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PA Mandates Coverage for Autism Spectrum Disorders

In July 2008, the Commonwealth of Pennsylvania passed a law requiring health insurers to cover the diagnosis and treatment of autism spectrum disorders (ASD). The mandate is effective on July 1, 2009, and applies to 51+ commercial group customers. Coverage will be provided for enrolled individuals under age 21 with a primary diagnosis of autism.

Independence Blue Cross' broker bulletin below provides important details on the mandate and information on how they are implementing coverage to their customers. If you have any questions, please contact your BCI group sales executive.

Be sure to visit BCI on the Web at: <http://www.bcitpa.com>.



eBulletin

* Please Note: IBC will release this message to producers in two business days!

Pennsylvania Mandates Coverage for Autism Spectrum Disorders

In July 2008, the Commonwealth of Pennsylvania passed a law requiring health insurers to cover the diagnosis and treatment of autism spectrum disorders (ASD). Below are key points about the mandate and information on how IBC is implementing coverage.

Who is covered and when does coverage begin?

- The PA autism mandate applies to 51+ commercial group customers.
- Coverage will be provided for enrolled individuals under age 21 with a primary diagnosis of autism.
- This mandate is effective July 1, 2009, and will be provided to our customers and their members on their coverage renewal date (on or after July 1, 2009).

Are self-funded customers affected by this mandate?

- The ASD mandate applies to self-funded employers that are not subject to, or governed by, ERISA.
- Self-funded employers that are subject to ERISA have the ability to exclude the autism mandate.
- *Coverage for autism spectrum disorders will not be automatically added to our self-funded customers' benefits programs regardless of their ERISA status.*
- If a self-funded customer believes, based on their group's ERISA status, that ASD coverage should be included in their benefit program or they wish to add coverage, they should contact IBC.
- If a self-funded customer adds ASD coverage, it will be included in their benefits program on their anniversary.

What is covered under the mandate?

- Evaluations and tests to diagnose an autism spectrum disorder.
- Medically necessary prescribed treatments such as applied behavioral analysis and rehabilitative care, blood level tests, psychiatric and psychological services, speech/language therapy, occupational therapy, physical therapy, and prescription drugs.
- Coverage is capped at \$36,000 per benefit period (Beginning January 1, 2013, the limit for ASD coverage will be adjusted annually for inflation).
- There are no limits on the number of diagnostic/treatment visits (until the \$36,000 cap is reached).
- Coverage is subject to applicable member cost-sharing (such as copays, coinsurance, and deductibles), policy limits, maximums, exclusions, and precertification and referral requirements under the member's benefits program.

What services are not covered under the mandate?

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

How do members obtain coverage?

- Services for ASD must be medically necessary and must have a primary diagnosis of ASD.
- Depending on the service that is being requested, the member, or a health care provider on a member's behalf, may be required to submit a treatment plan to Independence Blue Cross once every six months for review and approval.

Can members get coverage for services in excess of the benefit maximum or not covered by the plan?

Once a member reaches the \$36,000 benefit period maximum, additional services may be eligible for coverage through a government agency. Expenses not eligible under the plan and any member cost-sharing paid may also be eligible for coverage through a government agency. Pennsylvania residents should check with the Pennsylvania Department of Public Welfare. Members who reside outside of Pennsylvania should contact similar government agencies in their area.

How are we communicating the mandated benefit changes to customers and members?

- Customers with 51+ employees will receive a [flyer](#) in their renewal package.
- Affected members will receive a letter advising them of the mandated benefits. These members were identified from claims data and information provided by the Pennsylvania Department of Public Welfare.
- Customers that have affected members will also receive notification of the mandate so they are prepared for any questions that their members may have.
- All affected 51+ customers and their members will get updated contracts and booklets on their anniversary.
- All self-funded customers will receive a letter regarding the Autism mandate and an opt-in form to advise IBC if Autism coverage should be added to their benefits plan.

Communication Materials

[Self-funded letter](#)

[Self-funded opt-in form](#)

[Affected group letter](#)

[Flyer](#)

[Affected member letter](#)

For more information on the Autism mandate, contact your IBC account executive. For more information on autism, refer to the Pennsylvania Department of Public Welfare website at www.dpw.state.pa.us/ServicesPrograms/Autism/Act62.

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