

# **AUBURN UNIVERSITY**

## **Handbook of Autism Benefits**

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Administered by  
 **uprise**health

## Auburn University Handbook of Autism Benefits

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Autism is a developmental disorder marked by impaired social interaction, limited communication, behavioral challenges, and a limited range of activities and interests. Caring for a child with autism is a daily challenge for the whole family. The complexities of treating autism can be overwhelming, and usually require collaboration with many educational and health professionals.

To support you and your family, Auburn University has chosen to provide coverage for autism as part of Uprise Health's comprehensive Autism Care Management Program. This program supports clinical excellence in the treatment of children with autism while also providing benefit development and management in the most cost-efficient manner.

### What is Autism?

Autism is one of a range of conditions characterized by challenges with social skills, repetitive behaviors, speech and nonverbal communication, as well as by unique strengths and differences.<sup>1</sup> Autism is classified under diagnosis code F84.0 in the *International Classification of Diseases, Tenth Revision, Clinical Modification* (ICD-10-CM).

### Eligibility

These benefits are available to you and your eligible dependents. Please see your Human Resources representative for the definition of *eligible dependent*.

### Covered Provider Types

The *Plan* covers autism and applied behavior analysis (ABA) for the treatment of autism when performed by the following covered provider types:

- Qualified Health Professionals (QHPs), such as psychiatrists, nurse practitioners, psychologists, and licensed mental health counselors.
- ABA QHPs, such as:
  - Board Certified Behavior Analyst—Doctoral (BCBA-D)
  - Board Certified Behavior Analyst—Master's Degree (BCBA)
  - Board Certified Behavior Analyst—Bachelor's Degree (BCaBA) working under the supervision of a BCBA-D or BCBA; and
  - Registered Behavior Technician (RBT) working under the supervision of a BCBA-D, BCBA, or BCaBA.

**IMPORTANT:** ABA requires pre-authorization. Call Uprise Health at 1-800-677-4544.

**IMPORTANT:** A provider can be a covered provider type but not a network provider. Additionally, some plans do not provide out-of-network coverage. Please contact your personal care manager at 1-800-677-4544 for support and answers to any questions you may have.

### What is Applied Behavior Analysis?

When applied to autism, ABA focuses on treating the problems of the disorder by altering the individual's social and learning environments.<sup>2</sup> It is a process of systematically applying interventions based upon the principles of

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<sup>1</sup> *What Is Autism?* <https://www.autismspeaks.org/what-autism>. Accessed August 10, 2021.

<sup>2</sup> *Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers* 2nd edition Copyright © 2014, 2020, by The Council of Autism Service Providers ("CASPs"). Ver. 2.0, page 5.



For more information please call  
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learning theory to improve socially significant behaviors to a meaningful degree, and to demonstrate that the interventions employed are responsible for the improvement in behavior.<sup>3</sup>

### Covered Benefits

The Plan offers coverage for screening, diagnosis, and treatment of autism, which can include the following:

- Diagnostic evaluations/assessments;
- Treatment planning;
- Medication management;
- Individual, family and group therapy;
- Care management by a licensed Uprise Health professional; and
- ABA, which requires pre-authorization. Contact your personal care manager at 800-677-4544.

### IMPORTANT:

- There must be a formal work-up and diagnosis of autism (ICD-10-CM Code F84.0) for ABA to be considered for medical necessity review.
- ABA treatment must be prescribed by the child's treating physician or psychologist in accordance with a treatment plan,
- Pre-authorization is required. Call Uprise Health at 800-677-4544.
- For speech therapy, occupational therapy, and physical therapy benefits, please see your medical *Summary Plan Description*.

### What You Pay for Covered Autism Services

| PPO Plan   | In-Network Benefit   | Out-of-Network Benefit   |
|--|--|--|
| <b>Outpatient Office Visit (Therapy, Medication Management)</b>                            | Covered At <b>100%</b> Of Allowed Amount After Copay<br><b>Patient Responsibility: \$30</b> Copay Per Visit/Session/Group Therapy Session  | Covered At <b>80%</b> Of Allowed Amount<br><b>Patient Responsibility:</b> All Billed Charges Not Covered by The Plan   |
| <b>Applied Behavior Analysis</b><br>*Based on Eligibility and Clinical Criteria being met. | <b>Pre-certification Required</b><br><b>Call 800-677-4544</b><br><br>Covered At <b>100%</b> Of Allowed Amount<br><b>Patient Responsibility: None</b><br><br><b>Exclusion: In-home care not covered</b> | Covered At <b>80%</b> Of Allowed Amount<br><b>Patient Responsibility:</b> All Billed Charges Not Covered by The Plan<br><br><b>Exclusion: In-home care not covered</b> |

<sup>3</sup> Getting to know ABA. <http://www.appliedbehavioralstrategies.com/what-is-aba.html>, Accessed August 10, 2021.



