



MONTANA: Frequently Asked Questions About the Autism Insurance Reform Law

What does Bill 234 do?

Broadly speaking, the requires many private insurers to begin covering the costs of diagnostic assessments for autism and of treatments for individuals with autism

1. \$50,000 per year for a child 8 years or younger
2. \$36,000 per year for a child 9 years through 18

The specific terms and provisions of this law are described in more detail in this FAQ document.

When does the law requiring insurance companies to cover services for children with autism spectrum disorder go into effect?

Most sections of the Autism Insurance Act go into effect January 1, 2010, including the provisions that require many insurers to cover services for autism spectrum disorder.

Once the Autism Insurance Act goes into effect, will my employer-provided health insurance be required to cover my child's autism services?

It applies to state, city, town, school district or other political subdivision of this state, university group insurance programs, and any self-funded multiple employer welfare arrangement that offers group health insurance coverage are required to offer autism services for children under the age of 18. It is not applicable to those employers that are regulated by the Employee Retirement Income Security Act

Are there limits on what our private insurance is going to be required to cover?

Insurance companies are not required to cover the costs of services that fall outside the mandated services defined in Bill 234. For those mandated services though, there will be no limits on the number of visits to a provider. There is a \$50,000 annual cap on coverage for a child 8 years or younger, and a \$20,000 annual cap for children 9 years of age through 18 years of age. Coverage may be subject to other limitations and exclusions as long as they are allowed under Bill 234.

How will the law be enforced?

The Montana Commission of Securities and Insurance has strong regulatory powers to enforce the law. In addition, each health insurance company doing business in Montana is required to submit a compliance report

Covered Services

What coverage is mandated by the law?

Bill 234 requires coverage for diagnostic assessments, pharmacy care, psychiatric care, psychological care, and therapeutic care. These categories of mandated services are defined in the law. More specifically, the new act will cover evaluations and tests needed to diagnose your child's autism disorder, as well as the development of a plan to provide health care services for your child. This plan may include medically necessary prescribed treatments such as behavioral analysis and rehabilitative care, prescription drugs, psychiatric and psychological services, speech/language therapy, occupational therapy and physical therapy.

Is applied behavioral analysis (ABA) covered?

Yes. The law's definition of rehabilitative care specifically includes ABA.

Will all of the Autism Spectrum diagnoses be covered, or just those diagnoses with the keyword of "autism?"

Any of the pervasive development disorders defined in the current edition of the Diagnostic and Statistical Manual (DSM) are covered. These include: autistic disorder, Asperger Syndrome, Childhood Disintegration Disorder and Pervasive Development Disorder (Not Otherwise Specified).

Does Autism Spectrum Disorder (ASD) have to be the primary diagnosis for the child in order to qualify for coverage under Bill 234?

No, there is no requirement that ASD must be the "primary" diagnosis for the child to qualify for coverage under Act 234.

Will these services be covered by commercial carriers under Bill 234?

Behavioral Specialist Consultation, Mobile Therapy, and Therapeutic Staff Support are all covered services under Bill 234 as long as they fall under the definition of "treatment of autism spectrum disorders." This means that they must be determined to be medically necessary and included in a treatment plan. These services could fall into the "therapeutic care" or "psychological care" categories of care that are included in the Act.

Is Case Management covered?

Case Management is not a mandated service under Bill 234.

Who determines what services are medically necessary?

The patient's physician or psychologist indicates on the treatment plan what services are medically necessary, however there is a utilization review process within the insurance company that may review the services ordered on the treatment plan.

**Will the new law require insurance companies to cover the cost of social groups?
Must it be prescribed by a physician?**

Bill 234 does not include a "list" of covered services. Rather, the law requires coverage for specific types of services. Therefore, coverage under the bill will be determined by the insurance company based on the requirements of the law, whether the treatment is medically necessary, and whether the treatment is ordered as part of the child's treatment plan by a licensed physician or a licensed psychologist/psychiatrist.

Private Insurance

On January 1, 2010, will an insurance company be able to question my child's existing autism diagnosis?

No. Under Bill 234, an autism diagnosis shall be valid for an unspecified period unless a licensed physician or licensed psychologist determines a reassessment is necessary and the reassessment indicates otherwise.

Will insurance companies be able to deny services if my child is not making "sufficient progress" or has reached a plateau in his/her progress?

No. The law specifically requires coverage of services intended to produce progress as well as those intended to prevent regression.

Will private insurers be developing their own medical necessity criteria?

Private insurers will use their own medical necessity criteria. The patient's physician or psychologist indicates on the treatment plan what services are medically necessary, however there is a utilization review process within the insurance company that may review the services ordered on the treatment plan.

If my insurance company denies my child's autism diagnostic or treatment services, where can I go for help?

