

Developmental Delay and Learning Disabilities

Policy Number: BIP038.K
Effective Date: November 1, 2023

[➔ Instructions for Use](#)

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Related Benefit Interpretation Policies
<ul style="list-style-type: none"> • Attention Deficit Hyperactivity Disorder (ADHD) • Autism Spectrum Disorder • Inpatient and Outpatient Mental Health • Pervasive Developmental Disorder and Autism Spectrum Disorder • Rehabilitation Services (Physical, Occupational, and Speech Therapy)

Application

This benefit interpretation policy applies to members with diagnosed or suspected Developmental Delay, either global or limited to a specific developmental area (e.g., speech/language, motor).

Federal/State Mandated Regulations

Note: The most current federal/state mandated regulations for each state can be found in the links below.

Oregon and Washington (For UnitedHealthcare of Oregon (Clark County, Washington) Members Only.)

RCW 48.44.450 Neurodevelopmental Therapies: Employer-Sponsored Group Contracts

<https://app.leg.wa.gov/rcw/default.aspx?cite=48.44.450>

- (1) Each employer-sponsored group contract for comprehensive health care service, which is entered into, or renewed, on or after twelve months after July 23, 1989, shall include coverage for neurodevelopmental therapies for covered individuals age six and under.
- (2) Benefits provided under this section shall cover the services of those authorized to deliver occupational therapy, speech therapy, and physical therapy. Benefits shall be payable only where the services have been delivered pursuant to the referral and periodic review of a holder of a license issued pursuant to chapter 18.71 or 18.57 RCW or where covered services have been rendered by such licensee. Nothing in this section shall prohibit a health care service contractor from requiring that covered services be delivered by a provider who participates by contract with the health care service contractor unless no participating provider is available to deliver covered services. Nothing in this section shall prohibit a health care service contractor from negotiating rates with qualified providers.
- (3) Benefits provided under this section shall be for medically necessary services as determined by the health care service contractor. Benefits shall be payable for services for the maintenance of a covered individual in cases where significant deterioration in the patient's condition would result without the service. Benefits shall be payable to restore and improve function.
- (4) It is the intent of this section that employers purchasing comprehensive group coverage including the benefits required by this section, together with the health care service contractor, retain authority to design and employ utilization and cost controls. Therefore, benefits delivered under this section may be subject to contractual provisions regarding deductible amounts and/or copayments established by the employer purchasing coverage and the health care service contractor.

Benefits provided under this section may be subject to standard waiting periods for preexisting conditions, and may be subject to the submission of written treatment plans.

- (5) In recognition of the intent expressed in subsection (4) of this section, benefits provided under this section may be subject to contractual provisions establishing annual and/or lifetime benefit limits. Such limits may define the total dollar benefits available or may limit the number of services delivered as agreed by the employer purchasing coverage and the health care service contractor.

RCW 48.46.520 Neurodevelopmental Therapies—Employer-Sponsored Group Contracts

<https://app.leg.wa.gov/rcw/default.aspx?cite=48.46.520>

- (1) Each employer-sponsored group contract for comprehensive health care service, which is entered into, or renewed, on or after twelve months after July 23, 1989, shall include coverage for neurodevelopmental therapies for covered individuals age six and under.
- (2) Benefits provided under this section shall cover the services of those authorized to deliver occupational therapy, speech therapy, and physical therapy. Covered benefits and treatment must be rendered or referred by the health maintenance organization, and delivered pursuant to the referral and periodic review of a holder of a license issued pursuant to chapter [18.71](#) or [18.57](#) RCW or where treatment is rendered by such licensee. Nothing in this section shall prohibit a health maintenance organization from negotiating rates with qualified providers.
- (3) Benefits provided under this section shall be for medically necessary services as determined by the health maintenance organization. Benefits shall be provided for the maintenance of a covered enrollee in cases where significant deterioration in the patient's condition would result without the service. Benefits shall be provided to restore and improve function.
- (4) It is the intent of this section that employers purchasing comprehensive group coverage including the benefits required by this section, together with the health maintenance organization, retain authority to design and employ utilization and cost controls. Therefore, benefits provided under this section may be subject to contractual provisions regarding deductible amounts and/or copayments established by the employer purchasing coverage and the health maintenance organization. Benefits provided under this section may be subject to standard waiting periods for preexisting conditions, and may be subject to the submission of written treatment plans.
- (5) In recognition of the intent expressed in subsection (4) of this section, benefits provided under this section may be subject to contractual provisions establishing annual and/or lifetime benefit limits. Such limits may define the total dollar benefits available, or may limit the number of services delivered as agreed by the employer purchasing coverage and the health maintenance organization.