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| HDHP  | In-Network Benefit  | Out-of-Network Benefit   |
|---|---|--|
| <p><b>Outpatient Office Visit (Therapy, Medication Management)</b></p>  | <p>Covered At <b>80%</b> Of Allowed Amount, Subject to the Calendar Year Deductible<br/> <b>Patient Responsibility:</b> All Billed Charges Not Covered by The Plan</p>  | <p>Covered At <b>60%</b> Of Allowed Amount, Subject to the Calendar Year Deductible<br/> <b>Patient Responsibility:</b> All Billed Charges Not Covered by The Plan</p>                           |
| <p><b>Applied Behavior Analysis</b><br/>                     *Based on Eligibility and Clinical Criteria being met.</p> | <p><b>Pre-certification Required</b><br/> <b>Call 800-677-4544</b></p> <p>Covered At <b>80%</b> Of Allowed Amount after deductible<br/> <b>Patient Responsibility:</b> All Billed Charges Not Covered by The Plan</p> <p><b>Exclusion: In-home care not covered</b></p> | <p>Covered At <b>60%</b> Of Allowed Amount after deductible<br/> <b>Patient Responsibility:</b> All Billed Charges Not Covered by The Plan</p> <p><b>Exclusion: In-home care not covered</b></p> |

### Exclusions

In addition to the exclusions listed in the most recent version of the applicable Auburn University *Mental Health and Substance Abuse Benefits Handbook*, the following services are excluded from coverage for the treatment of autism:

1. **Allergy testing** (especially food allergy for gluten, casein, candida, and other molds) unless another indication
2. **Auditory integration training therapy**
3. **Chelation therapy**
4. **Cognitive rehabilitation therapy**
5. **Elimination diets** (e.g., gluten and milk elimination) unless another indication
6. **Event-related brain potentials**, unless another indication
7. **Facilitated communication therapy**
8. **Hair analysis** for trace elements, unless another indication
9. **Holding therapy**
10. **Immune globulin infusion(s)**
11. **Intestinal permeability studies**
12. Magnetoencephalography/magnetic source imaging
13. Nutritional supplements (e.g., megavitamins, high-dose pyridoxine and magnesium, dimethylglycine)
14. Services that are not **pre-authorized**
15. **Provocative chelation tests for mercury**, unless another indication
16. Treatment of **Rett Syndrome**
17. **Secretin infusion**
18. **Sensory integration therapy**
19. **Tests** (unless another indication) for celiac antibodies; erythrocyte glutathione peroxidase studies; immunologic or neurochemical abnormalities; micronutrients such as vitamin levels; mitochondrial disorders including lactate and pyruvate; thyroid function; urinary peptides and/or other investigational or experimental tests; Stool analysis, etc.



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### Confidentiality

It is vital for you to know that Uprise Health always maintains your privacy per state and federal regulations. We only share aggregated statistical data with Auburn University, and we will not share any private information without your written permission. The only exceptions are when the life or safety of an individual is seriously threatened or if disclosure is required by law.

### Notice of Nondiscrimination

Uprise Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Uprise Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact Uprise Health at 1-800-677-4544. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, or by fax.

**IMPORTANT:** See the *Important Contact Information* section of this Handbook for address, telephone and fax information.

Send grievances to the attention of Compliance & Quality Improvement.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Service  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019  
1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>



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### Foreign Language Assistance

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-216-3144 (TTY: 711)

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-216-3144 (TTY: 711)번으로 전화해 주십시오.

**Chinese:** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-216-3144 (TTY: 711)。

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-216-3144 (TTY: 711).

**Arabic:** انتباه: إذا كنت تتحدث العربية، توجد خدمات مساعدة فيما يتعلق باللغة، بدون تكلفة، متاحة لك. اتصل بـ 1-855-216-3144 (الهاتف النصي: 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-216-3144 (TTY: 711).

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-216-3144 (ATS: 711).

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-216-3144 (TTY: 711).

**Gujarati:** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોય, તો ભાષા સહાયતા સેવા, તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. 1-855-216-3144 પર કોલ કરો (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-216-3144 (TTY: 711).

**Hindi:** ध्यान दें: अगर आपकी भाषा हिंदी है, तो आपके लिए भाषा सहायता सेवाएँ नि:शुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें।

**Laotian:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-855-216-3144 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-216-3144 (телетайп: 711).

**Portuguese:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-216-3144 (TTY: 711).

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-216-3144 (TTY: 711).

**Turkish:** DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-855-216-3144 (TTY: 711) irtibat numaralarını arayın.

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-216-3144 (TTY: 711).

**Japanese:** 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-216-3144 (TTY: 711) まで、お電話にてご連絡ください。



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