

Louisiana's Health Insurance Mandate for Autism Spectrum Disorders (ASDs)

Insurance Mandate for Autism Spectrum Disorders Under Louisiana State Law.

In January 2009, House Act 648 went into effect mandating insurance coverage for individuals with Autism Spectrum Disorders for any health insurance and Office of Group Benefits policy that is issued to employers of more than 50 people.

[Click here to see ACT 648.](#)

Act 648 removes Autism Spectrum Disorders as "Neurological Disorders." The medical community has recognized for many years that ASDs are not "mental health disorders" or "emotional disorders;" however, many insurance companies were using these very classifications in order to severely restrict or completely deny coverage for services for ASDs. In 2008, the Louisiana Legislature passed a law redefining ASDs. For insurance purposes, this means that an insurer with a contract in Louisiana cannot classify ASDs as mental health or emotional disorders for any purpose or use mental health exclusions or contract limitations to limit coverage.

Is my Insurance Covered by the Autism Insurance Mandate?

The Louisiana Autism Insurance Reform covers any health or accident insurance policy that is issued to employers with more than 50 employees. It is important to check with your Human Resources Department or Benefits Manager to determine if your plan is covered under the mandate. If they indicate they do not you may want to check with the Department of Insurance to be sure (see contact information at the bottom of the page).

Some possible exceptions to the law.

Self-insured companies. Self-insured companies are usually large companies that have several hundred employees. Instead of contracting with an insurance company to provide health insurance, the employer essentially is the insurer and supplies its own health plan to its employees. This may be confusing, however, as many self-insured companies use an existing insurance company to "administer" its health plan. That is, the insurance company only provides many of the "paperwork" functions of the health plan, such as claims processing or producing and distributing materials for the employees. To find out if your health plan is "self-insured", ask a Human Resources representative at your employer. If you are under a self-insured plan, your employer will not be obligated to provide any insurance coverage for ASDs. They may be willing to do so, though, if several employees express the need, or as a means of working in "good faith" to provide important benefits to valued employees. Self-insured companies may also offer health plan options to employees that fall outside of the self-insured plan. These may be covered under the mandate.

Insurers Corporate Office and State.

Another exception to the law involves an employer that is not based in Louisiana, but has employees in Louisiana. For example, you work for X Co.'s Baton Rouge office, but X Co.'s headquarters are in Kansas. X Co. has contracted for health insurance for all of its employees nationwide with Insurer Y. This contract was done under a master policy in Kansas – thus Kansas law, not Louisiana law, regulates it, and you would not be able to get coverage for ASD if Kansas law does not mandate it. If you work for ZZ Inc., which is a national company, but it has its "corporate home" in Louisiana, the health plan contract done under Louisiana law would require that ZZ Inc.'s health plan offer coverage for ASDs to all of its employees, whether they worked in Louisiana or in another state. Therefore, if you work for ZZ Inc., an Louisiana-based national company, but transfer to another state, the coverage for ASDs would still have to follow Louisiana's mandate because the insurance contract is under Louisiana state law.

To find out if your plan is covered by the mandate:

- Determine if you are under a "self-insured" plan.
- Determine if your health plan contract was issued under Louisiana state law, if it is, and it is a group plan for more than 50 employees, you should be covered.
- If your health plan was issued in another state, call that state's Department of Insurance Healthcare Commissioner's office and ask if that state has an insurance mandate for autism (a handful of other states do!).

What Services Must Be Covered Under the Mandate?

The wording of the Insurance Reform law is intentionally vague, because ASD affects each person differently. Each person with ASD requires different treatment options—there is no "cookie cutter" treatment plan for ASDs.

The law requires that a Care Plan by the prescribing physician or psychologist be submitted to the insurance company. The primary care doctor, developmental pediatrician, or psychologist usually can write this, but you should check with your insurer to see if they require the plan to be written by a certain type of physician.

Therapies provided in the public schools cannot be covered under the insurance mandate. It is also strongly recommended that care plans are limited to "traditional therapies", or therapies that are generally accepted by the medical community. For example, the Surgeon General's office has recommended the use of Applied Behavioral Analysis (ABA). In addition, the American Academy of Pediatrics currently recommends the following therapies as generally accepted for ASD:

1. Behavior Training and Behavior Management.
2. Speech Therapy.
3. Occupational Therapy.
4. Physical Therapy.
5. Medications to address symptoms of ASD – including risperidone, prozac, melatonin and clonidine.