RCW 48.21.310 Neurodevelopmental Therapies – Employer-Sponsored Group Contracts

<https://app.leg.wa.gov/rcw/default.aspx?cite=48.21.310>

- (1) Each employer-sponsored group policy for comprehensive health insurance, which is entered into, or renewed, on or after twelve months after July 23, 1989, shall include coverage for neurodevelopmental therapies for covered individuals age six and under.
- (2) Benefits provided under this section shall cover the services of those authorized to deliver occupational therapy, speech therapy, and physical therapy. Benefits shall be payable only where the services have been delivered pursuant to the referral and periodic review of a holder of a license issued pursuant to chapter [18.71](#) or [18.57](#) RCW or where covered services have been rendered by such licensee. Nothing in this section shall prohibit an insurer from negotiating rates with qualified providers.
- (3) Benefits provided under this section shall be for medically necessary services as determined by the insurer. Benefits shall be payable for services for the maintenance of an insured in cases where significant deterioration in the patient's condition would result without the service. Benefits shall be payable to restore and improve function.
- (4) It is the intent of this section that employers purchasing comprehensive health insurance, including the benefits required by this section, together with the insurer, retain authority to design and employ utilization and cost controls. Therefore, benefits delivered under this section may be subject to contractual provisions regarding deductible amounts and/or copayments established by the employer purchasing insurance and the insurer. Benefits provided under this section may be subject to standard waiting periods for preexisting conditions, and may be subject to the submission of written treatment plans.
- (5) In recognition of the intent expressed in subsection (4) of this section, benefits provided under this section may be subject to contractual provisions establishing annual and/or lifetime benefit limits. Such limits may define the total dollar benefits available or may limit the number of services delivered as agreed by the employer purchasing insurance and the insurer.

Texas

TIC Ch. 1367 Subchapter E Developmental Delays

<https://statutes.capitol.texas.gov/DocViewer.aspx?DocKey=IN%2fIN.1367&Phrases=1367.201&HighlightType=1&ExactPhrase=False&QueryText=1367.201>

Sec. 1367.201 Definition

In this subchapter, rehabilitative and habilitative therapies include:

- (1) Occupational therapy evaluations and services;
- (2) Physical therapy evaluations and services;
- (3) Speech therapy evaluations and services; and
- (4) Dietary or nutritional evaluations.

Added by Acts 2005, 79th Leg., Ch. 728 (H.B. [2018](#)), Sec. 11.040(a), eff. September 1, 2005.

Sec. 1367.202 Applicability of Subchapter

This subchapter applies only to a health benefit plan that:

- (1) Provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage that is offered by:
 - (A) An insurance company;
 - (B) A group hospital service corporation operating under Chapter [842](#);
 - (C) A fraternal benefit society operating under Chapter [885](#);
 - (D) A stipulated premium company operating under Chapter [884](#);
 - (E) A health maintenance organization operating under Chapter [843](#); or
 - (F) A multiple employer welfare arrangement subject to regulation under Chapter [846](#);
- (2) Is offered by an approved nonprofit health corporation that holds a certificate of authority under Chapter [844](#); or
- (3) Provides health and accident coverage through a risk pool created under Chapter [172](#), Local Government Code, notwithstanding Section [172.014](#), Local Government Code, or any other law.

Added by Acts 2005, 79th Leg., Ch. 728 (H.B. [2018](#)), Sec. 11.040(a), eff. September 1, 2005.

Sec. 1367.203 Exception

This subchapter does not apply to:

- (1) A plan that provides coverage:
 - (A) Only for a specified disease or for another limited benefit;
 - (B) Only for accidental death or dismemberment;
 - (C) For wages or payments in lieu of wages for a period during which an employee is absent from work because of sickness or injury;
 - (D) As a supplement to a liability insurance policy;
 - (E) For credit insurance;
 - (F) Only for dental or vision care; or
 - (G) Only for indemnity for hospital confinement;
- (2) A small employer health benefit plan written under Chapter [1501](#);
- (3) A Medicare supplemental policy as defined by Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);
- (4) A workers' compensation insurance policy;
- (5) Medical payment insurance coverage provided under a motor vehicle insurance policy; or
- (6) A long-term care insurance policy, including a nursing home fixed indemnity policy, unless the commissioner determines that the policy provides benefit coverage so comprehensive that the policy is a health benefit plan as described by Section [1367.202](#).

Added by Acts 2005, 79th Leg., Ch. 728 (H.B. [2018](#)), Sec. 11.040(a), eff. September 1, 2005.

Sec. 1367.204 Offer of Coverage Required

- (a) A health benefit plan issuer must offer coverage that complies with this subchapter.
- (b) The individual or group policy or contract holder may reject coverage required to be offered under this section.

Added by Acts 2005, 79th Leg., Ch. 728 (H.B. [2018](#)), Sec. 11.040(a), eff. September 1, 2005.

