

NO. 91615-R8

AUTISM SPECTRUM DISORDERS

Effective date: 03/01/2026**Last reviewed:** 02/2026

Instructions for use: This document is for informational purposes only. Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion. Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

Policy scope: This policy addresses Autism Spectrum Disorders, specifically: genetic testing, diagnosis, evaluation, and treatment (specifically, Applied Behavioral Analysis).

Related policies:

- No. 91318 Rehabilitative Medicine Services
- No. 91336 Speech Therapy
- No. 91537 Neuropsychological and Psychological Testing

SUMMARY OF CHANGES – R8**Deletions:**

- Removed reference to Patient Protection and Affordable Care Act (PPACA).

Clarifications:

- I. B. 1. The diagnosis of autism should be consistent with the standards of the Diagnostic and Statistical Manual of Mental Disorders at the time of evaluation.
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I. MEDICAL NECESSITY CRITERIA**A. Genetic Testing**

The medical necessity for genetic testing for **Autism Spectrum Disorder (ASD)** is assessed according to EviCore guidelines.

To access EviCore guidelines: Log into [Priority Health Prism](#) → Authorizations → Authorization Criteria Lookup.

B. Diagnosis and Evaluation

1. Initial evaluation for diagnostic clarification, including psychological testing, is considered medically necessary. The diagnosis should be consistent with the standards of the Diagnostic and Statistical Manual of Mental Disorders at the time of evaluation.
2. The diagnostic evaluation must include evidence of a multimodal assessment that contains caregiver(s) reports, records (e.g., medical, school, other evaluations), collateral reports (e.g., teachers, other treatment providers), data gathered from utilization of standardized psychological tools, and an observational assessment to determine diagnostic and clinical impressions. No one piece of data determines the ASD diagnosis, and evaluators should consider the accuracy of data and confounding factors that may impact data obtained.
3. Priority Health may require a second diagnostic opinion from a contracted, licensed PhD psychologist with specialized training in autism spectrum disorders.

C. Treatment: Applied Behavioral Analysis (ABA)

1. Authorization for ABA is determined by the clinical findings and ABA indications recommended by Behavioral Health InterQual®.
2. An ABA treatment plan must be supervised by a BCBA who oversees the treatment and coordinates with other medical professionals involved in the member's treatment as necessary.
3. Supervision of line staff by the BCBA should occur at a minimum of 1 hour of supervision for every 15 hours of treatment with the member.
4. Continuing stay approval requires documentation of demonstration of measurable progress based on a treatment plan that specifically addresses the Behavioral Health InterQual® criteria.

To access InterQual® guidelines: Log into [Priority Health Prism](#) → Authorizations → Authorization Criteria Lookup.

D. Exclusions

1. Services or treatment that are the legal responsibility of a school program such as evaluations completed in an educational setting
2. Services provided by family or household members.
3. Continued treatment may be denied if clinical interventions have not resulted in measurable progress as defined by Behavioral Health InterQual®.
4. Treatments that are not based in scientific evidence or are unproven. These treatments include, but are not limited to, the following:
 - a. Secretin therapy
 - b. Dietary interventions

- c. Hormonal therapies
 - d. Vitamin therapies
 - e. Intravenous immunoglobulin therapy
 - f. Chelation therapy
 - g. Facilitated communication
 - h. Sensory Based Treatments
 - i. Auditory Integration Therapy
 - j. Relationship Development Intervention (RDI)
 - k. Floor Time or Individual Difference Relationship (DIR)
 - l. Non-biological complementary and alternative medicine treatments
 - m. Equine-assisted activities or therapies (e.g., hippotherapy, therapeutic riding)
5. Artificial intelligence (AI) devices, prescription digital diagnostics, or mobile medical applications (MMA) for the diagnosis of ASD (e.g., Canvas Dx, [Cognoa](#)).

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the [CMS Online Manual System \(IOMs\)](#) and Transmittals.

For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to [CMS Medicare Coverage Database](#).

