



New Jersey Early Intervention System
Insurance Coverage for Autism and Developmental Disabilities
P.L. 2009 c.115
Frequently Asked Questions

What is the new insurance law related to autism and developmental disabilities?

P.L. 2009 c. 115 requires certain health benefits plans to provide coverage for medically necessary therapies for the treatment of autism and other developmental disabilities.

How do I know if my health plan must provide coverage?

Not all insurance plans are required to provide coverage under P.L. 2009 c. 115.

Insurance companies regulated by the State of NJ and state and local government plans must comply.

Health plans that are self-funded or federally-regulated are not required to provide coverage.

Check with your employer benefits administrator or insurance company to see if you are covered. Ask them the following questions:

- ❖ Is my health plan self-funded or fully insured? (Only fully insured plans regulated by the state of NJ are required to comply)
- ❖ If my health plan is fully insured, in what state is the policy written? (Only plans written in NJ are required to comply)
- ❖ If my plan is fully insured and written in NJ what is the plan's renewal date?

If your insurance company is not fully insured, you can inquire to see if they will voluntarily comply with the law.



If my health plan is required to comply with P.L. 2009 c. 115, when can I take advantage of these benefits?

This law becomes effective February 10, 2010, however benefits may not start right away.

For existing plans, the benefits take effect on the renewal date of the health plan on or following February 10, 2010 (for example is an eligible health plan is renewed on July 1, 2010, then benefits start on July 1, 2010, if the plan is renewed January 1, 2011 benefits begin on January 1, 2011)

For new plans issued on or after February 10, 2010, P.L. 2009 c.115 goes into effect when the new plan is issued.

What are the benefits stated in P.L. 2009 c. 115?

All therapy benefits must be prescribed through a treatment plan.

Coverage for persons diagnosed with autism and other developmental disabilities includes medically necessary Occupational Therapy, Physical Therapy and Speech Therapy.

Coverage for person diagnosed with autism also includes medically necessary behavioral interventions to age 21. The law sets a maximum benefit for behavioral treatment.

Coverage may not be denied because the treatment is not restorative.

How will “medically necessary” be determined?

Covered treatment must be prescribed by a physician and include a diagnosis, treatment type, frequency and duration and the anticipated goals and outcomes.

This means the treatment plan must be prescribed or recommended by a licensed physician and then the health plan makes the determination as to whether treatment is medically necessary.

Will my early intervention cost share now be covered by insurance?

Families that participate in the New Jersey Early Intervention System (NJEIS) may have a cost associated with the early intervention services identified on their Individualized Family Service Plan (IFSP).

P.L. 2009 c.115 includes coverage for expenses incurred through the NJEIS family cost participation system. *Families will be required to satisfy their family cost obligations directly with the NJEIS and then seek insurance reimbursement for those costs.*

For more information:

NJEIS family cost participation information can be found at:
www.state.nj.us/health/fhs/eis/index.shtml

Full Text of the P.L. 2009 c. 115

<http://www.njleg.state.nj.us/2008/bills/PL09/115 .pdf>

For information regarding fully insured plans written in NJ contact:

New Jersey Division of Banking and Insurance

Case inquiry and Preparation Unit 609-291-7272

Interpretation of the new law is still subject to the development of rules and regulations. The information in this brochure is the result of current understanding of the law and its implementation.