Sec. 1367.205 Coverage of Certain Therapies

- (a) A health benefit plan that provides coverage for rehabilitative and habilitative therapies under this subchapter may not prohibit or restrict payment for covered services provided to a child and determined to be necessary to and provided in accordance with an individualized family service plan issued by the Interagency Council on Early Childhood Intervention under Chapter [73](#), Human Resources Code.
- (b) Rehabilitative and habilitative therapies described by Subsection (a) must be covered in the amount, duration, scope, and service setting established in the child's individualized family service plan.
- (c) A child is entitled to benefits under this subchapter if the child, as a result of the child's relationship to an insured or enrollee in a health benefit plan, would be entitled to coverage under an accident and health insurance policy under Section [1201.061](#), [1201.062](#), [1201.063](#), or [1201.064](#).

Added by Acts 2005, 79th Leg., Ch. 728 (H.B. [2018](#)), Sec. 11.040(a), eff. September 1, 2005.

Sec. 1367.206 Prohibited Actions

Under the coverage required to be offered under this subchapter, a health benefit plan issuer may not:

- (1) Apply the cost of rehabilitative and habilitative therapies described by Section [1367.205](#)(a) to an annual or lifetime maximum plan benefit or similar provision under the plan; or
- (2) Use the cost of rehabilitative or habilitative therapies described by Section [1367.205](#)(a) as the sole justification for:
 - (A) Increasing plan premiums; or
 - (B) Terminating the insured's or enrollee's participation in the plan.

Added by Acts 2005, 79th Leg., Ch. 728 (H.B. [2018](#)), Sec. 11.040(a), eff. September 1, 2005.

Sec. 1367.207 Rules

The commissioner may adopt rules necessary to implement this subchapter.

Added by Acts 2005, 79th Leg., Ch. 728 (H.B. [2018](#)), Sec. 11.040(a), eff. September 1, 2005.

State Market Plan Enhancements

Texas: Members may have additional supplemental benefit coverage for rehabilitative and habilitative services for dependent children under the age of three with Developmental Delays as deemed necessary to and in accordance with an individualized family service plan issued by the Interagency Council on Early Childhood Intervention under Chapter 73, Human Resources Code. Refer to state-specific mandated coverage in the *Federal/State Mandated Regulations* section.

Refer to the member's EOC/SOB or contact the Customer Service Department to determine coverage eligibility.

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Assessment and coordination of care by the member's pediatrician or PCP (e.g., history, physical and management of medications).

Referral for consultation and evaluation of individuals with suspected developmental and/or behavioral problems for confirmation of diagnosis.

Refer to the following Benefit Interpretation Policies for additional information: [Attention Deficit Hyperactivity Disorder \(ADHD\)](#), [Inpatient and Outpatient Mental Health](#), [Rehabilitation Services \(Physical, Occupational, and Speech Therapy\)](#), *Pervasive Developmental Disorder and Autism Spectrum Disorder* for [OK Members](#), [TX Members](#), and [WA Members](#), and *Autism Spectrum Disorder* for [OR Members](#).

Oregon and Washington: For special mandated coverage of neurodevelopmental therapies for individuals aged 6 and under, refer to the *Federal/State Mandated Regulations* section.

Not Covered

Note for Texas: Refer to the *State Market Plan Enhancements* section for supplemental benefit coverage applicable to children under 3 years of age.

Note for Washington: For special mandated coverage of neurodevelopmental therapies for individuals aged 6 and under, refer to the *Federal/State Mandated Regulations* section.

- Therapy for developmental delay is not covered except when the developmental delay is caused by a defined illness, disease, injury or surgery, e.g., congenital hypothyroidism, delay in speech due to documented hearing loss from ear infections.
Note: Individuals should be referred to appropriate community resources for non-covered developmental delay therapies (e.g., school district, regional center) for these services.
- Assessment and therapy for learning disabilities (e.g., reading, mathematics and/or written expression disorders), except when the learning disability is caused by a defined illness, disease, injury or surgery.
- Other non-medical therapies or treatment programs. Examples include, but are not limited to:
 - Non-crisis mental health counseling
 - Behavior modification program
 - Vocational and community living skills program
 - Learning or reading disorders program
 - Psychoanalysis
 - Biofeedback
 - Residential living programs
 - Non-crisis family counseling
 - Treatment by learning consultants, non-licensed health professionals and licensed counselors
 - Music Integration therapy
 - Sensory integration therapy
 - Coordination therapy
- Educational services to treat developmental delays or learning disabilities
 - Educational services include, but are not limited to, language and speech training, reading, psychological and visual integration training as defined by the *American Academy of Pediatrics Policy Statement – Learning Disabilities, Dyslexia and Vision: A Subject Review*.

Note for Washington: This exclusion does not apply to covered services when they are authorized, part of a medically necessary treatment plan, provided by or rendered under the direct supervision of a licensed or certified health care professional and are provided by a provider acting within the scope of his or her license.

Policy History/Revision Information

Date	State(s) Affected	Summary of Changes
11/01/2023	All	Supporting Information <ul style="list-style-type: none">● Removed <i>Definitions</i> section● Archived previous policy version BIP038.J

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.