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New CDI Emergency Regulations Prohibit Denial and Delay of Autism Treatment

The California Department of Insurance has issued emergency regulations requiring health insurers to promptly provide timely coverage for medically necessary treatment for autism. The regulations prohibit practices that insurers have used to deny and delay behavioral, speech and occupational therapy for children diagnosed with Autism Spectrum Disorders. The regulations interpret California's Mental Health Parity Act and SB 946, mandating adequate treatment for autism, and are effective as of March 11, 2013.

For medically necessary treatment for autism, the regulations:

- Prohibit visit limits on coverage for behavioral, speech or occupational therapy;
- Prohibit dollar limits on such coverage, unless the limit applies equally to all benefits under the policy;
- As to [behavioral health treatment](#), prohibit denials or unreasonable delays on the basis:
 - that there is an asserted need for cognitive or IQ testing, or
 - that such treatment is experimental, investigational, or educational, or
 - that an autism service provider or supervisor is not licensed, provided that the individual or group is certified by a national accredited entity such as the Behavior Analyst Certification Board.



If a claim is being disputed, denied or delayed, CDI can help. Call 1-800-927-4357

For more information or for help with the topics listed below, [visit our Web site](#).

- Full text of the emergency regulations
- What to do if coverage or treatment is denied or delayed
- How to request an Independent Medical Review if treatment is denied
- Autism Consumer Alert outlining insureds' rights to treatment
- Answers to frequently asked questions



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