



LOUISIANA: Frequently Asked Questions About the Autism Insurance Reform Law

What does the Autism Insurance Act (Act 648) do?

Act 648 does several things:

1. Act 648 requires many health insurance plans to cover the diagnosis and treatment of autism spectrum disorder in children seventeen and younger.
2. The law requires insurers to cover up to \$36,000 of the expenses of diagnosing and treating the child's autism disorder per year. Coverage is limited to \$144,000 over the course of the child's lifetime.
3. The law forbids insurers from terminating coverage or refusing to renew, adjust, amend, or issue coverage based on the fact that an individual on the policy is diagnosed with an autism spectrum disorder or has received treatment for such a disorder in the past.

This FAQ document will describe the more specific provisions of the statute in detail.

Does the law cover all of the Autism Spectrum disorders?

Yes. The law specifically states that it covers all autism disorders and specifically states that all of the pervasive developmental disorders defined in the Diagnostic and Statistic Manual (DSM) will be covered.

When did Act 648 go into effect?

Act 648 went into effect on January 1, 2009. Coverage for autism spectrum disorder began on this date.

Once Act 648 goes into effect, will my employer-provided insurance be required to cover my child's autism-related services?

If your employer is one with at least 51 employees or offers group insurance coverage, it is required to offer diagnosing and treating autism spectrum disorder in children under the age of seventeen. If your employer has 50 or less employees, you have an individually underwritten, guaranteed renewable health insurance policy, or you have a individually underwritten, guaranteed renewable limited benefit health insurance policy, you will not receive services under the bill. However, you may receive services under other Louisiana state programs.

What happens if my family's insurance policy is not covered under the bill?

The fact that your insurance policy is not covered under the bill does not mean that your insurance provider cannot cover your child's autism services. Keep your employer informed about your child's autism treatments and their importance for his or her progress. He or she may elect to add autism services to your policy.

Are there limits on what my insurance company is required to cover under the bill?

Your insurance provider is required to cover up to \$36,000 of autism-related services per year and \$144,000 of services over your child's lifetime. The caps do not apply to any benefits unrelated to your child's autism spectrum disorder that are covered under the plan health plan.

Covered Services

What diagnostic tests for Autism will be covered?

The bill states that medically necessary assessment, evaluations or tests to determine whether an individual has one of the autism spectrum disorders are covered. Presumably, whether a treatment is medically necessary is determined by a physician.

Does Autism have to be primary diagnosis?

No. Statute does not specifically provide that.

What services are included under the bill?

The law requires that affected insurance companies cover treatment for autism spectrum disorders. It defines treatment for autism spectrum disorders as (1) habilitative or rehabilitative care, such as professional, counseling, and guidance services and treatment, including applied behavior analysis ("ABA"); (2) pharmacy care, defined as medications prescribed by a licensed physician; (3) psychiatric care, defined as direct or consultative services provided by a state-licensed psychiatrist; (4) psychological care, defined as direct or consultative services provided by a state-licensed psychologist; and (5) therapeutic care, defined as services provided by licensed or certified speech therapists, occupational therapists, or physical therapists.

How are these covered services limited?

Act 648 does not include a list of specified treatments, but rather groups treatments into the five categories listed above.

Will my insurance cover ABA under Act 648?

Yes. The bill specifically indicates that ABA will be covered as a form of habilitative or rehabilitative care under the law. The law defines ABA treatment as "the design, implementation, and evaluation or environmental modifications, using behavior stimuli and consequences, to provide socially significant improvement in human behavior, or including the use of direct observation, measurement, and functional analysis of the relationships between environment and behavior.

Can my insurance company attempt to deny my child's ABA treatment under this definition?

If your child's ABA does not fit this description, it may be possible for your insurance company to deny coverage. However, your treatment may fit into the definition of general "habilitative or rehabilitative" care, which is rather broad and would likely include treatments similar to ABA that do not fit the more specific definition.

My child's ABA treatment is not provided by a board-certified behavior analyst. Is her ABA covered under the law?

