Date: March 17, 2014

To: Insurers, Nonprofit Health Service Plans, Health Maintenance Organizations, and Private Review Agents

Re: Utilization Review of Treatment for Autism and Autism Spectrum Disorders

COMAR 31.10.39

The purpose of this bulletin is to notify insurers, nonprofit health service plans, and health maintenance organizations (“carriers”) and private review agents (“PRAs”) of new regulations regarding the utilization review of treatment for autism and autism spectrum disorders. The regulations were first published August 9, 2013, amended January 10, 2014 and finalized March 7, 2014, in the Maryland Register, with an effective date of March 17, 2014.

The new regulations establish the manner in which carriers and PRAs acting on behalf of carriers may apply utilization review criteria and impose documentation requirements regarding the treatment of children diagnosed with autism or autism spectrum disorders, when covered under a habilitative services benefit found in a health benefit plan issued or delivered in Maryland.

If a PRA conducts utilization review for patients covered under health benefit plans that are issued or delivered in Maryland and that include benefits for habilitative services, the utilization review plan, including the medical criteria, is required to be amended to conform to the new regulations. A copy of the specific criteria to be used in conducting utilization review for the treatment of autism and autism spectrum disorders is required to be submitted to the Maryland Insurance Administration within 30 days of the date of this bulletin.

Copies of the new regulations may be secured from the Division of State Documents website at www.dsd.state.md.us. Questions about this Bulletin may be directed to the Life/Health Section of the Maryland Insurance Administration at 410-468-2170.

Brenda A. Wilson
Associate Commissioner
Life and Health