Insurance Coverage for Biomedical & Traditional Autism Treatments

By Holly Bortfeld

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My son Max is the "million dollar man." In the ten years since he was diagnosed, he's had one million dollars worth of therapy and treatments. ONE MILLION DOLLARS. Wow! Did I have a million dollars to spend on him just sitting around in the bank? NO. Not even close. If you are reading this, I bet you don't either.

When he was diagnosed, the doctor told me he'd never speak again, do math, be potty trained, have relationships and care about people, that he would injure himself and others and would NEVER improve or be able to even live at home. I was devastated. Thankfully, with therapy and treatment, we proved that doctor very wrong and my son is a thriving, lovely boy. These therapies and treatments have benefitted him so much and changed his outlook for a long healthy, happy, functioning life. My son deserved every dollar of it. So does your child!

Why is Treating Autism Important From the Traditional Intervention and Biomedical Perspective?

It is important, because autism is diagnosed so young and CAN affect individual's life for a long time, but does NOT affect the life span of an individual. We know from best practices that treatment is important and is altering outcomes for individuals affected.

If we treat autism spectrum disorders based on their unique biomedical and traditional therapy needs – the lifelong estimated costs for an individual from $3-7 million dollars may be changed from being an expense to becoming a taxpayer. There are children that recover from autism and will go on to lead normal lives. This data is still emerging. The CDC reports that 80% of those affected with autism are UNDER the age of 17 years. We owe it to these children, and their families, to not ignore the "problem" but to treat it like any other disorder. These guidelines outline one responsible party (just health insurance) in what should be required by law. Parents need to use their best judgment, information, and state and federal laws to help their children become the best they can be – with the hope of recovery and the possibility of becoming a taxpayer. After all – that is our job as a parent.

Sure, there is a lot to learn when your child is diagnosed. First you get to learn about the disorder itself, then learn about the many confusing treatments and approaches, then try to guess

which ones will benefit your particular child and lastly you get to figure out how to pay for it all. The process can get overwhelming very quickly.

I emptied all of our savings, 401K, filled credit cards to their limits and borrowed money from relatives to help my son. Eventually, there was no money left and no one else from which to borrow anymore. That's why I wrote this article – to give you the tools so you don't have to do what I, and thousands of other families, did. Getting companies to cover what your child needs can be difficult, very difficult at times, but not impossible.

Why Should I Bother Learning All of This?

Speech Therapy costs:

- $75 per 30 minute session, 3 times a week for 50 weeks a year = $11,250

Occupational Therapy costs:

- $75 per 30 minute session, 3 times a week for 50 weeks a year = $11,250

ABA Therapy costs:

- $120 per hour for BCBA to oversee program, 10 hours a month, 12 months a year = $14,400 plus $30 per hour for 1:1 therapist, 30 hours a week for 50 weeks a year $45,000 (not to mention materials)

Bottom Line: $81,900 per year per child will break the bank!

Getting your insurance company to pay their share will allow your child a real chance at a future and you shouldn't have to lose everything to do it.

You should not be going broke treating your child with autism. This article aims to shed some light on the process and help you navigate the system to get your child the help he/she needs. This is not meant to serve as legal or medical advice and is NO guarantee of coverage, but I hope it will arm you with some information to help you help your child. Good Luck!

Insurance Pays For What?

For a more detailed understanding of who is responsible for covering which specific expenses please see our Who Pays For What information.

The "Who Pays for What" document covers:

- Service Name
- Service Description
- Who Delivers Service
- Who Funds Service
- Links

It also explains Coverage Types (SSI, Insurance, Medicaid, etc) as well as definitions of therapies and treatments.

Treatments That Can Be Covered by Health Insurance

- Autism Diagnosis
- Baseline testing
- Early Intervention
- Therapies like ABA, PT, OT, Speech
- Doctor's visits
- Medications
- Consumable supplies
- Dietician or nutritionist

Why Don't Autism Specialists Take Insurance?

Over my ten years in autism, I have had countless parents ask me this question. In turn, I've asked this question to many autism specialist doctors and the answer is usually the same – "the reimbursement rate isn't high enough." Insurance companies reimburse according to Medicaid/Medicare guidelines so if your doctor bills $360 for an hour visit, they will still only get $120 (for example) reimbursed. This is true of non-autism-specialist doctors too, but they can cram 4-12 patients into that hour where an autism-specialist doctor usually sees a child for the full hour. Unfortunately, it is true that some autism specialists charge up to $750 an hour. Clearly, that's just greed but to some practitioners, autism is just a way to cash in. BUYER BEWARE! Fortunately, they are not all so expensive, but obviously more doctors need to take insurance to help us help our kids. This document should help too.

But Won't the School Provide Everything My Child Needs?

No. ASD children learn from a variety of approaches that are all specialized to each child in a small ratio or 1:1 setting. The public school system rarely, if ever, is successful at providing everything a child needs because the schools are designed with a cookie-cutter approach to educate as many children as possible in the most cost-efficient manner possible. Sadly, that is the worst approach for our kids and we have to find other places that will provide what they need to learn and grow.

Secondarily, schools provide "educationally relevant" therapies. For example, the typical physical therapy guidelines for school are "Can your child ambulate from his/her seat to the door?" If so, then the child doesn't qualify for PT in school, even if he cannot walk developmentally appropriately.

Medically Necessary vs. Educationally Relevant

There are two types of goals for your child – those that are "medically necessary" and those that are "educationally relevant."

ABA is classified as a medical intervention, not an educational intervention. ABA treats the disability that is preventing the child from learning.

Medically Necessary

"Medically Necessary" are procedures, treatments, supplies, devices, equipment, facilities or drugs (all services) that a medical practitioner, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms, and they are:

In accordance with generally accepted standards of medical practice; and

Clinically appropriate in terms of type, frequency, extent, site and duration and considered effective for the patient's illness, injury or disease; and

Not primarily for the convenience of the patient, physician or other health care provider; and

Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, "generally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations, and the views of medical practitioners practicing in relevant clinical areas and any other relevant factors.

Educationally relevant

Educationally relevant means the therapy/treatment addresses a goal on his/her IEP or to help the child function in a school setting.

An example of a really good guide to how the schools decide if your child qualifies for therapy in school can be found is Considerations for Educationally Relevant Therapy from the Florida Department of Education.

Resources That Discuss Medical vs. Educational Model

Medical vs. Educational Model #1

Medical vs. Educational Model #2, Escambla County, Florida School District

Collaborting With Physicians: A Guide For Educators

Insurance for Beginners

For those totally new to health insurance, here is a short primer to get you started.

Before you begin, you need to know who is responsible to pay for what services (Who Pays For What – PDF).

CPT (Code of Procedural Terminology)

CPT is the code used to describe what treatment is being provided (*i.e.,* 92507 is "speech therapy).

ICD9 (International Statistical Classification of Diseases and Related Health Problems)

ICD9 is the code used to give the diagnosis (i.e. 299. is the ICD9 for autism), assigned by the doctor or therapist.

In-Network vs. Out-of-Network

If your doctor or therapist accepts your insurance and bills your insurance company directly with merely (maybe) a co-pay from you at your visit, they are an IN-NETWORK provider. If they don't, then they are an OUT-OF-NETWORK provider.

Explanation of Benefits (EOB)

The EOB is a document sent to you every single time someone bills your insurance company for a treatment or visit. It tells you who is billing; for what service; on which date; cost of service, how much the insurance company paid, or didn't; and if you owe the provider anything more after the insurance company paid their portion. Don't throw these away, ever.

Superbill

This is the paper that says what services were provided, when, to whom, by whom, and contains the appropriate billing (CPT) and diagnosis (ICD9) codes your insurance company will need to process payment. This is the receipt you leave the doctor's office with at every visit. Usually these are only provided by physicians, and not by therapists. Therapists typically only provide a bill/invoices for their services. Here is an example of a superbill.

Rehabilitative vs. Habilitative

Insurance companies often will only pay for one or the other. Rehabilitative means to restore to its former use and habilitative means to teach a new skill. The purpose of this is that if you had a skill and lost it (i.e. regressed) then it's more likely they will pay for it than if your child never had the skill to begin with.

More definitions

What if I Don't Have Any Insurance?

There are several options if you don't have health insurance. First, if you qualify financially, you can get SSI and Medicaid in your state that will provide medical coverage for you and/or your children. Some states disregard your income when your child has a disability – Read the Medicaid section on page 22 for more details. If you don't qualify for Medicaid, all states also have a Children's Insurance Program which is an affordable option for most but, like an HMO, is limited in what it provides. There are also Health Savings Accounts (see page 19). This article is written for those with private health insurance only.

How to Bill Your Insurance Company for an Out-of-Network Provider

So, you go to a doctor that isn't on your insurance plan and you pay (cash, check, credit, etc.) the provider directly and they give you a Superbill or invoice. Now, what do you do with it to get reimbursed?

Insurance companies always provide Out-of-Network provider reimbursement forms. If you didn't receive any with your insurance booklets when you were hired, or have lost them, you can:

- Ask the company's HR person to give you more
- Go to the health insurance website to print one out
- Call the insurance company and have them mail you some

Complete the insurance company's reimbursement form(s) and attach the superbill or invoice. It's also a very good idea to make sure your superbill shows that you already paid the provider (shows a zero balance). Then send a cover letter saying you already paid for the service and reimbursement should be made out to you, and sent to you directly. Attach any pre-authorizations or prescriptions for the service and a letter of medical necessity if you have them.

NEVER SEND ORIGINALS, ONLY PHOTOCOPIES. Parents often report back that their insurance company "lost" their submittals, again.

There is more than one way to skin a cat…

TIP! Check your insurance plan for HOME HEALTH CARE coverage and exactly what it can cover. Some plans cover ABA or other therapies in-home in addition to, or instead of, in the office. You might qualify for 90 in-office visits and 90 in-home visits without a fight!

What is a Certificate of Coverage?

The Certificate of Coverage describes the Benefit Options and other features under the Plan in great detail.

Here is a good example of a Certificate of Coverage

You can obtain this through your company's HR department, the insurance company itself (usually on their website) or ask them directly.

The Summary Plan Description is only an overview and may even conflict with the Certificate of Coverage so you will need to review the actual Certificate of Coverage handbook.

How to Start Working with Your Insurance Company

What NOT to do is just as important, maybe more, than what to do.

"Autism is UNTREATABLE"

Many parents have told us that their insurance companies view autism as untreatable. They consider autism as untreatable so they don't have to cover anything related to it.

Almost any treatment billed to the insurance company with a diagnosis (ICD9) code of 299.0, 299.1, 299.8 or 299.9 will either be denied or limited by insurance plans. Therefore it is CRUCIAL that you submit bills that charge for the symptoms you are actually treating, not autism. For example, the AAP admits that approximately 70% of ASD kids have gastrointestinal disorders but you cannot submit a bill to the insurance company for treatment of Gastroenteritis (ICD9 558) under ICD9 code 299, autism. You must submit it under 558. This guide is built on that principal – bill for the symptoms you are actually treating.

