MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	**Coverage for Dependents with Disabilities**
Policy Number	**10.01.08**
Category	**Contract Clarification**
Original Effective Date	**10/18/01**
Committee Approval Date	**05/23/02, 04/24/03, 05/27/04, 04/28/05, 08/25/05, 06/22/06, 12/07/06, 12/13/07, 12/11/08, 12/10/09, 08/26/10, 08/25/11, 08/23/12, 06/27/13, 06/26/14, 06/25/15, 06/26/16, 08/25/17, 10/25/18, 10/24/19, 10/22/20, 10/28/21, 11/17/22, 11/16/23**
Current Effective Date	**11/16/23**
Archived Date	**N/A**
Archive Review Date	**N/A**
Product Disclaimer	• *If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.* • *If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.* • *If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.* • *If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.* • *If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.*

POLICY STATEMENT

I. For purposes of coverage for a dependent child (adult or minor) after the maximum age for dependent coverage has been reached, a Health Plan Medical Director will determine whether the member's condition constitutes a disability, based upon the certification of the dependent child's condition by the treating physician/therapist and the medical criteria stated in the *Disability Evaluation under Social Security (Blue Book)*, published by the Social Security Administration.

II. Certification by the dependent child's treating physician/therapist consists of submission of a completed disabled dependent application. In determining whether a child is a disabled dependent, the Health Plan Medical Director may review the dependent's medical records and/or discuss the member's condition with the requesting physician/therapist.

POLICY GUIDELINES

I. Refer to the member's subscriber contract and/or the Customer (Member/Provider) Care Department for specific contract age limitations *(Refer to the Description section below for information regarding the Patient Protection and Affordable Care Act).*

II. In order to be considered for ongoing coverage as a dependent with a disability, the disabling condition must have existed before the member reaches the age at which dependent coverage would otherwise terminate due to dependent age limitations.

III. In order to enroll for coverage as a dependent with a disability, the disabling condition must have existed prior to the date on which coverage for the dependent would otherwise have terminated under the subscriber contract due to attainment of the limiting age. If an individual who is past the maximum age of a qualified dependent requests

enrollment as a dependent with a disability, enrollment will not be permitted if the disabling condition did not exist prior to reaching the maximum age for coverage as a dependent (age 26 or 29, depending on the policy).

IV. In order for a covered dependent to continue coverage beyond the date coverage would otherwise terminate due to age, the individual must have a disabling condition and be chiefly dependent upon the subscriber for support and maintenance. The subscriber must request continued coverage within 31 days from the date that dependent attains the termination age and submit an application and proof of the dependent's incapacity.

V. Requests for disabled dependent status based upon a physical, developmental, or intellectual disability will be reviewed by a Health Plan Medical Director, or his/her appointed designee. Denial of disabled dependent status based upon physical, developmental, or intellectual disability will be made by a Health Plan Medical Director.

VI. Requests for disabled dependent status based upon mental illness will be reviewed by a Health Plan Behavioral Health Medical Director, or his/her appointed designee. Denial of disabled dependent status based upon mental illness will be made by a Health Plan Behavioral Health Medical Director.

VII. The subscriber and the dependent's attending physician must complete a disabled dependent application and submit it to the Health Plan for review.

DESCRIPTION

Under the New York Insurance and Public Health Laws, disabled dependent coverage will be made available to unmarried dependent children, regardless of age, who are incapable of self-sustaining employment by reason of physical handicap, mental illness, developmental disability, or intellectual disability as defined in the New York Mental Hygiene Law, and who became so incapable **prior to attainment of the age at which dependent coverage would otherwise terminate**.

Disabled dependent status is determined based upon the certification of the dependent's condition by the treating physician/therapist and the medical criteria stated in the *Disability Evaluation under Social Security (Blue Book)*, published by the Social Security Administration.

Under the New York Mental Hygiene Law:

I. *Mental illness* is defined as an affliction with a mental disease or mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking, or judgment to such an extent that the person afflicted requires care, treatment, and rehabilitation.

II. *Developmental disability* is defined as a disability of a person which:
   A. Is attributable to:
      1. Intellectual disability, cerebral palsy, epilepsy, neurologic impairment, familial dysautonomia, Prader-Willi syndrome or autism;
      2. Any other condition of a person found to be closely related to intellectual disability because such condition results in similar impairment of general intellectual functioning or adaptive behavior to that of intellectually disabled persons or requires treatment and services similar to those required for such person; or
      3. Dyslexia resulting from disabilities described above;
   B. Originates before such person attains age twenty-two;
   C. Has continued or can be expected to continue indefinitely; and
   D. Constitutes a substantial handicap to such person's ability to function normally in society.

III. According to the American Psychiatric Association (APA), the essential features of intellectual development disorder (intellectual disability) are deficits in general mental abilities (Criterion A), impairment in everyday adaptive functioning, in comparison to an individual's age, gender, and socioculturally matched peers (Criterion B), and onset during the developmental period (Criterion C).
   A. Criterion A refer to deficits in general mental abilities, such as reasoning, problem-solving, planning, abstract thinking, judgment, academic learning, learning from experience, and practical understanding confirmed by clinical assessment and standardized testing of intellectual functions, standardized neuropsychological tests, and standardized tests of adaptive functioning; and

B. Criterion B refer to deficits how well a person meets community standards of personal independence and social responsibility, in comparison to others of similar age and sociocultural background. There are three domains of deficits in adaptive functioning:
   1. Conceptual (academic)- involving competence in memory, language, reading, writing, math reasoning, acquisition of practical knowledge, problem solving, and judgement in novel situations
   2. Social- involving awareness of others' thoughts, feelings, and experiences; empathy; interpersonal communication skills; friendship abilities; and social judgement
   3. Practical-involving learning and self-management across life settings, including personal care, job responsibilities, money management, recreation, self-management of behavior, school and work task organization.

C. Criterion C, or onset during the developmental period, refer to recognition that intellectual and adaptive deficits are present during childhood or adolescence.

Under federal regulations promulgated under the Patient Protection and Affordable Care Act, all contracts, regardless of products and funding arrangements, are required to provide coverage for adult children until the adult child's 26th birthday for plan years beginning after September 23, 2010.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

CPT Codes

Code	Description
Several	

HCPCS Codes

Code	Description
Several	

ICD10 Codes

Code	Description
Several	

REFERENCES

American Association on Intellectual and Developmental Disabilities. Definition of intellectual disability. [http://aaidd.org/intellectual-disability/definition] accessed 10/11/23.

*American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). Washington, DC, American Psychiatric Association, 2022.

*New York Insurance Law § 3216 (c) (4) (A), § 4304 (d) (1), § 4305 (c). [http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO:] accessed 10/11/23.

*New York Mental Hygiene Law Chapter 27 (A) (1) § 1.03. [https://www.nysenate.gov/legislation/laws/MHY/1.03] accessed 10/11/23.

*Social Security Administration Office of Disability. Disability evaluation under Social Security. SSA Pub 64-039. 2008 Sep [https://www.socialsecurity.gov/disability/professionals/bluebook/] accessed 10/11/23.

*Key Article

KEY WORDS

Handicapped dependent, disabled dependent, dependent with a disability, disabilities determination, disability evaluation.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based on our review, coverage for dependents with disabilities is not addressed in National or Local Medicare coverage determinations or policies.