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare [Coverage Database website](#) for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)	
None identified	
Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	Outpatient Psychiatry and Psychology Services L34353 A57065
First Coast Service Options, Inc.	Special EEG Tests L34521 A57667
National Government Services, Inc.	Psychiatry and Psychology Services L33632 A56937
Noridian Healthcare Solutions	None identified
Novitas Solutions, Inc.	None identified
Palmetto GBA	None identified
WPS Insurance Corporation	Psychiatry and Psychology Services L34616 A57480

III. BACKGROUND

Autism spectrum disorder is characterized by persistent deficits in social communication and social interaction across multiple contexts, including deficits in social reciprocity, nonverbal communication behavior used for social interaction, and skills in developing, sustaining, understanding relationships. In addition to the social communication and interaction deficits, the diagnosis of ASD requires the presence of restricted, repetitive patterns of maladaptive behavior, interests, or activities.

Symptoms must be present in the early developmental period but may not fully manifest until social demands exceed limited capacities and/or may be masked by learned strategies later in life. According to the CDC, for 2020, one in 36 children aged 8 years (approximately 4% of boys and 1% of girls) was estimated to have ASD (Maenner et al., 2020).

Equine-assisted activities and therapies (EAATs) are one type of animal-assisted intervention (AAI) that is purported to improve the social and behavioral skills of children with ASD. EAAT programs use horses to provide rehabilitative and educational benefits to participants with ASD (Xiao et al., 2023).

There are two main types of equine-assisted interventions (EATs). Hippotherapy (HIP) is an EAT, which involves manipulation of equine movement based on clinical reasoning of occupational therapists (OTs), physical therapists (PTs), and speech language pathologists (SLPs). HIP is used to engage a patient's sensory, neuromotor, and cognitive systems in order to achieve functional outcomes. The horse and its movement allow professionals to achieve therapeutic goals such as improvement of balance, sensory processing skills, and arousal (Srinivasan et al., 2018). Equine-assisted activities (EAAs) are the second type of EAT, which include therapeutic horseback riding (THR). THR combines horseback riding and nonriding activities (e.g., barn activities such cleaning stalls and tack, feeding horses, and interacting with horses). A licensed instructor teaches participants horsemanship skills that target improving their physical, behavioral, and prosocial health (Xiao et al., 2023).

The American Academy of Pediatrics published an evidence based guideline in January 2020 entitled Identification, Evaluation, and Management of Children With Autism Spectrum Disorder, concluding: *There has been conflicting evidence regarding the effect of music therapy, yoga, massage, and equine-assisted therapy on the symptoms of ASD in children, but evidence does not support these therapies for treatment of the core deficits of ASD at this time.*

IV. GUIDELINES / POSITION STATEMENTS

Medical/Professional Society	Guideline
American Academy of Pediatrics	Identification, Evaluation, and Management of Children With Autism Spectrum Disorder (reaffirmed October 2025) Autism Spectrum Disorder: Updated Guidelines from the American Academy of Pediatrics (2020)

American Occupational Therapy Association	Occupational Therapy Practice Guidelines for Autistic People Across the Lifespan (2024)
United States Preventive Services Task Force (USPSTF)	Final Recommendation Statement. Autism Spectrum Disorder in Young Children: Screening (February 16, 2016)
American Academy of Child & Adolescent Psychiatry	Practice Parameter for the Assessment and Treatment of Children and Adolescents With Autism Spectrum Disorder (2014)
American College of Medical Genetics and Genomics	Clinical genetics evaluation in identifying the etiology of autism spectrum disorders: 2013 guideline revisions
United States Centers for Disease Control and Prevention (CDC)	Autism Spectrum Disorder (ASD): Health Care Providers

V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

See [U.S. Food & Drug Administration \(FDA\) Medical Device Databases](#) for the most current information.

Device	Premarket Approval, 513(f)(2)(De Novo), or 510(k) Number	Notice date
None identified		

VI. CODING

See also Priority Health [Billing Policy No. 054 Behavioral Health](#)

Note: *Services for Priority Medicaid and Healthy Michigan Plan Members are paid through Michigan’s Department of Community Mental Health.*

ICD-10 Codes that may support medical necessity

The following services are covered under this policy when billed with the following dx.

- F84.0 Autistic disorder
- F84.5 Asperger's syndrome
- F84.8 Other pervasive developmental disorders
- F84.9 Pervasive developmental disorder, unspecified

CPT/HCPCS Codes

BEHAVIORAL HEALTH SERVICES

Mental Health Treatment Revenue Codes (facility only)

0914 Individual therapy

Mental Health Treatment CPT/HCPCS Codes

- 90832 Psychotherapy, 30 minutes with patient
- 90833 Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure);
- 90834 Psychotherapy, 45 minutes with patient;
- 90836 Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure);
- 90837 Psychotherapy, 60 minutes with patient

ABA TREATMENT SERVICES – in center, office, or home – prior authorization required.