Bottom Line: Treating co-morbid illnesses/issues that often "come with" autism is extremely important. Do not trust when medical symptoms of a treatable issue are explained as autism. Seek medical assistance for each child's unique needs.

What To Do Before You Start

Call your insurance company or talk to the benefits/HR department at your company.

You will need the following from them:

- Contact information (website, address, phone and fax numbers, appeals department phone number and fax number) for your insurance company.
- Policy and group number
- Written copy of your insurance plan
- Whether your insurance is self-funded or fully-funded (ERISA) and in WHAT STATE. If self-funded, get the contact information and amounts for their "STOP LOSS" plan.
- Is your plan a PPO, HMO, or POS?
- What is the in-network co-pay?
- What is the out-of-network co-pay?
- What is the percentage of reimbursement for in- and out-of-network providers?
- What are your individual and family in-network deductibles?
- What are your individual and family out-of-network deductibles?
- What is your out-of-pocket limit?
- After you reach your deductable and limits, what percent is the reimbursement for out-of-network providers?
- What is the lifetime cap? What is the yearly limit?
- Do you have home health care benefits? What are they? What are the limits?

- Is pre-authorization, or pre-determination, needed for out-of-network providers? If so, what is the submittal process?
- Which services are mental health vs. medical? Is mental health coverage different? What are the deductibles and co-pays, visits, limits and caps for mental health?
- How many visits are you allowed for each therapy? What is the appeal procedure if more is needed?

KEEP DETAILED RECORDS of each call – including date, time, person's name, phone number and extension.

Billing Codes That Work

Disclaimer: The codes included are to be used as a GUIDELINE and there is no guarantee of coverage but we hope this will help you get the help your child needs. This list is dynamic and will change as parents give us feedback on what worked and didn't work for them. Please check back occasionally and send us any codes that worked successfully for you to help others. This is NOT meant to be legal or medical advice. Please note that merely having the proper codes doesn't mean that your insurance company covers the treatment, but if they do, this will help.

Lab Tests Information and Tips

Traditional Therapies (ABA, Occupational, Physical and Speech Therapies)

Treatment	CPT code	ICD9 code	Notes
Applied Behavioral Analysis, Cognitive Behavioral Therapy (ABA, CBT)			
	96116		Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, i.e., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report.
	90804		Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;
	90808		75-80 minutes of face to face behavior modifying therapy, outpatient
	97532		ABA Therapist/Instructor Code 97532 (billed in 15 minute units) Development of cognitive skills to improve attention, memory, problem solving (includes

		compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes
97532		Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes
97535		Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes
	742.9	Unspecified anomaly of brain, spinal cord, and nervous system
	315.9	Unspecified delay in developmentDevelopmental disorder NOS; Learning disorder NOS
		Autistic disorderChildhood autismInfantile psychosisKanner's syndrome
	299.0	Excludes: disintegrative psychosis (299.1) Heller's syndrome (299.1) schizophrenic syndrome of childhood (299.9)
	299.1	residual- a disability remaining from a disease or operation
	299.8	Other specified pervasive developmental disorders Asperger's disorder Atypical childhood psychosis

	299.9	Unspecified pervasive developmental disorderChild psychosis NOSPervasive developmental disorder NOSSchizophrenia, childhood type NOS Schizophrenic syndrome of childhood NOS

Occupational Therapy (OT)

97003	Occupational therapy evaluation
97004	OT Re-evaluation
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
97140	Manual therapy techniques (eg, 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
97510	Group OT: Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes

783.42	gross motor delay

Swallowing problems	92526	787.20	787.20 Dysphagia, unspecified, V41.6; Treatment of swallowing dysfunction and/or oral function for feeding
Hypotonia		781.3	Lack of coordination (Ataxia NOS, Muscular incoordination)
		784.69	784.69 Other Symbolic Dysfunction (Acalculia; Agnosia; Agraphia NOS; Apraxia)
Speech Therapy (ST)			
	92506		Evaluation of speech, language, voice, communication, and/or auditory processing
	92507		individual speech therapy
	92508		Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
	92508		Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
	92597		Oral speech device evaluation
		315.32	Mixed receptive-expressive language disorder (Central auditory processing disorder)
		784.3	Aphasia (excluding dev. Aphasia)
		315.31	developmental aphasia
		315.39	Other Developmental Speech Disorder
		784.69	Other Symbolic Dysfunction (Acalculia; Agnosia; Agraphia NOS; Apraxia)
		315.39	Other Developmental articulation disorder Dyslalia, Phonological disorder Excludes: lisping and lalling (307.9); stammering and stuttering (307.0)

		784.6	Other symbolic dysfunctionExcludes:developmental learning delays (315.0-315.9)
		388.40	388.40 Abnormal auditory perception, unspecified
		338.42	92507 Speech/Language Therapy; 388.42 Hyperacute Hearing
		381.00	Chronic Otitis Media
Swallowing problems	92526	787.20	787.20 Dysphagia, unspecified, V41.6; 92526 Treatment of swallowing dysfunction and/or oral function for feeding
Auditory Integration Therapy/Training (AIT)	92510		Aural Rehabilitation
		388.43	Impairment of Auditory Discrimination
		388.40	Abnormal auditory perception, unspecified
		338.42	Hyperacute Hearing
		784.69	Other. (Acalculia, Agnosia, Agraphia NOS, Apraxia)
Physical Therapy (PT)			
	97001		Physical therapy evaluation
	97002		Physical therapy re-evaluation
	97113		Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
	97116		Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)
	97110		Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of

			motion and flexibility
	97530		Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
	97150		Therapeutic procedure(s), group (2 or more individuals)
	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
Hypotonia		781.3	Lack of coordination (Ataxia NOS, Muscular incoordination)
		783.42	gross motor delay
Misc			
Individual Skills	90809	H2014	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
Family Skills	90847	H2014	Family psychotherapy (conjoint psychotherapy) (with patient present)
Parent education	90887		Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
Nutritionist (Initial Visit)	97802		Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes. (this CPT code must only be used

		for the initial visit.) This code is to be used only once a year, for initial assessment of a new patient.
Nutritionist (ongoing treatment)	97803	All subsequent individual visits and intervention(s), face-to-face, each 15 minutes. This code is to be billed for all individual reassessments and all interventions after the initial visit (see 97802). This code should also be used when there is a change in the patient's medical condition that affects the nutritional status of the patient.

Office Visits and Phone Consults

Treatment	**CPTcode**	**ICD9 code**	**Notes**
Office Visit	99203 (new)		Detailed – low complexity (new patient)
	99214 (est.)		(established patient)
	99204 (new)		Detailed – moderate
	99214.21 (est.)		
	99205 (new)		Detailed – high complexity
	99215 (est.)		
	99354		for any additional time above this
Phone Consult- Physician	99441		5 to 10 minutes of medical discussion
	99442		11 to 20 minutes of medical discussion

	99443		21 to 30 minutes of medical discussion
			Use a combination of these to make an amount greater than 30 minutes.
Telephone Management Non-physician			
	98966		5 to 10 minutes of medical discussion
	98967		11 to 20 minutes of medical discussion
	98968		21 to 30 minutes of medical discussion
Online E/M Service			
	99444		Physician using the Internet or similar electronic communications network
	98969		Non-physician using the Internet or similar electronic communications network
	99366		Face-to-face with patient/family; participation by non-physician
	99367		Patient and/or family not present; participation by physician
	99368		Patient and/or family not present; participation by non-physician
Therapeutic/prophylactic/diagnostic IV Infusion/ Initial hour	90765		
Therapeutic/prophylactic/diagnostic IV Infusion/Additional hours	90766		
Phlebotomy Therapy	99195		
	90760	963.8	Note: NDC# TD DMPS, it's 38779-0643-06 for the DMPS and 49452-3352-02 for the glutathione that it's mixed with. 90760: Intravenous infusion, hydration; initial, 31 minutes to 1 hour
	90761	963.8	90761: Intravenous infusion, hydration; each

additional hour (List separately in addition to code for primary procedure)

Here is some more information on Time-Based Coding.

Lab Tests

MONEY MONEY MONEY!

Not all doctors consider finances when making treatment decisions, but we parents live in the real world and may need to redirect the conversation to include finances.

Tell your doctor how much money you have to spend and ask him/her to prioritize tests and labs. Also, ask what the difference is between insurance-covered labs and specialty (non-insurance covered) labs. If the answer is convenience (because I like their test or all the stuff we need is on one neat report), consider asking them to order it through the insurance-covered lab, even if it's not as convenient. Save your money for things that insurance won't cover, don't squander it when you don't have to.

Note that there are 3 types of rates for tests: physician cost, insurance billed and cash prepay (parent). If your cost is $100 for cash prepay with a 70% reimbursement versus $300 insurance-billed with a 70% reimbursement, you are better off paying out of pocket and submitting to insurance for reimbursement.

	Cash Pre-Pay	Insurance
Lab test cost	$100 (70% reimbursement)	$300 (70%)
Your out-of-pocket costafter reimbursement	$30	$90

For tests your doctor recommends but your insurance company won't cover, do a little investigating and call the labs to find out the parent pre-pay cost for each and compare them to what the doctor is wanting to charge you. If the doctor has a negotiated rate with the lab that's much lower and then charges you a little (usually $15) for handling, you are better off going through the doctor.

Please note that not all doctors pass their savings on to their patients when they negotiate a special rate with the labs. As an informed consumer, call the labs before you do the tests and figure out which is the best way to go financially.

Please see Lab Tests and Codes (CPT) for a large list of lab tests with their costs, CPT or ICD9 codes, and also the list of Common Co-Morbid Disorder Diagnosis Codes.

Lab Test Tips

Make sure you read test directions for tests BEFORE starting them (*i.e.*, Do you have to be fasting? What medications might affect results? Do you have to stop certain supplements days prior? How are you going to ship the test?) This will ensure that you do not waste money by having to re-perform the test.

Some major labs (like Labcorp and Quest in the east) and hospitals will pull blood and do the special work required (spinning, freezing, separating whole cells, etc) and ship them to the specialty labs for you as long as you pay for the blood draw and give them the COMPLETE kit with instructions and pre-paid shipping bag.

Supplements & Prescriptions

Buying Supplements and Non-Insurance Covered Meds

Over the years, I have seen many people be successful getting their insurance companies to cover compounded vitamins. But there are tricks to being successful.

- Make sure your insurance plan doesn't exclude vitamins and supplements before you start.
- If your child has a diagnosis of a disorder/disease that is shown to be treated with a particular vitamin (that has an NDC#) and that vitamin is in your mixture, you should be able to get it covered.
- If your child has an allergy to an ingredient in the standard OTC vitamin mixture, you might be able to get it covered.
- NDC (National Drug Code)

Prescriptions

- Some insurers cover generic over non-generic at a higher rate of reimbursement and some will EXCLUDE the non-generic. You can ABSOLUTELY appeal a rejection of a non-generic if your doctor writes a letter of necessity and states why the non-generic is mandatory.
- There are a lot of great compounding pharmacies that serve the autism community, but you need to find out if your insurance-covered compounding pharmacy will make it before you pay out of pocket just because your doctor recommends a particular pharmacy.
- Have your local pediatrician rewrite the autism-specialist's prescriptions so your insurance (and Medicaid) will cover them.

