pennsylvania
DEPARTMENT OF HUMAN SERVICES

Act 62: Autism Insurance Act FAQs

Release Date: October 13, 2015

Are insurance companies allowed to deny services if my child is not making "sufficient progress" or has reached a plateau in his/her progress?

- No. The law specifically requires coverage of services intended to prevent a child's condition from getting worse as well as services intended to help a child make progress.

What happens if we get our insurance through a "small group" employer (50 or fewer) or through an employer that self-funds (has an ERISA plan) or buys its insurance outside of Pennsylvania?

- Check your individual policy - some plans that are not subject to Act 62 may also cover autism treatment services. Your child also may be eligible for coverage through the Medical Assistance Program.

May my insurance company question my child's existing autism diagnosis?

- Under Act 62, an autism diagnosis is valid for a period of not less than 12 months, unless a licensed physician or licensed psychologist decides a reassessment is necessary and the reassessment changed the diagnosis.

May my insurance company review my child's treatment plan?

- Yes. Your insurance company may review a treatment plan once every six months, or as often as the insurance company and the provider who developed the plan (licensed physician or licensed psychologist) agree to review it.

What role does a licensed behavioral specialist have with a treatment plan?

- A licensed behavior specialist may design, implement or evaluate a behavior modification intervention component of a treatment plan. This includes plans based on applied behavioral analysis (ABA). The goals of the behavior modification are to significantly improve the child's social behavior or to prevent the loss of a skill or function the child has. These goals are reached by learning new skills as well as reducing problematic behavior.

Do I have to give the insurance company a copy of my child's IEP?

- No. Mandated coverage under Act 62 cannot depend on coordination of services with an individualized education program (IEP). The law does permit coordination of coverage, but only with the consent of the child's parent or guardian as required by state and federal law. On the other hand, Act 62 does not require that a service must be covered just because it is included in an IEP.

What happens if an insurance company denies a claim for or does not approve my child's services?

- Act 62 requires that the insurance company have a process for appeals of denied claims or non-approved services. If the insurance company upholds the denial, Act 62 provides for a second level review process that the Insurance Department administers. If the denial is still upheld, that decision may be challenged in court.

Visit www.PAAutismInsurance.org for more information and resources for families, insurers and providers. If you have a more specific question about Act 62: the Autism Insurance Act, email your questions to ra-in-autism@pa.gov.