements)	<ul style="list-style-type: none"> <li>■ evaluations and tests needed to diagnose an autism disorder;</li> <li>■ rehabilitative care, including applied behavioral analysis;</li> <li>■ blood level tests;</li> <li>■ psychiatric and psychological services;</li> <li>■ speech/language therapy;</li> <li>■ occupational therapy;</li> <li>■ physical therapy;</li> <li>■ prescription drugs.</li> </ul>
<b>Visit limits</b>	Visit limits do not apply to the treatment of autism spectrum disorders.
<b>Treatment plan review</b>	Depending on the service that is being requested, members, or a health care provider on their behalf, may be required to submit a treatment plan to Independence Blue Cross prior to receiving treatment. This plan may need to be reviewed and approved by Independence Blue Cross every six months.
<b>Precertification requirements</b>	All standard precertification requirements and penalties under the member's medical benefits plan apply.

<sup>1</sup> Once a member reaches the benefit period maximum for approved services that have a primary diagnosis of autism, additional services may be eligible for coverage through a government agency. Expenses not eligible under this plan may also be eligible for coverage through a government agency. Pennsylvania residents should contact the Pennsylvania Department of Public Welfare. Members who reside outside of Pennsylvania should contact similar government agencies in their area. Beginning January 1, 2013, the benefit maximum for autism spectrum disorders coverage will be adjusted annually for inflation.



## What's not covered:

- Benefits that are normally excluded from coverage under the member's medical plan.
- Services provided by an individualized education program and delivered in a school.
- Services in excess of the \$36,000 benefit period maximum.
- Services that are not medically necessary.

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield, independent licensees of the Blue Cross and Blue Shield Association.