Using a Compounding Pharmacy

Insurance companies offer compounding through either their in-house pharmacy or retail compounders, but here is a tip: most charge by the FILL, not by the month. And they likely max out at 90 days, so any script written for longer will be rejected. There can be any number of refills, that makes no difference. Call your prescription plan and ask how they fill and bill to see if this applies to you.

Let's say for example, your child is to take one 5mg pill per day.

- If your script says "one 5mg pill per day for 30 days", they will charge you $30 times 12 ($360 a year.)
- If the script says "one 5mg pill per day for 90 days", it's still $30, for a 90-day supply. With 4 refills, this will cost you $120 a year.

- If the script is written for a year's worth (i.e. one 5mg pill, four times a day for 90 days), they will charge you $30 (even though it's twelve months worth of meds) per year.

If you cannot get your vitamins and supplements covered TACA has an overview of supplements that can help you.

Appealing Insurance Claim Denials

How Did We Get Here?

Example 1

Your child has autism. Your child also gets sick, a lot. You take him to the doctor, again, to see what they can do to get him healthier. The doctor orders blood work that shows your child has a very weak immune system and multiple food allergies. The doctor refers you to an immunologist but codes the superbill with 299.0 (autism). The insurance company denies the specialist visit and all treatment because autism in (in their eyes) untreatable. This is an example of denial due to improper coding.

Solution: Call the doctor back and ask that the superbill be recoded to reflect WHY he needs the immunologist – due to immune deficiencies and allergies and REMOVE all reference to autism, as it's not relevant to this case. This is one of the quickest routes to medical denials you will find. Make sure you never leave the doctor's office with a superbill that says "autism" unless you are treating with psychotropic drugs. Those are the only approved "treatments" for autism according to the insurance industry.

Example 2

Your child has autism. Your child also lost the ability to speak when he regressed into autism. Your doctor writes a script for Speech therapy. Your insurance company says they don't cover speech for autism. Period.

Solution: Why did your child stop speaking? Did he (like most kids I know) have recurrent ear infections? If so, bill it under that. Does he have verbal apraxia? If so, bill it under that, and so on.

Example 3

Your child has autism and your insurance company tells you they cover 60 visits a year of speech therapy. Your pediatrician and speech therapist recommend therapy 5 days a week (intense therapy while the child is very young will likely reap bigger dividends long term) but that would mean 260 visits in the year, not 60.

Solution: Appeal! Ask your insurance company what their appeal procedure is and if there are any special forms they want you to use. Get your doctor to write a letter of medical necessity for the extra therapy sessions. Ask the speech therapist to write a letter of medical necessity for the extra therapy sessions. Write a cover letter that explains why you need it, and don't be afraid to pull at their heartstrings! You are passionate about your child getting better, let it show!

Example 4

All of the in-network providers reject you – they aren't taking new patients, don't treat pediatrics, won't treat a child with autism or if the insurance company doesn't have anyone contracted to provide a particular therapy.

Solution: Appeal! You can appeal for them to let you go to an out-of-network provider – but they must reimburse you at in-network rates and maximums. They can create a contract-for-one if need be.

Example 5

The insurance company tells you that your school should provide it so go to them.

Solution: This is illegal. Appeal. A letter of medical necessity should do the job.

What To Do When You Get a Denial of Coverage

So things are swimming along and your EOB (Explanation of Benefits) comes that says DENIED! Here's what you do.

The best way to fight a denial is to never get one. To that end, take the steps on How to Start Working with Your Insurance Company. Knowledge is power and if you can head off a mistake by knowing what is allowed and what isn't, it will save you in the long run.

- Get your ducks in a row. Gather all the information you will need for the appeal.
    - Your health insurance plan
    - The written denial
    - Doctor's bills
    - Doctor's referrals
    - Medical records
    - Physician's letter of medical necessity
    - Study references that show the treatment works
    - Call your state's Department of Insurance and get a copy of the "Standards for Health Insurance". Find out if you insurance plan is in compliance with the law.
        - Under your state's law, is the treatment covered/included?
- Call the insurance company and confirm the denial.
    - Ask to verify the denial and get reasoning.
    - Ask to verify the diagnosis (ask what ICD9s were submitted).
    - Ask to verify the treatment (ask what CPTs were submitted).
    - Take good notes. Get names, phone numbers, extensions, etc.
- File a formal appeal.
    - Learn and follow the insurance company's guideline and process.
    - Use the proper forms.
    - Make sure you don't miss deadlines.
    - Ask for a formal review of your appeal, preferably by someone in the department dealing with the disorder (i.e. cardiologist for a heart-related treatment)
    - What your appeal letter should include:
        - Your contact information

        - Your insurance information
        - Dates of service
        - Description of service
        - Doctor referrals
        - References to benefits packages that support covering the service
        - Supporting information to why the service should be covered
        - If the treatment the standard of care for this diagnosis
        - If the treatment is covered by Medicare
        - When you send your letter, send it certified and send a copy to your physician, your employer, your state's Department of Insurance.
    - **NEVER SEND ORIGINALS, ONLY PHOTOCOPIES. Parents often report back that their insurance company "lost" their submittals, again.**
- File an appeal with your state Department of Insurance
    - Contact the Department of Insurance in your state and ask them for a copy of the state's standards for health insurance.
    - Ask them about ERISA (Employee Retirement Income Security Act) pre-emption.

State Department of Insurance Appeal Resources

Consumer Reports

Consumers Union

National Association of Insurance Commissioners

Directory of Insurance Regulators by State

Consumer Action – Federal Consumer Information Center

Some Tips About State Laws

- States determine what a Policy must disclose.
- States determine what are MANDATORY inclusions and exclusions.
- Each state has a Department of Insurance, which enforces and regulates the mandates.
- Directory of Insurance Regulators by State.

Understanding the State Insurance Process

- States establish Licensing and/or Certification procedures for Care providers
- State Medical Boards oversee the Discipline procedures for those who violate law or conduct malpractice.
- States implement Medicaid and waiver Programs, based on Federal Regulations.
- This federal law supersedes state laws regarding coverage in Employee Benefit plans.
- Cases brought against an HMO must go through federal court system
- Must prove that the Company acted outside Plan defined coverage.

- States can decide what are approved services, or inclusions in insurance policies written in that state.
    - This is done using many facets of information:
        - Published Peer Reviewed Studies
        - Medical/Psychological/Dental Association acceptance of practice
        - FDA approval for Drugs
        - public or professional opinion or moral stance on a subject
    - What determines acceptable procedures?
        - Published Peer Review studies are as credible as the Publication, Journal of American Medical Association, for example, is considered a highly credible publication.
        - Most Insurance Companies have an in house review panel of Medical Procedures
        - Whether Inclusion of procedure in the CPT-4 or HCPCS for diagnosis or suspected diagnosis.

What is ERISA?

ERISA is the abbreviation for the Employee Retirement Income Security Act.

Let's say you live in a state with a parity law – like California's AB88. Wahoo! Right? Not so fast. Here is the glitch – The law only pertains to SOME insurance companies. The insurance plans that are self-funded, are exempt! Ouch.

How do you know if your company's insurance plan is self-funded? Ask the HR department or call the insurance company and ask. Once you know the answer, you know where to go from there. If the plan isn't self-funded, follow these guidelines for billing. If the plan is self-funded, keep reading this section below to understand more about the state and federal laws and what you can do about them.

YOU NEED TO KNOW THIS! If you live in North Carolina but your insurance policy is funded and written out of Colorado, whose law governs your insurance? Colorado. The state where the insurance policy is funded and written is key. The front page of your policy usually states where it's written and funded.

Who Rules?

States have authority over insurance covering a majority of people in the private insurance market. But states have no authority over self-funded ERISA plans. Several of ERISA's provisions preempt state law. ERISA's "preemption clause" makes void all state laws to the extent that they "relate to" employer-sponsored health plans.

ERISA preemption takes three steps.

1. ERISA preempts all State laws that affect employee benefits.
2. State laws involving insurance are saved from preemption.
3. However, a self-funded employee benefit plan will not be deemed to be insurance.

Thus, if a Plan is self-funded, then the plan is deemed not to be insured, and therefore is not saved from preemption. A plan is self funded if the employer is responsible for the cost of medical benefits and does not purchase protection from an insurance company. Here is a great primer to ERISA preemption.

From the SUPREME COURT OF THE UNITED STATES Syllabus
AETNA HEALTH INC., FKA AETNA U. S. HEALTHCARE INC. ET AL. v. DAVILA CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE FIFTH CIRCUIT No. 02–1845. Argued March 23, 2004—Decided June 21, 2004*

More Resources on ERISA:

Standards Adoption Recommendation Billing/Financial

US Department of Labor

More case law

Health Savings Accounts

A Health Savings Account (HSA) is an alternative to traditional health insurance; it is a savings product that offers a different way for consumers to pay for their health care. HSAs enable you to pay for current health expenses and save for future qualified medical and retiree health expenses on a tax-free basis.

You must be covered by a High Deductible Health Plan (HDHP) to be able to take advantage of HSAs. An HDHP generally costs less than what traditional health care coverage costs, so the money that you save on insurance can therefore be put into the Health Savings Account.

You own and control the money in your HSA. Decisions on how to spend the money are made by you without relying on a third party or a health insurer. You will also decide what types of investments to make with the money in the account in order to make it grow.

What Is a "High Deductible Health Plan" (HDHP)?

You must have an HDHP if you want to open an HSA. Sometimes referred to as a "catastrophic" health insurance plan, an HDHP is an inexpensive health insurance plan that generally doesn't pay for the first several thousand dollars of health care expenses (i.e., your "deductible") but will generally cover you after that . Of course, your HSA is available to help you pay for the expenses your plan does not cover.

How can I get a Health Savings Account?

Consumers can sign up for HSAs with banks, credit unions, insurance companies and other approved companies. Your employer may also set up a plan for employees as well.

How much does an HSA cost?

An HSA is not something you purchase; it's a savings account into which you can deposit money on a pre-tax basis. The only product you purchase with an HSA is a High Deductible Health Plan, an inexpensive plan that will cover you should your medical expenses exceed the funds you have in your HSA.

You can use the money in the account to pay for any "qualified medical expense" permitted under federal tax law. This includes most medical care and services, dental, vision care, and also includes over-the-counter drugs such as aspirin. A partial list of what is allowed is provided in IRS Pub 502.

You can generally not use the money to pay for medical insurance premiums, except under specific circumstances, including:

- Any health plan coverage while receiving federal or state unemployment benefits.