The law is not entirely clear on this point. While the statute states that ABA should be provided by an autism services provider who has been certified by the Behavior Analyst Certification Board or can provide documentation of an equivalent program. However, the statute includes "any person, entity, or group" which provides treatments of autism spectrum disorders in its definition of autism services providers. Therefore, even if an ABA provider lacks board certification or equivalent education, if the individual is supervised by or part of a group with an board-certified Behavior Analyst, you can make a strong argument that that ABA should be covered. However, it is important to note that the statute is somewhat ambiguous on this point, and an insurance company may resist covering the treatment in the face of that ambiguity.

Will my child's improvement in autism therapy affect what my insurance company covers?

The bill is not entirely clear on this point. Your insurer has the right to review your child's proposed autism disorder treatment to determine whether it is medically necessary. Continued improvement as a result of the treatment is one factor that the health plan may use in evaluating the medical necessity of your child's treatment. However, under another existing Louisiana law, you have the right to appeal your child's medical necessity determination.

Does Autism Spectrum disorder have to be the primary diagnosis for my child to receive coverage?

No. The bill does not include such a provision. Treatment for autism spectrum disorder that otherwise falls within the provisions of the statute should be covered.

Does the bill permit my insurer to limit the number of visits my child may make to his autism service providers?

No. The bill explicitly forbids insurance providers from limiting the number of visits a child may make to an autism services provider.

Can my insurance company require that I pay a copay or deductible for my child's autism spectrum disorder treatment?

Yes. Coverage of autism spectrum disorder diagnosis and treatment may be subject to the same co-payments, deductibles, and coinsurance provisions as other medical services covered by the plan. Your insurance company is not required to subject these services to co-payments, deductibles, or coinsurance provisions, but they may do so legally under Act 648.

Does the new law cover social groups and other rehabilitative therapies?

Probably. The law includes in its definition of therapy rehabilitative and habilitative care that is necessary to develop, restore and maintain an individual's functioning. If such care was deemed necessary by your doctor and accepted as such by the insurance company, it would likely be covered.

Will my insurance company be able to question my child’s autism diagnosis when the statute is implemented?

Maybe. The statute does not explicitly address whether your insurance company may review your child’s diagnosis, but it does state that your health coverage plan may review your child’s proposed treatment under medical necessity criteria. Act 648 specifies that these criteria may be based on evidence that the child has continued to improve as a result of the treatment. Therefore, if your child has improved significantly, the provider may consider that improvement when reviewing his treatment plan.

Will my insurance provider be able to deny services if my child has reached a plateau in his progress?

Probably not. The statute does not explicitly address that point, but it’s provisions on habilitative and rehabilitative care suggest that your insurer may not deny services if your child does not progress in treatment.

Who determines what treatment is “medically necessary?”

Your insurance company will use its own criteria to determine what treatments are medically necessary for your child. However, you are able to appeal your insurance companies medical necessity determinations via a process outlined in another statute.

That statute is called the Medical Necessity Review Organization Act. It states that health insurance issues are not authorized to practice medicine or adopt treatment guidelines that encumber the medical judgment of treating physicians or other health care providers. Similarly, only entities with a medical license or other statutory authorization may determine when and what medical procedures are necessary for a particular patient.

Both patients and insurance providers may submit an appeal of a medical necessity determination with a Medical Necessity Review Organization (“MNRO”). The MNRO, an independent organization unaffiliated with an insurance company, will review the decision in between two and thirty working days after receiving the request. MNROs follow written procedures in reviewing these decisions. More information about MRROs and the review process is available at

http://www.lidi.state.la.us/Programs/have_a_question/faq.aspx?category=1f.

Providers

Who can provide my child with his autism services?

Treatment must be prescribed and supervised by a physician or psychologist licensed in Louisiana. Other people, entities, or groups may provide treatment for autism spectrum disorders, but the care must be supervised and prescribed by a physician or psychologist.

Is psychiatric care limited to a psychiatrist?

Yes. Your insurer is only required to direct or consultative services provided by a Louisiana-license psychiatrist.

Is psychological care limited to a psychologist?

Yes. Your insurer is only required to cover direct or consultative services provided by a Louisiana-licensed psychologist.

Who can provide my child's habilitative or rehabilitative care?

The statute does not place limits on who can provide covered habilitative or rehabilitative care to your child, with the exception of ABA. ABA is only covered when provided by a state-certified behavior analyst.