The diagnosis of autism spectrum disorders (autism) is on the rise in the United States. According to the Centers for Disease Control and Prevention, autism affects 1 in 68 children born in this country and 1 in 42 boys.

Autism is generally considered to be developmental disabilities and may range from mild to severe. The conditions cause impairment in social interaction, problems with verbal and nonverbal communication, and may lead to restricted, repetitive and stereotyped patterns of behavior, interest and activities. KRS 304.17A-141 through 304.17A-144 defines autism and outlines the insurance benefit.

In 1998, coverage for the treatment of autistic children was approved by the Kentucky General Assembly. Changes to the law were made in 2005, 2010 and 2016.

Kentucky law requires insurers to provide benefits under a health benefit plan. A health benefit plan is a hospital or medical expense policy or certificate and may be provided through an individual health insurance plan or one provided by an employer, including major medical policies or insurance through a health maintenance organization.

Not all health insurance plans offer autism benefits. Health insurers are allowed to offer a basic health benefit plan excluding coverage for autism. In addition, some types of health coverage such as dental, vision, student health insurance and other types of limited plans are not considered health benefit plans and are not required to offer coverage for autism. Some health benefit plans offered by employer or employee groups are referred to as self-funded or self-insured. These plans are under the jurisdiction of the U.S. Department of Labor and are not required to offer the autism benefit.

For health benefit plans offering autism benefits, covered services include medical, pharmacy (if covered by the plan), psychiatric care, psychological care, therapeutic care, applied behavior analysis, habilitative and rehabilitative care. The requirement to pay for respite care was removed from the law in 2010.

After January 31, 2011, plans issued to large groups (more than 50 members) are required to provide benefits of up to $50,000 per year for a child under the age of 7 who is diagnosed with autism and $1,000 per month for a child ages 7-21. After January 1, 2011, insurers in the individual
or small group (50 members or less) markets are required to provide a maximum benefit of $1,000 per month in coverage for those ages 1-21 who are diagnosed with autism.

Deductibles, coinsurance and co-payments can be applied to the treatment of autism. In addition, a utilization review can be conducted prior to or after treatment to review the medical necessity or appropriateness of treatment.

Kentucky law prohibits insurers from applying health plan limits related to dollar amounts or number of visits to reduce the autism benefit. For example, a plan may offer coverage for 20 speech therapy visits per plan year. If a covered child with autism uses all 20 visits, the autism benefit may be applied to payment for additional speech therapy.

In addition, the law prohibits an insurer from refusing to issue, terminating or non-renewing coverage to an individual solely because the person has been diagnosed with or has received treatment for autism.

Therapeutic or rehabilitative care offers services to improve the functioning of a child with autism or to prevent the condition from worsening. This care must be provided by a licensed or certified health care provider, such as a licensed physical therapist or licensed speech therapist.

A 2016 law requires an insurer to have a liaison to facilitate communication between the member and the insurer regarding benefits for the treatment of autism spectrum disorders. The liaison is responsible for explaining benefits, prior authorization, coding, appeal rights, etc.

For more information about autism benefits and related issues, please contact the Kentucky Department of Insurance toll free at 800-595-6053 (in Kentucky) and ask to speak to someone in Consumer Protection.