- COBRA continuation coverage after leaving employment with a company that offers health insurance coverage.
- Qualified long-term care insurance.
- Medicare premiums and out-of-pocket expenses, including deductibles, co-pays, and coinsurance for:
    - Part A (hospital and inpatient services)
    - Part B (physician and outpatient services)
    - Part C (Medicare HMO and PPO plans)
    - Part D (prescription drugs)

You can use the money in the account to pay medical expenses for yourself, your spouse, and your dependent children. You can pay for expenses of your spouse and dependent children even if they are not covered by your HDHP. Any amounts used for purposes other than to pay for "qualified medical expenses" are taxable as income and subject to an additional 10% tax penalty.

Examples include:

- Medical expenses that are not considered "qualified medical expenses" under federal tax law (e.g., cosmetic surgery).
- Other types of health insurance unless specifically described above.
- Medicare supplement insurance premiums.
- Expenses that are not medical or health-related.

After you turn age 65, the 10% additional tax penalty no longer applies. If you become disabled and/or enroll in Medicare, the account can be used for other purposes without paying the additional 10% penalty.

Additional Resources

US Department of Treasury

Wikipedia: Health Savings Accounts

Tax breaks

When all else fails, write it off…

Medical deductions are a little tricky. Here are some good resources.

Tax Strategies for Parents of Children With Special Needs

Special Needs Alliance

Los Angeles Times Article, *How to Write Off Medical Expenses,* Feb. 17, 2008

ABC News video, *Tax Relief for the Disabled*, March 24, 2008

ABC News video, *Autism Tax Breaks*, March 26, 2008

Deductible medical expenses include payments to diagnose, cure, treat or prevent disease. They are deductible to the extent that they exceed 7.5% of adjusted gross income, or, if the taxpayer is subject to the alternative minimum tax, 10% of AGI, said Stephen Dale, a Walnut Creek attorney and member of the Special Needs Alliance, a nonprofit group made up of attorneys specializing in disability law. So, if you have $50,000 in adjusted gross income, your medical expenses can be deducted if they are more than $3,750 or $5,000, respectively.

Some of the things you can write off include therapists, doctors, curriculum, books, trainings and conferences that inform you about your child's disability, travel to therapists and doctors, including mileage and hotel; supplements, therapy equipment, dietary food differences (if regular bread is $1/loaf and GFCF bread is $4/loaf, you can write off $3). Here is an example of a GFCF diet deduction worksheet.

Disability Savings Act of 2008 (Senate Bill 2741)

The Disability Savings Act is pending legislation, if enacted, will encourage parents of children with disabilities to save for disability-related expenses such as preschool, tutoring, respite, clothing, out-of-pocket medical, insurance premiums, and much more, with federal matching funds for some income levels, and will not count against you if filing for Medicaid or other such programs. You can watch this bill's progress.

Tax Strategies for Parents of Kids with Special Needs

By Regina M. Levy, CPA

Schwab Learning estimates that 15-30 percent of families with a special needs child have one or more unclaimed tax benefits. Are you one of these families???

Medical Expense Deductions

Many parents don't realize that Learning Disabilities are considered a medical condition, as are other disabilities such as autism, cerebral palsy, ADHD, etc. [Rev. ruling 78-340, 1978-2 C.C. 124]

Medical expenses are limited by 7.5% of Adjusted Gross Income, but some of the following out-of-pocket costs may cause you to exceed that limitation. Costs that can be deducted include:

- Special Schooling including tuition or tutoring by someone especially trained to meet the child's needs. The purpose and primarily reason for the choice of school must be to alleviate or remediate the disability.
- Regular education when the purpose is to treat the disability and the school – such as typical preschool for socialization purposes.
- Aides required for a child to benefit from regular or special education.
- Special instruction, training or therapy such as OT, Speech, remedial reading, etc.
- Diagnostic evaluations by qualified personnel.
- Exercise program if recommended by qualified medical personnel to treat a specific condition, includes yoga, dance, horseback riding, etc.
- Transportation: Mileage to and from special schools or therapy sessions at the medical mileage rate of 20 cents per mile. Also parking fees. Airfare for parents and child to obtain treatment or testing.
- Diapers – if related to a medical condition, such as autism.
- Equipment or devices used primarily for the alleviation of a person's illness – examples would be specially designed bedding, car seats, etc. Rev Ruling 76-80.
- Home Improvements – costs are deductible to the extent they exceed any increase in the home's fair market value [Reg. 1.213-1(e) (1) (iii)]. Certain improvements (e.g., altering the location of or otherwise modifying electrical outlets and fixtures are deemed to have no affect on the home's fair market value and thus, the full cost can be claimed as a medical expense [Rev. Rul. 87-106, 1987-2 CB 67].
- Lead Paint Removal – The cost of removing the paint can be deductible if the child has lead poisoning from the paint. Lead poisoning can resemble and complicate other conditions, such as autism.
- Parents' attendance at a disability related conference. This good news came in May 2000, in IRS Revenue Ruling 2000-24. Parents who attend conferences primarily to obtain medical information concerning treatment for and care of their child may include the following

admission and transpiration costs. Related books and materials are deductable. Attendance is considered to be primarily for and essential to the care of the dependant if:

- Attendance at the conference has been recommended by a medical provider treating the child. AND
- The conference provides medical information concerning the child's condition – specific issues not just general wellbeing. AND
- The primary purpose of the visit is to attend the conference.
- BUT … Costs of food and lodging are generally NOT deductible. Lodging can be if you are staying in a hotel while your child receives medical attention in a hospital or related setting. Then lodging is limited to $50 per day. Meals are not deductible.

GFCF Diet

Many people do not realize that the additional costs of following a medical diet such as the gluten-free, casein-free diet can also be considered medical expenses. Citations supporting this deduction include:

- Revenue Ruling 55-261
- Cohen 38 TC 387
- Revenue Ruling 76-80, 67 TC 481
- Flemming TC MEMO 1980 583
- Van Kalb TC MEMO 1978 366

Limitations – only the extra cost of the gluten-free product over what you would pay for the similar item at a grocery store. Here is an example of a GFCF Diet Deductible Worksheet. You can also claim mileage expense for the trip to the health food store and postal costs on gluten-free products ordered by mail.

Specific products used only in a gluten-free home such as xanthan gum are 100% deductible.

You should save all cash register tapes, receipts, and canceled checks to substantiate your gluten-free and or casein-free purchases. You will need to prepare a list of grocery store prices to arrive at the differences in costs. You need not submit it with your return, but do retain it.

Very Important – Attach a letter from your doctor to your tax return. This letter should state that your child suffers from a medical condition (autism, celiac, etc.) and must follow a total gluten-free, casein-free diet for life.

Legal Expenses

Legal expenses incident to medical care have been allowed as a medical expense deduction only when the legal expenses are "necessary to legitimate a method of medical treatment " Levine v. Commissioner [83-1 USTC ¶9101] Lenn v. Commisioner.

This means that attendance at IEP meetings is not a deductable legal or medical expense. However, if you have to engage a lawyer to enforce an IEP or IFSP, that may be deductable. Especially if you are suing the school to hire appropriate personnel.

Suing the school district for reimbursement is also not deductable.

Things to Consider:

Subsequent Reimbursement
If you anticipate reimbursement from a school district or insurance company for any of these costs, that reimbursement will be includable as income when received if the deductions are taken. That could raise your AGI in the subsequent year causing you to lose other deductions.

401K/IRA Funds
Medical expense, it can also be used to justify a "hardship" withdrawal from a 401(k) retirement plan [Reg. 1.401(k (-1(d) (3) (iii) (B)]. This would allow parents to use their 401(k) funds to pay special education expenses. The amount not subject to the additional 10% tax penalty is the amount over 7.5% of AGI. Regular tax must be paid on all IRA/401K withdrawals.

Cafeteria Plans
If your employer offers a cafeteria plan, you can use the funds in that account to pay for treatments for your child. All the items noted above under medical expenses (schooling, tutoring, therapy, conferences, etc) may be paid out of such an account. Tax-wise this is the most advantageous option as you are paying for these items with pre-tax dollars and are not subject to the 7.5% limitation. If plans have a forfeit clause, prepay for next year in December.

Credits

Even better than deductions, credits reduce $ for $ the amount of tax owed.

Child and Dependent Care Credit

Covers work related expenses for dependents of taxpayer. Dependent must be under the age of 13. BUT if the child requires supervision due to a disability, the age limit no longer applies. A dependent is considered to be physically or mentally incapable of self-care if the dependent is incapable of caring for his or her hygienic or nutritional needs, or requires full-time attention of another person for his or her own safety or the safety of others [Reg 1.44A-1(b)(4)].

Covered expenses – up to $3,000 per year per dependent are allowed, max for all dependents is $6,000. Amount does not need to be equal among children. Regular childcare, after-school programs (including classes) and day camp all qualify. Sleep-away camps do not. Credit is calculated at 20-35 percent of expenses, based on AGI. (Over $43k it is 20%; the maximum credit per dependent is $600 for one child, $1,200 for 2 or more).

Planning strategy – use the first $3000-$5999 of special schooling costs to claim this credit; any remaining costs can be deducted as medical expenses. At least $1 must be for the other child to claim more than $3000.

Earned Income Credit

Families with AGIs under $39,783 may qualify for EIC depending on number of children and filing status. EIC is normally limited to children under age 19. If the child is 19-23 and a full-time student, then he or she also qualifies. As long as a severely disabled child lives with his or her parent, there is no age limit for EIC.

Higher Education

Tuition

American Opportunity Credit (replaced HOPE Credit) – for 2009 & 2010 ; up to 40% refundable. It is up to $2,500 per student, per year for first 4 years of post-secondary education. The student must be pursuing an undergraduate degree or other recognized educational credential, enrolled more than 1Ž2 time, and have no felony drug convictions.

Limitations based on AGI –these benefits begin to phase out for higher income taxpayers at the lower number and are eliminated when AGI reaches the upper number.

American Opportunity Credit	$160,000 – $180,000
Lifetime Learning	$100,000 – $120,000
Tuition & Fees Deduction	$160,000

Lifetime Learning Credit

Up to $2000 per return, all years of post-secondary education and coursed to acquire or improve job skills, unlimited number of years, no degree required, one or more courses, felony drug conviction rule does not apply. 20% of first $10,000 = $2,000

Educational Expenses

Educational expenses may also be taken as a deduction. Tax return preparation programs generally maximize either credit or deduction.

- $4,000 – AGI < $130,000
- $2,000 – AGI < $160,000
- None if AGI > $160,000

Books, Supplies, Room and Board

May be paid for out of Education Savings Accounts (509 Plans), or IRA/401K distributions (no 10% penalty). Thus it is generally better to use the 509 plan money to pay for these expenses first then tuition if the 509 plan does not have enough funds.

Limitations: HOPE and Lifetime Learning credits phase out when AGI is over $114,000. Tuition deductions phase out when AGI is over $160,000. If Married Filing Separately, neither the education credits nor tuition and fees deductions apply.