CPT Codes *and intended use*

- 97151 Behavior identification assessment, by a physician or other qualified healthcare professional, per 15 minutes
Time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
- 97152 Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes
- 97153 Adaptive behavior treatment by protocol, per 15 minutes
Administered by technician under the direction of a BCBA, face-to-face with one patient
- 97154 Group adaptive behavior treatment by protocol, per 15 minutes
Administered by technician under the direction of a BCBA, face-to-face with two or more patients
- 97155 Adaptive behavior treatment with protocol modification, per 15 minutes
Administered by BCBA, which may include simultaneous direction of technician
- 97156 Family adaptive behavior treatment guidance, per 15 minutes
Administered by BCBA, with or without patient present, face-to-face with guardian(s)/caregiver(s)
- 97157 Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes

97158 Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes

SPEECH THERAPY - no prior authorization required

Revenue Codes (facility only)

0440 – 0449 Speech Therapy-Language Pathology

CPT/HCPCS Codes

92521 Evaluation of speech fluency (e.g., stuttering, cluttering)
92522 Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria);
92523 Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)
92524 Behavioral and qualitative analysis of voice and resonance
S9152 Speech therapy, re-evaluation

92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508 Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals

PHYSICAL & OCCUPATIONAL THERAPY - no prior authorization required

Revenue Codes (facility only)

0420 – 0429 Physical Therapy

0430 – 0439 Occupational Therapy

CPT/HCPCS Codes

97161 Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.
97162 Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and

- functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family
- 97163 Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.97164* Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.
- 97165 Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.
- 97166 Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data

- from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.
- 97167 Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.
- 97168 Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.
- 97110 Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
- 97112 Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
- 97129 Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes.
- 97130 Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or

pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)

- 97140 Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
- 97530 Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes

BEHAVIORAL HEALTH EVALUATION -

These services are NOT dependent on diagnoses above and are not subject to the autism benefit:

- 90791 Psychiatric diagnostic interview examination
- 90792 Psychiatric diagnostic evaluation with medical

BEHAVIORAL HEALTH TESTING - no prior authorization required

- 96110 Developmental screening, with interpretation and report, per standardized instrument form (*Not payable to facility providers*)
- 96112 Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour
- 96113 Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)
- 96116 Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour
- 96121 Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [e.g., acquired knowledge, attention, language, memory,

- planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)
- 96130 Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
- 96131 Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
- 96132 Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
- 96133 Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
- 96136 Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes
- 96137 Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
- 96138 Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
- 96139 Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
- 96146 Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only

See also: Policy 91318 Rehabilitative Medicine Services
Policy 91336 Speech Therapy
Policy 91537 Neuropsychological and Psychological Testing

Codes not covered regardless of diagnosis:

- 0362T Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.
- 0373T Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior
- S8940 Equestrian/hippotherapy, per session

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, devices, services and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service or procedure is medically necessary. For more information, refer to the [Priority Health Provider Manual](#).

For Individual products, please see plan documents.

Priority Health Medicaid and Healthy Michigan Plan: Evaluation, diagnostic testing, and treatment services for autism spectrum disorders for Priority Health Medicaid and Healthy Michigan Plan members are managed through Michigan's Department of Community Mental Health.

Priority Health Medicare: Evaluation, diagnostic testing, and treatment services for autism spectrum disorders are not covered by the health plan for Medicare members.

To access Evicore or InterQual guidelines: Log into [Priority Health Prism](#) → Authorizations → Authorization Criteria Lookup.

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require

prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

VIII. APPLICATION TO PRODUCTS

Coverage is subject to the member's specific benefits. Group-specific policy will supersede this policy when applicable.

- **HMO/EPO:** This policy applies to insured HMO/EPO plans.
- **POS:** This policy applies to insured POS plans.
- **PPO:** This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO:** For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL:** For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE:** Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN:** For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the [Michigan Medicaid Fee Schedule](#). If there is a discrepancy between this policy and the [Michigan Medicaid Provider Manual](#), the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IX. REFERENCES

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Past review dates: 11/2015, 11/2016, 11/2017, 11/2018, 11/2019, 11/2020, 22/2021, 11/2022, 02/2023, 02/2024, 02/2025,02/2026

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