



KAISER PERMANENTE®

Mid-Atlantic States

## Autism Spectrum Disorder Evaluation

### Medical Coverage Policy

#### 2024 New Policy

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#### UTILIZATION \* ALERT\*

- Prior to the use of this MCP for evaluation of medical necessity, benefit coverage MUST be verified in the member's benefit document or EOC to determine the terms, conditions and limitations of benefit coverage.
  - The applicable government mandates associated with ASD evaluation according to member's line of business and jurisdiction supersede the member's benefit plan coverage.
  - If no NCD/LCD/LCA is found after searching the Medicare coverage database, then use the policy referenced below for coverage guidelines.
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#### I. Procedure: Autism Spectrum Disorder (ASD) Evaluation

- II. **Scope:** This policy is limited to evaluation and diagnosis of ASD. Treatment of ASD is not addressed in this policy.

#### III. Overview

Autism Spectrum Disorder (ASD) is any pervasive neuro-developmental disorder that affects how an individual learns, communicates, and interacts. This can cause significant challenges in social, occupational, motor, or other key areas of the person's current functioning.

Clinicians rely on medical and developmental history and observation of behavior to determine if further diagnostic evaluation for ASD is needed.

ASD evaluation and diagnosis is medically necessary when developmental concerns and impairments documented across multiple contexts have been identified.

As outlined in American Psychiatric Association's (APA) DSM-5 criteria, establishing a clinical diagnosis of autism spectrum disorder is based on the assessment of a person's behaviors with evidence of persistent deficits in social communication and social interaction in addition to restricted, repetitive, and/or stereotypical patterns of behavior, interests, and/or activities.



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#### **IV. ASD Evaluation in Children (age < 18 years)**

Each child within the autism spectrum has a unique mixture of symptoms & patterns of behavior. The highly variable presentation of this diagnosis makes it difficult to identify, thus the evaluation of a child relies strongly on assessing the presence and severity of symptoms in the context of impairment in functioning across settings. ASD evaluation and diagnosis of a child is medically necessary when **all** of the following criteria are met. See section V for details on these requirements:

- A. Developmental assessment and evaluation of a child was performed by a qualified/licensed clinician with **all** of the following findings:
  - 1. The child exhibits developmental concerns including restrictive and repetitive behaviors and/or persistent deficits in social communication and social interaction across multiple contexts; **and**
  - 2. The associated disabilities are having an impact on the development, social interaction, social communication, behavioral and motor functioning of the child; **and**
  - 3. Impairments in social, behavioral and/or motor functioning cause persistent challenges in the child's ability to adjust, adapt or participate in the age-appropriate home or community activities, thus presenting a safety risk to self-and/or others; **and**
- B. Co-occurring conditions if applicable were identified **and**
- C. The child's presentation cannot be explained by a diagnosis other than ASD.

#### **V. Referral requirements for an ASD Evaluation of a Child**

According to American Academy of Pediatrics guidelines, general developmental screening is recommended at ages 9, 18 and 30 months with additional autism-specific screening recommended at 24 and 30 months. Also, additional screening should be performed outside of this schedule if concerns are identified on developmental surveillance. Developmental screening should be done using a standardized tool per AAP recommendations to further identify and stratify the level of risk or concern for autism.

The following documentation must be provided prior to requesting an ASD evaluation of a child. This is not all inclusive and not all these symptoms will be present in every child, but the features noted in **V.A.B.C.D.E and F** should be addressed in the documentation.

- A. **Developmental assessment:** Developmental surveillance of milestones and any concerns elicited by parents, professionals, or others involved in child's care, specifically:
  - 1. Delayed milestones; or
  - 2. Regression of milestones; **and**



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#### **B. Social Interaction and Communication assessment**

1. Abnormal eye contact; or
2. Abnormal joint Attention; or
3. Abnormal reciprocal Social Interaction; or
4. Delays or abnormalities in spoken language; or
5. Unusual nonverbal communication; **and**

#### **C. Documentation of repetitive behaviors and restricted Interests**

1. Repetitive Movements such as hand flapping, spinning, or rocking; or
2. Restrictive Interests such as an intense focus on specific objects, topics or activities that seem atypical in their intensity or focus; or
3. Unusual routines or rituals such as distress over changes in routine or environment; **and**

#### **D. Documentation of Sensory Sensitivities**

1. Unusual reactions to sensory stimuli; or
2. Under-responsiveness to sounds, lights, textures, or smells; **and**

#### **E. Documentation of Behavioral Concerns**

1. Unusual tantrums or aggression; or
2. Unusual play behavior: imaginative play vs more repetitive or solitary play; **and**

#### **F. Evaluation of co-morbidities and documentation of a differential diagnosis:** i.e., Conditions that may present similarly to ASD. These should be evaluated further and addressed appropriately before further evaluation for ASD. Any specific concerns should be addressed in the documentation. This may include but is not limited to the following conditions:

1. Lead toxicity; or
2. Nutritional deficiencies; or
3. Sleep disorders; or
4. Hearing impairment; or
5. Vision impairment; or
6. Seizure disorders; or
7. Attention deficit hyperactivity disorder; or
8. Anxiety and/or mood disorders; or
9. Intellectual disabilities; or
10. Global developmental delay; or
11. Fetal Alcohol Syndrome; or



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12. Other social determinants of health.