Bizplan – Section 105

If you are self employed and can also employ your spouse, then by implementing a Section 105 HRA Medical Reimbursement Plan. You can deduct 100% of your family health insurance premiums, as well as uninsured medical, dental and vision care expenses, employee disability insurance, and term insurance premiums. This plan is managed by TASC, they offer an audit guarantee, and TASC will cover audit penalties and interest if you are audited. The fee is $395 per year; I do represent them and do earn a small premium if you buy a plan (full disclosure).

Respite Care

If you are a parent provider of respite care, you may receive a 1099 from the Regional Center. Attach a statement to your return showing the amount received, and the amounts paid to others, include any net amount on line 21 (other income) of your form 1040. If you paid more than $600 to any other provider, you should provide them with a 1099.

About Regina Levy, C.P.A.

Gina has been a Certified Public Accountant for over 20 years. Her experience includes over 5 years with a major international CPA firm and several years managing accounting departments. Recently she opened her own CPA practice in West Los Angeles. Gina is also the mother of two children with special needs. Her daughter has autism and her son has ADHD. She has been a passionate advocate for increasing the quality of service for all children with special needs. Along with her husband, Ralph, and other parents, she founded SpecialKidsLA, Inc. The website was a great help to many parents, unfortunately, they were unable to secure adequate funding to continue managing and hosting the website. Gina now brings this passion to her prior background of tax and accounting. She has recognized that many parents of children with special needs are unaware of how they can access additional services by tax planning. She is available for consultation on any of these issues and looks forward to helping parents.

This information is for educational purposes only and is not considered tax advice. Please consult your personal tax advisor.

Autism Insurance Legislation

There are a number of efforts happening throughout the country to get autism treatments, or at least ABA therapy, covered in states. Parents and advocates are working together to get coverage. You can help too. Keep reading.

States that have insurance legislation in place (some better than others):

- **Arizona:** Effective June 30, 2009. Covers therapy costing as much as $50,000 per year up to age 9, $25,000 per year up to age 16.
- **Colorado:** Effective July 1, 2010. Covers ABA birth to age nine at $34,000 a year, then $12,000 a year until age 19.
- **Connecticut**: Effective January 1, 2010. Covers ABA and assessments under the age of 15.
- **Florida:** Effective April 2009. Covers $36,000 per year, $200,000 lifetime up to age 18.
- **Illinois:** Effective December 2008. Covers up to $36,000 per year of treatment until age 21, plus Early Intervention.
- **Indiana:** Already in effect
- **Louisiana:** Effective January 1, 2009. Covers $36,000 per year up to age 17.
- **Minnesota:** Already in effect
- **Montana:** Effective Jan. 1, 2010. Covers diagnostics and treatments up to $50,000 per year from birth to 8, $36,000 a year from age 9-18.
- **Nevada:** Effective January 1, 2011. Covers ABA up to $36,000 a year, until age 18, or if still in school, until 21.
- **New Jersey:** Effective February 9, 2010. Covers screening and therapies up to $36,000 per year.
- **New Mexico:** Effective June 19, 2009. Covers diagnostics and treatment until age 22, with numerous limits and caps.
- **Pennsylvania:** Effective July 1, 2009. Covers $36,000 per year up to age 21, no lifetime cap.
- **South Carolina:** Effective July 1, 2008. Covers $50,000 per year up to age 16.
- **Texas:** Effective January 2010. Covers treatment until age 10.
- **Wisconsin:** Effective November 1, 2009. Covers $50,000 for 4 years, then $25,000 annually.

Please see www.autismvotes.org for more information on each state's laws.

Want to get involved? Join the Autism Insurance Legislation Advocacy Group

Parity vs. Coverage

Parity means that if a particular therapy or treatment is covered for one diagnosis on their plan, then it's also covered for autism.

Coverage means what treatments are covered. The issue with ABA in particular, is that ABA is not a treatment for ANY other diagnosis and the insurance companies have been using that in denials.

Why Coverage in ALL States is Important

YOU NEED TO KNOW THIS! You live in North Carolina but your insurance policy is funded and written out of Colorado. Whose law governs your insurance? Colorado. The state where the insurance policy is funded and written is key. The front page of your policy usually states where it's written and funded.

State Medicaid

This is a very important piece of the puzzle. Medicaid can pick up what your insurance company doesn't pay, including co-pays. Also, if your HMO has strict limits to the number of visits, Medicaid would kick in and pay after those visits have been exhausted, if you are using a Medicaid provider.

Most states have Medicaid (income-dependent) or Medwaiver (not income-dependent) plans available to children with ASD. Learn more about Medicaid within your state and eligibility.

Tips For State-Specific Waivers

Medicaid State Waiver Program Demonstration Projects

This list contains information about state-specific Medicaid waiver and demonstration programs. Users can access fact sheets, copies of proposals, approval letters, and other documents related to specific programs.

For much more information, please read our Who Pays For What information.

Payer of Last Resort

This means that your doctor/therapist bills your primary insurance company first and Medicaid second. Medicaid pays LAST. If you have primary health insurance and try to bill Medicaid first, they will deny the whole thing.

If your primary insurance denies the therapy and it was prescribed by a Medicaid provider – a doctor who accepts Medicaid – the Medicaid will pay it after your insurance company denies it.

Let me be clear, a non-Medicaid provider (for example a pediatrician who doesn't accept Medicaid) cannot write a prescription for a therapy and it will be covered by Medicaid.

But if the Medicaid provider writes the prescription for it, it will be covered by Medicaid even if your primary insurance denies it.

The most important reason to understand and acquire Medicaid coverage for your child is this: if you have typical health insurance and Medicaid coverage for your child and you get a prescription written by a Medicaid provider for Speech therapy, for example, and that speech therapist accepts your insurance and Medicaid, but your insurance refuses to cover the therapy, Medicaid will pay for it ALL. ALL OF IT.

Alternative State-Funded Insurance

If your state doesn't have a Medicaid-waiver program and you don't financially qualify for the straight Medicaid, every state also offers a lower cost HMO-type health insurance. The names vary by state but are generally called the "Healthy Kids" program. They are open to all children, not just those with disabilities. Healthy Kid's programs can also cover some therapies.

US Department of Health & Human Services: Insure Kids Now!

Coleman Institutes State of the States Developmental Disabilities Funding

Comparison of State's Spending by Kaiser

State-Specific Medicaid Programs

Autism Insurance Resources

California Autism Insurance

Illinois Autism Facts

Oregon Autism Insurance

Pennsylvania Autism Insurance Information

Department of Insurance and State Laws

How to Fight a Health Insurance Denial, by Brie Cadman

Autism Insurance Information Group List
For parents and practitioners to learn about coding and insurance problems.

Autism Insurance Legislation Advocacy Group List
For parents and advocates interested in getting insurance legislation passed in their state.

Blessed with Autism
Christina Peck runs a (fee-based) business that helps parents with insurance coding.

Helping Hand Resource Center, is fee-based, and assists with insurance reimbursement/ benefits and authorization.

Searchable ICD9 Codes

Searchable CPT Codes

Medicaid Covered Codes

HCPCS Codes Database

HIPAA-Related Code Lists

Military Services Manual

Coleman Institutes State of the States Developmental Disabilities Funding

Comparison of State's Spending by Kaiser

How Private Health Coverage Works: A Primer, 2008 Update

A Consumer Guide to Handling Disputes with Your Private or Employer Health Plan

State-Specific Medicaid Programs

Schools Claiming to Use ABA as a Primary Intervention

Time-Based Coding Information

Smart Money: Families Changed Microsoft's View of Autism

A great searching tool for medical studies to use for appeals

Appeal Resource – Claim Correction Form

Understand Coding Conventions

- Wikipedia: List of ICD-9 Codes
- Wikipedia: List of ICD-10 Codes
- World Health Organization: ICD-10 Codes
- Wikipedia: Current Procedural Terminology
- Wikipedia: Procedural Codes

Co-Payment Assistance

Co-Pay Relief

The Healthwell Foundation is a non-profit, charitable organization that helps individuals afford prescription medications they are taking for specific illnesses. The Foundation provides financial assistance to eligible patients to cover certain out-of-pocket health care costs, including: Prescription drug coinsurance, copayments, and deductibles, health insurance premiums and other selected out-of-pocket health care costs

Patient Access Network Foundation assists the underinsured in accessing health care treatments. Throughout all 50 states and three U.S. territories PAN provides trained case managers that patients or advocates may speak with about their care. PAN provides hope at times when people have nowhere else to turn.

Patient Services Incorporated

RX Assist
The Web's most current and comprehensive directory of Patient Assistance Programs. Patient assistance programs are run by pharmaceutical companies to provide free medications to people who cannot afford to buy their medicine. RxAssist offers a comprehensive database of these patient assistance programs, as well as practical tools, news, and articles so that health care professionals and patients can find the information they need. All in one place.

Guides to Finding Health Insurance Coverage in Your State

Part 1 of the Biomedical on a Budget Article Series:
Biomedical Treatment on a Budget

Part 2 of the Biomedical on a Budget Article Series:
GFCFSF Diet on a Budget

Insurance Definitions

ABC (Alternative Billing Codes)

Based on Complimentary and Alternative Medicine maintained by Alternative Link.

Congenital

A disease or disorder that is a result of genetic abnormalities, the intrauterine (uterus) environment, errors of morphogenesis, a chromosomal abnormality, or a complex mix and unknown factors. Some factors can include heredity, environmental, or behavioral. Congenital disorders vary widely in causation and abnormalities. Insurers see this as "untreatable".

CPT (Code of Procedural Terminology 4th Edition)

One of the two National Standards for determination of services for diagnosis, under HIPAA. You can purchase a CPT Catalog from the American Medical Association or other bookstore.

EPSDT (Early Periodic Screening, Diagnosis and Treatment)

Minimum standard of care for Medicaid services.

ERISA (Employee Retirement Income Security Act)

ERISA is a federal law that sets minimum standards for most voluntarily established pension and health plans in private industry to provide protection for individuals in these plans.

EOB (Explanation of Benefits)

The EOB is a document sent to you every single time someone bills your insurance company for a treatment or visit. It tells you who is billing; for what service; for what dates; how much the insurance company paid, or didn't pay; and if you owe the provider anything after the insurance company paid. Don't throw these away, ever.

HCBS (Home Community Based Services Waiver)

This is a program to provide treatment, habilitative therapy, habilitative training, respite and supports for individuals with disabilities, specifically developmental disabilities.

HCPCS (Healthcare Common Procedure Coding System)

This coding is used for Government entitlements such as Medicaid and Medicare, etc. and is accepted by some Insurance Companies under HIPPA.

- HCPCS Release and Code Sets
- HCPCS General Information

Health Insurance Plan Types

- **HMO**-Health Maintenance Organization (least flexibility in coverage and providers)
- **PPO**-Preferred Provider Organization (best plan option)
- **POS**-Point of Service Option (limited options but better than HMO)

(TIP: If you are currently in the HMO plan, ask your employer when the open enrollment period is so you can change to the PPO.)