It is very important that care plans include medically necessary, generally accepted therapies in order to insure that everyone can count on continuing health care coverage for our loved ones, and not return to the very recent past when insurers could simply refuse to cover people with autism at all. The law requires the insurers to finally share the burden along with families and the state. As more research on autism provides data to support other treatments, they will become "generally accepted" by the medical community, and thus acceptable to add to a care plan for insurance purposes.

Steps To Securing Insurance Coverage Under the Mandate.

1. Submit your care plan to the appropriate person or department of the insurer:
 - Contact your insurer ahead of time to find out where to send the care plan.
 - Send the care plan via certified mail or fax, and keep copies – verify it was received.
 - Insurers will require for your therapist to have appropriate credentials. A provider of ABA therapy must be certified as a behavior analyst by the Behavior Analyst Certification Board or have equivalent training and experience.

1. Set up an insurance binder to keep:
 1. Copies of your care plan.
 2. All written correspondence with the insurer.
 3. Notes from any conversations with the insurer, including the date, time, name of caller, and the person's title.
 4. Other pertinent information such as letters from physician, contact information, etc.

2. Know your insurance policy and follow its policies and procedures:
 1. Your insurer does not have to pay your claims if you do not follow its policies and procedures.
 2. If your insurer requires you to use a certain network of providers, you must do so unless the service is not available in the network; if the services are unable to be provided within the network, out-of-network services must be covered until in-network services are available.

There were early attempts by many families to get their ABA therapists certified by most of the insurance providers in Louisiana. However, an ABA therapist does not have to enroll as a network provider for any insurance plan. If your insurance plan does not have an ABA therapist in their network they must pay for your clinic or home based provider who is certified to provide ABA therapy.

1. ABA is covered under the mandate. Your insurer will determine under what kind of services they will classify your ABA. If you are involved in a clinic program, the clinic should be able to file claims directly with the insurer. If you are doing a home program, you should be able to request that your consultant file claims directly with your insurer. Your insurer will probably require information regarding

the credentials of your consultant and they may require certain credentials or level of supervision by a psychologist or Ph.D. Families are strongly advised to use established consultants with legitimate credentials who work for recognized ABA providers, and who are appropriately supervised. Currently, Louisiana does not have any specific certification or licensure requirements for ABA providers. The procedural codes to file claims for ABA are as follows:

- Consultant Code: 96115 (billed in hourly units).
 - ABA Therapist/Instructor Code 97532 (billed in 15 minute units).
2. If your claims for coverage of reasonable, legitimate therapies are denied, be sure to appeal the denial. Each insurer has an internal grievance or appeals process that should be outlined in your policy handbook or employee information. Follow the procedures outlined by the insurer, and do not be afraid to ask your benefits coordinator, treating physicians or other therapists for information or letters that may help your appeal. Keep all of your records in your binder!
 3. If you exhaust the internal appeals process with your insurer, you may request an external appeal. This is an appeal that is heard by a panel that is not made up of people from the insurer. Your insurance company must supply you with the necessary information to pursue this type of appeal. Your insurer bears the cost of this appeal as well.

You also have the option to file a complaint with the Department of Insurance (DOI) if you feel your insurer is not complying with the law. You may file a complaint on the DOI website or write Karen Riners Winfrey, Deputy Commissioner at The Louisiana Department of Insurance, or call the DOI at

You may also e-mail specific questions to Karen Riners Winfrey xxxx xxxxxx at xxxxxx@xxxxxxx. Often, a call or letter from the DOI can clarify the legal obligations for your insurer and avoid lengthy appeals.

The best way to ensure that your loved one receives the insurance coverage he or she is entitled to under the law is to know your policy, keep good records, follow your insurer's policies and procedures and include only therapies that are generally accepted by the medical community in your loved one's care plan. As the science of autism progresses, we can look forward to including more options for treatment under medical insurance plans.

Sources:

American Academy of Pediatrics Committee on Children with Disabilities Technical Report: *The Pediatrician's Role in the Diagnosis and Management of ASD in Children*. Pediatrics. (2001, May). Vol. 107 No. 5.