#### **VI. ASD Evaluation in Adult (age 18 years and above)**

Establishing a diagnosis of ASD in an adult involves different considerations than the evaluation of a child. Adults within the autism spectrum exhibit features that are usually present before 18 years of age but may not fully manifest until social demands exceed their limited capabilities later in life or are masked by learned life strategies. High functioning adults with autism who develop compensatory strategies may continue to struggle internally navigating daily interactions and activities of daily living even when it is not apparent externally.

Evaluation and confirmation of ASD diagnosis in an adult is medically necessary when **ALL** of the following are met. Evidence of impairment is identified through the clinician's direct observation with the adult in the following areas. This list is not all inclusive and not all features will be present, but each feature should be addressed in the documentation;

- A. Social Communication and/or social interaction; and
- B. Sensory issues or "stimming" including restricted, repetitive, and/or stereotypical patterns of behavior, interests, and/or activities; and
- C. Documentation of co-morbidities and a differential diagnosis  
This is a determination if symptoms may or may not be caused by another co-occurring condition or co-existing disorder such as any of the following. This list is not all inclusive.
  - 1. Medical or physiological disorders such as hearing/vision disorders, infection;
  - 2. Genetic disorders;
  - 3. Intellectual disability;
  - 4. Social pragmatic communication disorder;
  - 5. Nonverbal learning disorder
  - 6. Psychiatric disorders such as but not limited to:
    - a. Attention Deficit Hyperactivity Disorder (ADHD);
    - b. Post Traumatic Stress Disorder (PTSD);
    - c. Other conditions and diseases such as:
      - i. Anxiety and phobias; or
      - ii. Bipolar disorder; or
      - iii. Dissociative disorders; or
      - iv. Depression; or
      - v. Episodic mood disorders; **and**



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D. The deficits or impairments cause persistent challenges or difficulties in social, occupational, or other key areas of the current functioning of the adult.

#### VII. Definitions

**Autism Spectrum Disorder (ASD)** is any pervasive neuro-developmental disorder, that include (i) autistic disorder, (ii) Asperger's Syndrome, (iii) Rett syndrome, (iv) childhood disintegrative disorder, or (v) Pervasive Developmental Disorder, not otherwise specified, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

**Autism Diagnostic Observation Schedule (ADOS)** is a semi-structured, standardized 45-minute observational measure that looks for ASD symptoms across age, developmental level & language skills.

**Autism Diagnostic Interview (ADI)** is a standardized 45-minute comprehensive parent-interview that asks about ASD symptoms in their child and distinguishes it from other developmental disorders.

**Ages and Stages Questionnaire (ASQ)** is a parent questionnaire general developmental screening tool that examines developmental delays, challenges, and milestones at specific ages.

**Bayley or the Mullen Scales of Early Learning (MSEL, Mullen)** is a 124 item 60-minute standardized assessment that evaluate cognitive, receptive language, expressive language motor functions, visual reception, fine motor skills, and other developmental areas.

**Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> edition Text Revision (DSM-5 TR)** by American Psychiatric Association (APA) is a reference manual and main guide for mental health providers in the U.S. on mental health and brain-related conditions and disorders.

**Event-related potential (ERP)** is the measured brain response as a direct result of a specific sensory, cognitive, or motor event.

**Modified Checklist for Autism in Toddlers: Revised (M-CHAT)** is a 2-stage parent-report (20-question test) screening tool, designed for toddlers between 16 and 30 months old to assess the risk for autism spectrum disorder (ASD).

**Parents' Evaluation of Developmental Status (PEDS)** is a general developmental parent interview that addresses parental concern to identify delays in motor, language, self-help, early academic skills, behavior, and social-emotional mental health.



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**Screening Tool for Autism in Toddlers and Young Children (STAT)** is an interactive, play-based screening tool for children aged 24-26 months that comprise of twelve activities designed to assess social-communicative behaviors, play, communication, and imitation.

**Vineland Adaptive Behavior Scales (VABS)** is a standardized assessment tool from birth to 90 years of age that utilize semi-structured interview to measure communication, socialization, motor skills, adaptive behavior, and daily living to support the diagnosis of intellectual and developmental disabilities, autism, and developmental delays.

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#### Approval History

Effective June 01, 2016, state filing is no longer required per Maryland House Bill [HB 798](#) – Health Insurance – Reporting

Date approved by RUMC	Date of Implementation
08/28/2024	08/28/2024

\*The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.

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