HSA (Health Savings Account)

A Health Savings Account is a savings account into which you can deposit money on a tax-preferred basis. HSA funds can pay for any "qualified medical expense", even if the expense is not covered by your HDHP. For example, most health insurance does not cover the cost of over-the-counter medicines, but HSAs can. If the money from the HSA is used for qualified medical expenses, then the money spent is tax-free. More details of this are on Health Savings Accounts.

HIPPA (Health Insurance Privacy & Portability Act/Health Information Portability Accountability Act)

HIPPA establishes National Standard Procedure Codes for "covered entities" and includes privacy provisions for electronically transferred information. HIPPA establishes that National Standards supersede Local Coding standards.

ICD9 (International Statistical Classification of Diseases and Related Health Problems 9th & 10th edition)

Adopted under HIPPA as National Standard for Classification

NCHS – National Center for Health Statistics under the CDC

NCVHS – The National Committee of Vital Health Statistics is convened under the Center for Disease Control and Prevention.

NDC (National Drug Code)

NDC Directory is limited to prescription drugs and insulin products that have been manufactured, prepared, propagated, compounded, or processed by registered establishments for commercial distribution.

Superbill

This is the paper that says what services were provided, when, to whom, by whom, and contains the appropriate billing (CPT) and diagnosis (ICD9) codes your insurance company will need to process payment. Usually these are only provided by physicians, not therapists. Therapists just provide invoices or statements normally. Example of a Superbill.

Tricare (Military Insurance)
More military resources

See our definitive collection of abbreviations and definitions.

Supporting Research for Treatments of Autism

Appeal Resources for ABA

The Latest from Autism Bulletin

More on Colorado Autism Insurance Case: Q&A with Tappert Family's Lawyer

Posted: 23 Feb 2008 09:47 AM CST

R. Craig Ewing is managing partner at Ewing & Ewing, the Englewood, Colorado law firm which represented the Tappert family, who recently won an arbitration case for their health insurer to cover autism-related services for their young daughter Abby. Mr. Ewing last month agreed to respond to some questions I sent him via e-mail.

You can read more about the case in this article: Colorado Family Wins Insurance for Autism Services. A related article cited in the transcript below is here: After Colorado Arbitrator's Decision, More Information About Lovaas Model of Applied Behavior Analysis.

A key issue in this case was that the arbitrator's finding that Applied Behavior Analysis (ABA) is not an experimental therapy, but in fact an early intervention best practice for children with autism spectrum disorders and a service the insurer should cover. With advocates around the nation seeking to win support for legislation expanding such insurance coverage, Mr. Ewing suggests this arbitration decision could shed some light on what it takes to win support from organizations who may seek to deny such benefits.

The following is a transcript of his responses to questions:

1. How important is the arbitrator's decision?

We believe that the arbitrator's decision is quite important in that it recognizes that ABA therapy is medically necessary when children with autism engage in self-injurious behaviors. We also believe that it casts doubt on many other insurers' medical policies (also known as clinical guidelines) that equate all forms of ABA therapy with "Lovaas therapy."

I note with interest the letter from Scott Cross and Vincent J. LaMarca, BCBA on your website [see the letter here]. The arbiter's comments regarding Lovaas therapy are based upon the expert testimony of Dr. Phillip S. Strain and his review of Anthem's medical policy. I am attaching Dr. Strain's affidavit as well as Anthem's medical policy for your review. As you will note in reviewing the same, Anthem (as well as many other insurers) deem ABA therapy to be experimental and investigational because of the scientific criticisms of Dr. Lovaas' research. Thus, it is important to distinguish pivotal response training and other forms of ABA therapy from "Lovaas therapy" in order to defeat the rationale advanced by many insurers.

To the extent it is not confidential, I am very interested in sharing the information I gleaned through discovery on the Tappert case with Mr. Cross, Mr. LaMarca and others at the Lovaas Institute for the purposes of working with them to rebut the position taken with respect to Lovaas therapy by many insurers/third party administrators in the United States.

I am also enclosing United Healthcare's medical policy. As you will note, it relies on the criticisms of Dr. Lovaas' research as a basis for deeming all forms of ABA therapy "experimental and investigational."

2. How far-reaching might the Tappert's victory be?

The Tappert's victory opens the door for coverage for ABA therapy of the type Abby Tappert receives for Colorado residents who purchased the Anthem policy at issue. This is a major breakthrough for this subset of people.

While the Arbitration Award (opinion) is not direct legal authority in the same sense that a decision from the Colorado Court of Appeals or Colorado Supreme Court would be, it is written by William G. Meyer, a highly respected former Denver District Court judge. The opinion is thoughtful and well reasoned and no doubt it will be used by attorneys to support their clients' claims for autism coverage.

In his opinion Judge Meyer's states: "It appears both from the greater weight of the references and credible testimony that ABA therapy is the standard of care in treating autism." This statement should resonate with any judge or fact finder who confronts these issues.

3. What role did Colorado state law play in your advocating this case on behalf of the Tapperts? How does the law as it stands now in Colorado help or hinder your efforts?

The fact that the Tappert policy was not subject to the Employee Retirement Income Security Act of 1974 ["ERISA"] made the case easier with respect to the standard of review employed by the arbiter. In terms of Colorado state law, Colorado's common law that requires ambiguous terms of an insurance policy to be interpreted in favor of coverage was helpful in this case.

4. Have you been following developments in other states, notably South Carolina and Texas, that have sought to pass legislation to require insurers to cover ABA and other autism-related services? There are other states which are considering similar moves, and I am wondering if this arbitration decision gives advocates of autism services coverage any points they may use to argue in favor of their efforts?

Since becoming involved in this case, I have become very interested in the legislation regarding autism in other states. Given that approximately 1 in 91 children have been diagnosed with autism, funding for treatment must be addressed. It is my opinion that a neutral [party]'s recognition that ABA therapy is the standard of care for the treatment of children with autism may be useful to others seeking to enact legislation to require insurers to cover this expensive, but much needed treatment. I am hopeful that with more decisions recognizing the efficacy of ABA therapy, legislators will be more inclined to find ways to fund this treatment.

One last note: Mr. Ewing declined to say for publication on this blog whether he saw how insurers who study the Tappert case might try to bolster their efforts to deny coverage of ABA or other autism services.

Websites to Gather Supporting Research for ABA Treatment

A comparison of intensive behavior analytic and eclectic treatments for young children with autism

Behavioral Treatment and Normal Educational and Intellectual Functioning in Young Autistic Children

Replicating Lovaas' Treatment and Findings: Preliminary Results

Autism Treatment based on Applied Behavioral Analysis: What Does the Current Research Tell Us?

Independent Reviews of Intensive Early Intervention Using Behavior Therapy

Surgeon General notation of ABA as an Effective Treatment for Autism

Applied Behavior Analysis and Neurodevelopmental Disorders: Overview and Summary of Scientific Support

California State Law Regarding Health Insurance Coverage and Reimbursement (AB 88)

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Great searching tool for Medical Studies

Autism: Benefits of Speech-Language Pathology Services

American Speech, Language and Hearing Association. ASHA includes a Treatment Efficacy Summary as well

Supporting Research for AIT in Autism

Autism Research Institute, *The Efficacy of Auditory Integration Training*

Efficacy of Sensory and Motor Interventions for Children with Autism

Efficacy of Sensory and Motor Interventions for Children with Autism, Grace T. Baranek1, Journal of Autism and Developmental Disorders Volume 32, Number 5 / October, 2002

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Brain Injury – HyperMED NeuroRecovery Australia

Hyperbaric oxygen therapy might improve certain pathophysiological findings in autism, by Daniel A. Rossignol , Med Hypotheses (2006), doi:10.1016/j.mehy.2006.09/064
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Autism Studies and Related Medical Conditions, January 2009

Lab Tests and Codes (CPT)

Below is what a typical Autism-specialist doctor PAYS for a test through typical autism-specialty labs as of June 2008. Autism-specialist doctors have NEGOTIATED these prices with the labs.Your standard pediatrician will likely not have these lower negotiated prices with the specialty labs but will have them with Labcorp and Quest, where most Autism-specialist doctors will not. Please note these are from one doctor and serve here as a guideline only.

Index of Laboratories

Test Name / CPT code	Test Element Name	Cost*
BODY BIO		
Fatty Acid	FTACD	$435
82492	(2 Units) Chromatography an Col	$420
99000	Handi/Convey Specmri-Offic Iro Lab	$15
KT23	KIT NAME: Fatty Acid	$0
DOCTORS DATA		
Fecal Metals	fm	$114
83655	Lead	$11
83825	Mercury Quan	$11
83885	Nickel	$11
82175	Arsenic	$5
82300	Cadmium	$11

82525	Copper; Serum	$25
83018	Heavy Metal; QuanEa	$25
99000	Handl/Convey Specmn-Offic ToLab	$15
KT6	KIT NAME: Fecal Metals	$0
CSAPx3	CSAP2	$270
87328	Ag-Immunoassay; Crytosporidum/Gia	$18
82656	Pancreatic Elastase, Fecal	$38
87329	Giardia Ag, Eia	$18
85549	Muramidase	$5
83631	Lactoferrin, Fecal (quant)	$5
89160	Meat Fibers Feces	$5
82272	Blood Occult Peroxidase	$5
87209	(3 Units) Smear, Complex Stain	$9
82492	Chromatography Quan Column; Mult	$15
83516	Immnassy Analyt Not Ab/Infec Ag;	$15
82705	Fat/Lipids Feces; Qual	$15
87102	Cult Fungi W/Presump Id; Oth Sour	$44
87045	Cult Bact; Stool-Salmonel & Shige	$8
87075	Cult Bact; Any Sorce Anaerob W/Is	$8

83986	Ph Body Fluid Ex Bld	$3
84478	Triglycerides	$6
87177	(3 Units) Ova/Parasits Direct Sme	$3
99000	Handl/Convey Specmn-Offic To Lab	$15
KT29	KIT NAME: CSAPx3 DDI	$0
Comp Para x3, CP3	cpme	$147
87045	Cult Bact; Stool-Salmonel & Shige	$8
87075	Cult Bact; Any Sorce Anaerob W/Is	$8
87328	Ag-Immunoassay; Crytosporidum/Gia	$18
87329	Giardia Ag, Eia	$18
97177	(3 Units) Ova/Parasits Direct Sme	$17.76
87102	Cult Fungi W/Presump Id; Oth Sour	$44
87209	(3 Units) Smear, Complex Stain	$18.24
99000	Handl/Convey Specmn-Offic To Lab	$15
KT4	KIT NAME: Comp Para X 3 (CP3)	$0
Microbiology Profile, Stool	MPS	$102
87045	Cult Bact; Stool-Salmonel & Shige	$8

