# MEDICAL POLICY

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| **Medical Policy Title** | **Coverage for Dependents with Disabilities** |
| **Policy Number** | **10.01.08** |
| **Current Effective Date** | **November 19, 2026** |
| **Next Review Date** | **November 2027** |

Our medical policies are guides to evaluate technologies or services for medical necessity. Criteria are established through the assessment of evidence based, peer-reviewed scientific literature, and national professional guidelines. Federal and state law(s), regulatory mandates and the member's subscriber contract language are considered first in the determination of a covered service.
(Link to Product Disclaimer)

## POLICY STATEMENT(S)

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 **BOTH** of the following:

   A. The certification of the dependent child's condition by the treating physician/therapist; **AND**

   B. 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.

## RELATED POLICIES

Not Applicable

## POLICY GUIDELINE(S)

I. Refer to the member's subscriber contract for specific contract age limitations (Refer to the Regulatory Status 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

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. The Blue Book outlines the medical criteria used to determine whether an individual qualifies for social security disability insurance (SSDI) or supplemental security income (SSI) benefits. It serves as a guide for physicians, healthcare professionals, and disability adjudicators in evaluating disability claims. The book is divided into two parts: Part A (Adult Listings), which covers criteria for individuals aged 18 and older, and Part B (Childhood Listings), which addresses criteria for individuals under age 18. Each section is organized by body system such as neurological, cardiovascular, or musculoskeletal and lists specific impairments along with the severity required to be considered disabling. Additionally, the evidentiary requirements section outlines the types of medical documentation needed to support a claim, including clinical findings, laboratory results, imaging studies, and treatment history.

## SUPPORTIVE LITERATURE

Not Applicable

## PROFESSIONAL GUIDELINE(S)

According to the American Psychiatric Association (APA 2022), 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 sociocultural matched peers (Criterion B), and onset during the developmental period (Criterion C).

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.

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:

- Conceptual (academic)- involving competence in memory, language, reading, writing, math reasoning, acquisition of practical knowledge, problem solving, and judgement in novel situations.
- Social- involving awareness of others' thoughts, feelings, and experiences; empathy; interpersonal communication skills; friendship abilities; and social judgement.
- 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.

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

The American Association on Intellectual and Developmental Disabilities defines intellectual disability as a condition marked by significant limitations in both intellectual functioning such as reasoning, learning, and problem-solving and adaptive behavior, which includes everyday social and practical skills.

## REGULATORY STATUS

Under the Patient Protection and Affordable Care Act (ACA), all health insurance plans regardless of product type (e.g., health maintenance organization (HMO), or Preferred provider organization (PPO) or funding arrangement (e.g., fully insured or self-funded) that offer dependent coverage are required to provide coverage for adult children until their 26th birthday. This provision became effective for plan years starting on or after September 23, 2010.

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. This protection applies as long as the disabling condition began before the age at which dependent coverage would normally end, and the child remains dependent on the policyholder for support.

Under the New York State Mental Hygiene Law, 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.

Developmental disability is defined as a disability of a person which is attributable to:

- Intellectual disability, cerebral palsy, epilepsy, neurologic impairment, familial dysautonomia,

Prader-Willi syndrome or autism;

- 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
- Dyslexia resulting from disabilities described above;
- Originates before such person attains age twenty-two;
- Has continued or can be expected to continue indefinitely; and
- Constitutes a substantial handicap to such person's ability to function normally in society.

## CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

### CPT Codes

| Code | Description |
|---|---|
| Multiple Codes | |

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### HCPCS Codes

| Code | Description |
|---|---|
| Multiple Codes | |

### ICD10 Codes

| Code | Description |
|---|---|
| Multiple Codes | |

## REFERENCES

American Association on Intellectual and Developmental Disabilities [Internet]. Definition of intellectual disability. [accessed 2026 Oct 21]. Available from: http://aaidd.org/intellectual-

disability/definition

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 [Internet]. Section § 3216 (c) (4) (A), § 4304 (d) (1), § 4305 (c). [Updated 2026 Oct 2; accessed 2026 Oct 21]. Available from: https://newyork.public.law/laws/n.y._insurance_law_section_3216

New York Mental Hygiene Law [Internet]. Laws of New York; Public Health PBH; Chapter 27, Title A, Article 1 Section § 1.03. [accessed 2026 Oct 21]. Available from: https://www.nysenate.gov/legislation/laws/MHY/1.03

Social Security Medical Professional/Relations [Internet]. Disability evaluation under social security: listing of impairments. [accessed 2026 Oct 21]. Available from: https://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm

United States Department of Health and Human Services [Internet]. Young adult coverage. [Last reviewed 2022 Mar 17; accessed 2026 Oct 21]. Available from: https://www.hhs.gov/healthcare/about-the-aca/young-adult-coverage/index.html

## SEARCH TERMS

Not Applicable

## CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Coverage for dependents with disabilities is not addressed in National or Local Medicare coverage determinations or policies.

## PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, 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 HISTORY/REVISION

### Committee Approval Dates

02/01/01, 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, 11/21/24, 11/20/25, 11/19/26

| Date | Summary of Changes |
|---|---|
| 11/19/26 | • Annual review, policy intent unchanged. |
| 11/20/25 | • Annual review, policy intent unchanged. |
| 01/01/25 | • Summary of changes tracking implemented. |
| 02/01/01 | • Original effective date |