Massachusetts Division of Insurance

Consumer Alert

Mandatory Coverage for Autism Spectrum Disorder in Insured Health Plans

Chapter 207 of the Acts of 2010, An Act Relative to Insurance Coverage for Autism, or "Autism Treatment Law" was enacted on August 3, 2010. This law requires that insured health plans cover certain services for the treatment of Autism Spectrum Disorder. It becomes effective on the date the health plan is issued or renewed, on and after January 1, 2011.

Care for Autism Now Covered

The Autism Treatment Law requires that insured health plans cover the services for the diagnosis and treatment of Autism Spectrum Disorder (ASD), as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders. ASD includes autistic disorder, Asperger's disorder and pervasive developmental disorders not otherwise specified. The coverage includes the following medically necessary care prescribed, provided or ordered for an individual diagnosed with one of the ASDs by a licensed physician or a licensed psychologist:

Habilitative or Rehabilitative Care

Professional, counseling and guidance services and treatment programs, including, but not limited to, applied behavioral analysis supervised by a board certified behavior analyst, that are necessary to develop, maintain and restore, to the maximum extent practicable, the functioning of an individual. Applied behavior analysis includes the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including in the use of direct observation, measurement and functional analysis of the relationship between environment and behavior.

Therapeutic Care

Services provided by licensed or certified speech therapists, occupational therapists, physical therapists or social workers.

Pharmacy Care

Medications prescribed by a licensed physician and health-related services deemed medically necessary to determine the need or effectiveness of the medications, to the same extent that pharmacy care is provided by the health plan for other medical conditions.

Psychiatric Care

Direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.

Psychological Care

Direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices.

No Special or Unique Benefit Limits

Health plans must not include any annual or lifetime dollar or unit of service limitations on coverage for the diagnosis and treatment of ASD which is less than the annual or lifetime dollar or unit of service limitation imposed on coverage for the diagnosis and treatment of physical conditions. Health plans also must not include a limit on the number of visits a covered individual may make to an autism services provider. Health plans must not limit benefits for the diagnosis and treatment of ASDs that are otherwise available to the covered individual under that health plan.

Utilization Review

As with all other insured benefits, health insurance carriers may review requests for services for ASD according to their utilization review criteria and may deny or limit such services (i.e., make an adverse determination) if they do not find the services to be medically necessary. Under Massachusetts law, the health insurance carrier must notify the provider rendering the ASD service by telephone with 24 hours of the adverse determination and, thereafter, provide written or electronic notice to the covered individual and the provider of such telephone notification within one working day of the adverse determination, along with the reasons for the adverse determination.

If a covered individual with ASD, his or her parent or guardian, or treating health care providers disagree with a health insurance carrier's adverse determination, they may appeal the adverse determination through the health insurance carrier's internal appeals process. Under Massachusetts law, the health insurance carrier generally is required to make a final decision on an appeal within 30 business days in accordance with regulations promulgated by the Department of Public Health. If the internal appeal is denied by the health insurance carrier, such denial may be submitted for an independent external review with the Massachusetts Office of Patient Protection within 45 days of the health insurance carrier's final denial.

For information on how to file for external review, contact the Massachusetts Office of Patient Protection at 800-436-7757, or visit www.mass.gov/dph/opp.

Additional Questions

If you have questions about the Autism Treatment Law or any other health-insurance issue, please contact the Massachusetts Division of Insurance at 617-521-7794, or visit www.mass.gov/doi.

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