87075	Cult Bact; Any Sorce Anaerob W/Is	$35
87102	Cult Fungi W/Presump Id; Oth Sour	$44
99000	Handl/Convey Specmn-Offic To Lab	$15
KT36	KIT NAME :Microbiology Frofile,sto	$0
Parasitology x3	PARA	$91.48
87328	Ag-Immunoassay; Crytosporidum/Gia	$18
87177	(3 Units) Ova/Parasits Direct Sme	$17.76
87329	Giardia Ag, Eia	$22.48
87209	(3 Units) Smear, Complex Stain	$18.24
99000	Handl/Convey Specmn-Offic To Lab	$15
KT19	KIT NAME: Parasitology X3	$0
Red Blood Cell Minerals	rbc	$151
83018	Heavy Metal; Quan Ea	$5
82175	Arsenic	$5
82495	Chromium	$5
83540	Iron	$2
83655	Lead	$11
83735	Magnesium	$5

84255	Selenium	$34.50
82300	Cadmium	$11
82525	Copper; Serum	$12
83785	Manganese	$12
83825	Mercury Quan	$11
84630	Zinc; plasma	$10
82310	Calcium; Tot	$12.50
99000	Handl/Convey Specmn-Offic To Lab	$15
rbcm	KIT NAME: RBC Minerals Kit	$0
Urine Amino Acids	UAA	$223.12
82139	(43 Units) Amino Acids 6/>-Quan-E	$208.12
99000	Handl/Convey Specmn-Offic ToLab	$15
KT31	KIT NAME: Urine Amino Acids	$0
Urine Toxic Metals	utm	$70
82300	Cadmium	$11
82108	Aluminum	$11
83655	Lead	$11
82175	Arsenic	$5
83018	Heavy Metal;QuanEa	$5
83825	Mercury Quan	$5

83885	Nickel	$7
99000	Handl/ConveySpecmn-Offic To Lab	$15
KT16	KIT NAME: Urine Toxic Metals	$0
UTM and Essential Elements	utee	$120
82108	Aluminum	$11
82175	Arsenic	$5
82495	Chromium	$5
83018	Heavy Metal;Quan Ea	$5
83540	Iron	$2
83655	Lead	$11
80178	Lithium	$3
83735	Magnesium	$5
83885	Nickel	$11
84133	Potassium; Urin	$1
84300	Sodium; Urin	$1
82300	Cadmium	$11
82525	Copper; Serum	$12
84255	Selenium	$5
83785	Manganese	$7
83825	Mercury Quan	$5
84630	Zinc; plasma	$5
99000	Handl/Convey Specmn-	$15

	Offic To Lab	
KT15	KIT NAME: Urine Toxic & Ess Elem.	$0
Water Test-standard	WAT	$114
99000	Handl/Convey Specmn-Offic To Lab	$15
KT20	KIT NAME: WaterTest.Standard	$99
Yeast Culture and Sensitivity	ycs	$59
87210	Smear-Prim W/Interpt; Wet Mnt	$10
87102	Cult Fungi W/Presump Id; 0thSour	$34
99000	Handl/Convey Specmn-OffieToLab	$15
KT17	KIT NAME: Yeast Culture &Sensiti	$0

GENOVA DIAGNOSTICS

Adrenocortex Stress Profile	ADRSP	$126
82530	(4 Units) Cortisol; Free	$90
82626	Dehydroepiandrosterone	$21
99000	Handl/Convey Specmn-offic:To Lab	$15
KT32	KIT NAME: Adrenoaortex Stress Pr	$0
CDSA 2.0 w/o	CDSA1	$354.80

Parasitology

87045	Cult Bact; Stool-Salmonel & hige	$8
87075	Cult Bact; Any Sorce Anaerob.W/Is	$8
84311	spectrophotometry	$35
82239	Bile Acids; Tot	$45
83520	Iamunoassay.AnalyteQuan; No	$62.90
83520	Immunoassay AnalyteQuan; No	$62.90
82656	Pancreatic Elastase,Fecal	$38
83986	Ph Body Fluid Ex Bid	$3
82492	Chromatography Quan Column;ult	$33
87102	Cult Fungi W/Presump Id;.OthSour	$44
99000	Nandi/Convey Specmn-Office ToLab	$15
CDSA	KIT NAME: CDSA 2.0 (w/o Para)	$0
Cystine	cys	$52
84311	spectrophotometry	$37
99000	Handl/Convey S.p.ecmn-Offic T Lab	$15
KT5	KIT NAME: Cystine	$0

Detox x3	DETOX	$110
84311	spectrophotometry	$37
82978	Glutathione	$21
84311	spectrophotometry	$37
99000	Handl/Convey 3pecmn-Offic T Lab	$15
NM2	KIT NAME: Detox X3	$0
Elemental Analysis, Pkd Eryt	ELMAN	$162
83015	Heavy Metal;Screen	$32
83735	Magnesium	$10
83785	Manganese	$30
84132	potassium; Serum	$15
84630	Zinc;plasma	$26
82300	Cadmium	$11
83655	Lead	$11
82525	Copper; Serum	$12
99000	Handl/ConveySpecmn-OfficTLab	$15
KT27	KIT NAME: Elemental Analysis,Packed Ery	$0
Fatty Acid Analysis	FAA	$183
82542	Chromatog/Spectrum-Analyt Ns• Qu	$58
82726	(2 Units) Very Lang Chain Ftty A	$110

99000	Hand1/Convey Specmn-Offie TLab	$15
KT3	KIT NAME: Fatty Acid Analvss	$0
Glutathione, Reduced	gr	$36
82978	Glutathione	$21
99000	Handl/Convey Speeiru-off c T Lab	$15
KT8	NAME: Glutathione., Reduced	$0
Sulfate, Plasma	SULF	$52
84311	spectrophotometry	$37
99000	Handl/Convey Specmn-OfficTLab	$15
KT13	KIT NAME: Sulfate;plasmaGD	$0

GREAT PLAINS

Organic Acid Test-Full Urine	fuoap	$185.15
82570	Creatinine; Other Source	$10
82507	Citrate	$10
83150	Homovanillic Acid	$15
83497	Hydroxyindolacetic Acid 5-	$5.75
83605	Lactate	$5
84210	Pyruvate	$11
84585	Vanillylmandelic Acid Urin	$16

83921	(56 Units) Organic Acid-Sng-Quan	$97.44
99000	Handl/Convey Specmn-Offic TLab	$15
KT7	KIT NAME: Organic Acid Test;Full	$0
Lieberman/Microbial OAT	loap	$125
82570	Creatinine;Other Source	$10
83921	(20 Units) Oranic Acid-Sngl-Quan	$100
99000	Handl/Convey Specmn-OfficTLab	$15
KT9	KIT NAME: Lieberman OAT-Microbial	$0
Microbial Panel C&S	mpcs	$205
82570	Creatinine; Other Source	$10
83921	(20 Units) Organic Acid-Sng-Quan	$100
87102	Cult Fungi W/Presump Id; OtSour	$44
87106	Cult Fungi Id Ea Organism;east	$8
87184	Suscept-Antimicrob; Disk Mehd/P1	$8
87220	Tiss Exam Koh Slide-Sampl Hir/Sk	$20
99000	Handl/Convey Specmn-Offic TLab	$15

KT10	KIT NAME: Microbial OAT+ Yeast C	$0
Succinylpurine	SUCC	$75
99000	Handl/Convey $pecmn-Offic T Lab	$15
84311	spectrophotometry	$60
KT12	KIT NAME: Succinylpurine	$0
Sulfate, Urine	SULF3	$65
84392	Sulfate Urin	$50
99000	Handl/Convey Specmn-Offic T Lab	$15
KT33	KIT NAME: Sulfate;urine GP	$0
Urine Peptides x2	upx2	$90
83519	(2 Units) Immnassy Analyte 4uan;	$75
99000	Handl/Convey Spec=-Offic T Lab	$15
KT14	KIT NAME: Urine Peptides X2	$0
Oxalate Profile	OXP	$165
83945-00	Oxalate	$150
99000	Handl/Convey Specmn-Offic T Lab	$15
KT42	KIT NAME: Oxalate Profile	$0

IGeneX

IgG&IgM Lyme Western Blot	LYME	$205
86617	Borrelia Burgdorferi Confirm Test	$95
86617	Borrelia Burgdorferi Confirm Test	$95
99000	Handl/Convey Specmn-Offic T Lab	$15
KT43	KIT NAME:IgG&IgM Lyme Western Blot	$0

PHILIPPE AUGUSTE LAB ~FRANCE

Urine Porphyrins	UPOR	$130
84120	Porphyrins Urin; Quan & Fract	$115
99000	Handl/Convey Specmn-Offic ToLab	$15
KT37	KIT NAME: Urine Porphrins	$0
Urine 80HG	90HG	$175
99000	Handl/Convey Specmn-Offic ToLab	$15
80HG	KIT NAME: Urine 80HG ~France	$160

METAMETRIX

ION	ION	
83825	Mercury Quan	$11
83921	(37Units) Organic Acid-Sngl-Quart	$37
84210	Pyruvate	$11

84255	Selenium	$30
84392	Sulfate Urin	$16
84585	Vanillylmandelic Acid Urin	$16
84590	Vitamin A	$5
84630	Zinc; plasma	$10
84311	it Units) spectrophotometry	$70
99000	Hand)/Convey Specmn-Offic ToLab	$15
KT18	KIT NAME: ION Test	$0

NEUROSCIENCE

Neuradrenal	9028	$245.25
82626	Dehydroepiandrosterone	$18
82384	Catecholamines; Fractionated	$12.75
82384	Catecholamines; Fractionated	$12.75
84260	Serotonin	$17
82384	Catecholamines; Fractionate	$12.75
82136	Amino Acids 2 To 5-Quan-Ea pec	$20
82136	Amino Acids 2 To 5-Quan-Ea pec	$20
83088	Histamine	$17
82136	Amino Acids 2 To 5-Quan-Ea $ pec	$20
2570	Creatinine; Other Source	$10

82530	4 Units) Cortisol; Free.	$70
99000	Handl/Convey Specmn-Offic Td Lab	$15
KT2	KIT NAME: lReureadrenal	$0
Neurofocus 9019	9019	$146
82384	Catecholamines; Fractionate	$12.75
82384	Catecholamines; Fractionate	$12.75
84260	Serotonin	$17
82384	Catecholamnes; Fractionate	$12.75
82136	Amino Acids 2 To 5-Quan-Ea Sec	$20
83088	Histamine	$17
82570	Creatinine; Other Source	$10
82136	Amino Acids 2 To 5-Quan-Ea S c	$28.75
99000	Handl/Convey Specmn-Offic To Lab	$15
NM3	Neurospectrum 9019	$0
Neurosource 9034	$9,034	$233.02
82384	Catecholamines; Fractionated	$45.10
82384	Catecholamines; Fractionated	$45.10
82384	Catecholamines; Fractionated	$45.10