Families can appeal any denial or partial denial of an autism diagnostic or treatment service to your insurance company and obtain a decision on an expedited basis. If your appeal is denied by the insurance company, your family can appeal for an independent, external review. If the independent external review denies your appeal, you can further appeal to a court of competent jurisdiction.

If a service is denied by a commercial insurer on medical necessity grounds for a child with dual coverage, will Medical Assistance consider itself bound by that decision?

No. If a service is denied by the private insurer, the family should appeal the decision. This section does not apply to the Medicare supplement.

Qualified Providers and Licensing

Which providers and services will be eligible for reimbursement under Bill 234?

Reimbursement is required for any mandated service provided pursuant to a comprehensive autism treatment plan and which is provided by qualified professionals. These professionals include licensed physicians, licensed physician assistants, licensed psychologists, licensed behavioral analysts, or certified family support specialists with an autism endorsement.

Will current providers be part of the network, and can we stay with the same provider when cap is reached?

Current providers are included if they are licensed, but they will need to be part of your insurance company's network.

How can I be sure that the health care provider has the certification or license necessary to diagnose my child's autism disorder and provide services?

The Montana Board of Medical Examiners will oversee the licensing and certification of autism health care providers. You should check with your health insurance company to be sure that the company recognizes the health care provider you are using as properly certified or licensed. If the provider is not recognized, you may not be covered for the services provided.

Where can I find Medical Assistance provider enrollment information?

This information can be found at: www.dphhs.mt.gov/hcsd/medicaid.shtml

Is "psychological care" limited to licensed psychologists?

Yes, psychological care is defined as care provided by licensed psychologists.

Does the definition of "psychiatric care" imply that a psychiatrist must be board-certified in order to qualify for coverage?

No, there is no requirement in the definition of "psychiatric care" that implies that the psychiatrist must be board-certified.

For psychiatric and psychological care, what is the definition of "Consultative Services" for ASD?

Consultative means to advise or consult. Consultative Services are advisory to the treating psychiatrist or psychologist.

Is the intent that all Rehabilitative Care will be provided directly by licensed or certified Behavior Specialists?

Yes, the definition of "autism service provider" includes behavioral specialists who may be currently licensed as well as other provider types.

Are licensed speech language pathologists eligible to provide services under the bill?

Licensed speech language pathologists are eligible to provide services under Bill 234 pursuant to a treatment plan. Private insurers are only required to "contract with and accept as a participating provider any autism service provider within its service area who is also enrolled in the Medical Assistance program who agrees to accept the payment levels, terms and conditions applicable to the insurer's other participating providers." Private insurers may choose to but are not required to contract with other practicing providers.

Copayments, Deductibles and Coinsurance

I have a child with a diagnosis of autism and I have commercial insurance. Will Medical Assistance cover the cost of the copays and deductibles associated with my commercial coverage for autism services?

Bill 234 has no impact on the rules in Montana's Medical Assistance (MA) program regarding copayments and deductibles. MA will cover copayment, deductible and coinsurance provisions for children with autism exactly as it does today, using the same rules and standards as it does for non-autism related services.

I am an autism services provider. Are there special rules for provider reimbursement from the Medical Assistance program under Bill 234?

Nothing in Bill 234 changes the rules or policies on provider reimbursements in the MA program. MA will use the same Third Party Liability (TPL) rules as it does today and as it does with all other services and with other conditions besides autism.

Providers must be enrolled in the MA Program to be eligible to receive payment, including private insurance copayments, from the MA program. The MA program will not pick up the copay for and has no jurisdiction over providers who are not enrolled in the MA program. Under the rules of the MA program, the combined amount the MA provider receives from the insurance company and the amount paid by the MA Program is

considered payment in full. Providers must bill MA, and not the families. All providers who are enrolled in MA have agreed to these rules and they will remain in force.

Other Questions

Will services like Behavioral Specialist and Mobile Therapy be covered under behavioral health benefits or physical health benefits?

Bill 234 does not specify whether the required coverage is to be part of the behavioral health or physical health benefit. The decision on which benefit is responsible will be left to the individual insurer.

How is the Third Party Liability being handled in the coordination of benefits between public and private insurers?

Third Party Liability and the coordination of benefits between public and private insurers will occur the same way that it does currently for those individuals who have both private insurance coverage and are eligible for Medical Assistance.

Do I have to give the insurance company a copy of my child's Individualized Education Program?

No. Mandated coverage under Bill 234 cannot be made contingent upon coordination of services with an IEP. The law does permit coordination of coverage, but only with the consent of the child's parent or guardian consistent with state and federal law.

Will representatives from commercial insurance plans participate in service plan meetings?

Bill 234 does not specify whether or not representatives of the commercial insurance policies may participate in service plan meetings.

If you cannot find the question or answer you need, please contact the Department of Public Health and Human Services.