84260	Serotonin	$17
82139	Amino Acids 6/>-Quan-Ea Spec	$4.84
82139	Amino Acids 6/>-Quan-Ea Spec	$4.84
82139	Amino Acids 6/>-Quan-Ea Spec	$4.84
82139	Amino Acids 6/>-Quan-Ea Spec	$4.84
82139	Amino Acids 6/>-Quan-Ea Spec	$4.84
82139	Amino Acids 6/>-Quan-Ea Spec	$4.84
82139	Amino Acids 6/>-Quan-Ea Spec	$4.84
83088	Histamine	$17
82139	Amino Acids 6/>-Quan-Ea Spec	$4.84
82570	Creatinine; Other Source	$29
99000	Handl/Convey Specmn-Offic To Lab	$15
KT40	KIT NAME: NeuroSource 9034	$0
Neurospectrum 9026	$9,026	$175
82384	Catecholamines;Fractionate	$12.75
84260	Serotonin	$17
82384	Catecholamines;Fractionate	$12.75

82570	Creatinine; Other Source	$10
82384	Catecholamines;Fractionate	$12.75
82136	Amino Acids 2 To5-Quan-Eaec	$20
82136	Amino Acids 2 To5-Quan-Ea Sec	$20
82136	Amino Acids 2 To5-Quan-Ea Sdec	$20
82136	Amino Acids 2 To5-Quan-Ea Sec	$20
83088	Histamine	$14.75
99000	Handl/convey Specmn-Offic T Lab	$15
NM1	KIT NAME: Neurospectrum 902 6	$0
Sleep Profile	9027	$203
84260	Serotonin	$17
82136	Amino Acids 2 To5-Quan-Ea pec	$20
83088	Histamine	$17
82136	Amino Acids 2 To 5-Quan-Ea pec	$20
82570	Creatinine; Other Source	$10
82530	Cortisol; Free	$22.50
83519	Immnassy Analyte Quan; Radi harm	$16
82384	Catecholamines; Fractionate	$12.75

82384	Catecholamines; Fractionate	$12.75
82136	Amino Acids 2 To 5-Quan-Ea pec	$20
82136	Amino Acids 2 To 5-Quan-Ea pec	$20
99000	Handl/Convey Specmn-Offic T Lab	$15
KT1	KIT NAME; Insomnia 9049	$0

SPECTRACELL

Spectracell 5000 Co Pay	SPEC	$110
COP	Co-Pay	$95
99000	Handi/Canvey Specmn-Offic To Lab	$15
KT21	Spectracell 5000 Co-Pay	$0
Spectracell 5000 Cash	SPEC2	$365
99000	Handi/Canvey Specmn-Offic To Lab	$15
KT22	KIT NAME: Spectracell 5000 Cash	$350

Common Co-Morbid Disorder ICD9 Codes

The following is a list of commonly used ICD9 (diagnosis codes) for the co-morbid disorders ASD children may have. There is also a list of commonly used tests with their ICD9 codes.

ICD9 code	ICD9 wording
034.0	Streptococcal sore throat
054.9	Herpes simplex without mention of complication
088.81	Lyme disease
112.5	Systemic candidiasis
112.82	Candidal otitis externa
112.85	Candidal enteritis
112.9	Of unspecified site
136.9	Unspecified infectious and parasitic diseases
244.9	Unspecified hypothyroidism
255.0	Cushing's syndrome
255.4	Corticoadrenal insufficiency

255.8	Other specified disorders of adrenal glands
259.1	Precocious sexual development and puberty, not elsewhere classified
263.0	malnutrition of moderate degree
266.2	Other B-complex deficiencies Deficiency: cyanocobalamin, folic acid, vitamin B12
269.2	Unspecified vitamin deficiency Multiple vitamin deficiency NOS
269.3	Mineral deficiency, not elsewhere classified Deficiency: calcium, dietary
269.8	Other nutritional deficiency Excludes:failure to thrive in childhood (783.41) feeding problems (783.3)
269.9	Unspecified nutritional deficiency
270.0	Disturbances of amino-acid transport
270.4	Disturbances of sulphur-bearing amino-acid metabolism
270.6	Disorders of urea cycle

	metabolism
271.0-271.9	carbohydrate transport and metabolism
271.8	Other specified disorders of carbohydrate transport and metabolism
272.0–272.9	Lipid metabolism
272.5	Lipoprotein deficiencies
275.0	Disorders of iron metabolism
275.1	Disorders of copper metabolism
275.8	Other specified disorders of mineral metabolism
277.9	Unspecified disorder of metabolism
279.1	Deficiency of cell-mediated immunity
279.3	Unspecified immunity deficiency
279.9	Unspecified disorder of immune mechanism

	Protein-deficiency anemia
281.4	Amino-acid-deficiency anemia
285.9	Anemia, unspecified
314.01	ADD with Hyperactivity
348.3	Encephalopathy, not elsewhere classified
348.30	Encephalopathy, unspecified
348.39	metabolic encephalopathy
348.5	Cerebral edema
348.9	Unspecified condition of brain
	Toxic encephalopathy Toxic metabolic encephalopathy
349.82	Use additional E code to identify cause
462	Acute pharyngitis: Acute sore throat NOS
477.8	Due to other allergen
477.9	Allergy, Cause unspecified
535.5	Unspecified gastritis and gastroduodenitis

558.2	Toxic gastroenteritis and colitis Use additional E code to identify cause
558.3	allergic diarrhea
564.0	Constipation
564.1	Irritable bowel syndrome
569.9	Unspecified disorder of intestine
571.6	Biliary cirrhosis
579.8	Other specified intestinal malabsorption
579.9	Unspecified intestinal malabsorption Malabsorption syndrome NOS
691.8	Other atopic dermatitis and related conditions Atopic dermatitis; Eczema: atopic, flexural, intrinsic (allergic); Neurodermatitis: atopic, diffuse
693.1	Reaction, Due to food
742.0	Encephalocele
780.7	General Muscle Weakness

781.3	Lack of coordination
783.4	Lack of expected normal physiological development
784.0	Headache
790.6	Other abnormal blood chemistry Abnormal blood levels of: cobalt, copper, iron, lead, lithium, magnesium, mineral, zinc Excludes: abnormality of electrolyte or acid-base balance (276.0-276.9); hypoglycemia NOS (251.2); lead poisoning (984.0-984.9)
796.0	Nonspecific abnormal toxicological findings Abnormal levels of heavy metals or drugs in blood, urine, or other tissue
961.1	Arsenical anti-infectives
961.2	Heavy metal anti-infectives Compounds of: antimony, bismuth, lead, mercury
963.8	Heavy metal poisoning
964.0	Iron and its compounds
965.69	Other antirheumatics Gold salts

976.4	Keratolytics
979.9	Poisoning by other unspecified vaccines and biological substances
984.0	Inorganic Lead compounds
984.1	Organic lead compounds – Lead acetate, Tetraethyl lead
984.9	Unspecified lead compound
985	Toxic effect of other metals Includes: that from all sources except medicinal substances
985.0	Toxic effect of other metals, mercury and its compounds
985.0	Mercury and its compounds (Minamata disease)
985.1	Arsenic and its compounds
985.4	Antimony and its compounds
985.5	Cadmium and its compounds
985.8	Other specified metals: Brass fumes, Copper salts, Iron compounds, Nickel compounds

985.9	Unspecified metal
995.3	Allergy, unspecified; Allergic reaction NOS; Hypersensitivity NOS

The following is a list of commonly used tests with their ICD9 codes.

Test	**ICD9 code**
Allergic Reaction	995.3
Abnormal Blood Chemistry	790.6
Allergic Rhinitis	477.9
Anemia	285.9
Amino Acids	270.4, 348.31
Ammonia	270.6, 348.31
Aldosterone	255.8
ACTH	255.8
Acyl -Carnitine	277.87
ADH	259.1
Androgens:	
DHEA	259.1
Testosterone Free & Total	259.1
Androstenedione	259.1
DHEA-S	259.1

Dihydrotestosterone	259.1
prognenolone	259.1
progesterone	259.1
17-Alpha hydroxyprogesterone	259.1
17-Alpha hydroxypregenelone	259.1
Testosterone total ONLY	259.1
Androstane Diol Glucuronide	259.1
Antistreptolysin Antibodies	
ASO	348.3
DAase B	348.3
Biotinidase	
BMP	
Cushing's Syndrome	255
Co2	790.6
Carnitine	277.87
Creatine Kinase	277.87
Cortisol	255.8
Celiac Disease Antibody profile	579
Cholesterol Total	272.8
CRP	
Calcium, Ionized	790.6
Ceruloplasmin	
C Diff Stool	
Copper	790.6

CBC	790.6
CMP	790.6
CMV	78.5
Cardiolipin Antibodies IgG/IgM	289.1
Cardiolip IgA	289.1
Candida/Yeast	112.85
Epstein Barr Panel	75
Essential Fatty Acid	
Electrolyte Panel	
Fractionated Metanephrine	255.6
FSH	259.1
FISH prada willi	759.81
Glucose	
Herpes Simplex virus IgM, IgG	54.9
Homocysteine	348.31
HPylori Stool	
HPylori Blood	
HDL Cholesterol	
Hematocrit	
Hepanic Function Panel	
Histimine	995.3
Hypothyroidism	244.9
HgbA1C	250.1
IRON STUDY	285.9

Ferritin	285.9
Iron/TIBC	285.9
IgG subclasses	790.6, 348.30
IgA Total	790.6 348.3
IgA subclasses	790.6 348.3
IgG Gluten	790.6 348.3
IgG Total	790.6, 348.30
Lead & protoporphyrin	984.1
Lipid Panel	790.6
Lymphocytesulset	279.3
lyme	8.81
lactate	277.87
Lupas Anticoagulant	289.81
LH	259.1
Mercury	985
MTHFR	289.7
Magnesium	
Natural Killer Function	279.19
Neopterin	279.9
Neurospect scan	294.9, 980.9, 979.9, 985.0
Oxalate 24hr	271.8

Ova & Parasite	009.1, 136.9
porphyrin	948.1
pyruvate	277.87
potassium	
Plasma phosphothanolamine	270.4
Sed Rate	
Serotinin	790.6
Stool c Difficile	8.45
Strep	34
TFT w/Auto Ab	
Thyroid Peroxidate	244.9
Free T3	244.9
TSH	244.9
Antithroglobulin	244.9
Reverse T3	244.9
T4 Thyroxine	244.9
Urine creatinine	276.51
Urine copper	275.1
Urine calcium w/creatinine	275.1
U/A	599
Urine Culture	599
Urine acid glycine	112.85
Urine organic screen	112.85
Vitamin A	E933.5

Valproic Acid	760.77
VMA	790.6
Vaccine	
Tetanus	V03.7
Diphtheria	V03.5
Pertussis	V03.6
Polio	V04.0
Measles	V04.2
Mumps	V04.6
Rubella	V04.3
Varicella	V05.4
Zinc	790.6

Disclaimer

This list is dynamic and will change as parents give us feedback on what worked and didn't work for them. Please check back occasionally and send us any codes that worked successfully for you. Nothing in this document is to serve as medical or legal advice. The codes included are to be used as a GUIDELINE and there is no guarantee of coverage but we hope this will help you get the help your child needs.

Special Thanks

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