Coverage Policy

“Autism Spectrum Disorder (ASD) is a complex neurodevelopmental disorder that affects behavior, communication and social functioning. According to the latest figures from the U.S. Centers for Disease Control and Prevention, an estimated 1 in 68 children in the U.S. have ASD. Psychologists can play an important role diagnosing ASD and helping people cope with and manage the challenges associated with the disorder. (APA, 2017)”

IEHP Members are eligible to receive diagnostic services under Early Periodic Screening Diagnostic and Treatment if:
1. Medi-Cal member under 21 years of age
2. Have a recommendation from a licensed physician and surgeon or behavioral health provider

Coverage Limitations and Exclusions

Members may be referred to IEHP for an Autism Evaluation by a licensed physician and surgeon or a behavioral health provider. They may receive a multidisciplinary assessment according to the All Plan Letter (15-025) a Comprehensive Diagnostic Evaluation must meet all the below criteria:
1. Comprehensive unclothed medical examination (by the primary care physician/pediatrician as required by EPSDT); and
2. A parent/guardian interview; and
3. Direct play observation; and
4. Review of relevant medical, psychological, and/or school records; and
5. Cognitive/developmental assessment; and
6. Measure of adaptive functioning; and
7. Language assessment (by a speech language pathologist); and
8. Sensory evaluation (by and occupational therapist); and
9. If indicated, neurological and/or genetic assessment to rule out biological issues (by a developmental pediatrician, pediatric neurologist, and/or geneticist).

Psychological Diagnostic Evaluation (PDE):
A Psychological Diagnostic Evaluation is a single provider assessment conducted by a Psychologist to assess and diagnose. According to the American Psychological Association (2019) a Psychological Assessment must include:
1. Norm-referenced psychological tests
2. Informal tests and surveys
3. Interview information
4. School or medical records
5. Medical evaluation
6. Observational data

Based on the presented findings, IEHP uses the following criteria when determining the need for a multidisciplinary assessment (CDE) should a PDE be available in the area.

**The criteria is as follows:**
Member to have a chronic illness and/or medical condition and **two or more** of the following:
- Age 0-6
- In Foster Care or history of adoption/foster care
- Exhibiting tier III mental health symptoms
- Genetic Concerns
- History of physical/sexual/emotional abuse

Or

**Any Three** of the above

Or

On a **case by case basis** with supervisor approval

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**ADDITIONAL INFORMATION**

A psychologist can evaluate and diagnose a patient with Autism Spectrum Disorder based on the overall results of the evaluation. Through this process the psychologists can begin new treatment plans and set goals as the patient grows (APA, 2019). Psychologist can then make individualized recommendations for the patient based on cognitive, behavioral, emotional and academic needs (APA, 2019). Patients can be referred for more complex testing and treatment when deemed medically necessary.

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**CLINICAL/REGULATORY RESOURCE**

Apollo does not speak to Autism Diagnostics

MCG Guidelines does not speak to Autism Diagnostics

**Discussion with Provider**

In consultation with a network provider, not affiliated with the process, it was reported that a single, well trained Licensed Psychologist can assess and diagnose autism and a multidisciplinary team is not necessary.

**Comparative Studies**

In 2018 Hayes, Ford, Rafeeque, and Russell conducted a literature review of several reputable databases (Cochrane library, US National Guidelines Clearinghouse, etc) for clinical practices around the diagnosis of Autism. Over 20 articles were found and analyzed. It was found that multidisciplinary approaches were ideal, but an experienced healthcare professional was enough.

In 2000, The American Academy of Neurology published an article on the diagnostics of Autism and found stated that “a clinician experienced in the diagnosis and treatment of autism is usually
necessary for accurate and appropriate diagnosis.” Therefore, this demonstrates a single clinician as opposed to a team can diagnose autism.

In 2010 Missouri released best practice guidelines. In the guidelines they discussed that a single, lead clinician may assess and diagnose Autism on their own but are also trained on when input from other professionals is needed. They proposed a tiered approach stating a multidisciplinary approach is not required for accurate diagnosis in all cases and can actually delay the diagnosis, especially when availability of specialists is limited.

In the tiered approach, it was discussed that the children vary in regard to age and severity of symptomology. Tier 1 is for children with severe symptoms or who have more apparent symptoms of Autism and can be rendered by a single clinician whereas tier 3 is for individuals who have very complex symptoms and have multiple, coexisting symptoms. For tier 3, there should be multiple professionals consulted.

**DEFINITION OF TERMS**

CPT Codes: Attachment A

**REFERENCES**

3. Consultation with Dr. Mara Latts, Lic 18222, 10/14/2019
6. Early and Periodic Screening, Diagnosis, & Treatment (EPSDT)
10. MediCal Provider Manual August 2019
DISCLAIMER
IEHP Clinical Authorization Guidelines (CAG) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Authorization Guidelines (CAG) express IEHP's determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. IEHP has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). IEHP makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the Clinical Authorization Guidelines (CAG). IEHP expressly and solely reserves the right to revise the Clinical Authorization Guidelines (CAG), as clinical information changes.
## Attachment A: IEHP Codes used for CDE/PDE and Psychological Testing

<table>
<thead>
<tr>
<th>CPT Codes:</th>
<th>Outpatient Service Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level One</strong></td>
<td><strong>Screening for further Evaluation</strong></td>
</tr>
<tr>
<td>96112</td>
<td>Developmental test administration <em>(First Hour, One per year, any provider)</em></td>
</tr>
<tr>
<td>96113</td>
<td>Developmental test administration <em>(Each additional 30 minutes, one per year, any provider)</em></td>
</tr>
<tr>
<td>96116</td>
<td>Neurobehavioral Status Exam <em>(First Hour, One per year, any provider)</em></td>
</tr>
<tr>
<td>96121</td>
<td>Neurobehavioral Status Exam <em>(Each additional hour, one per year, any provider)</em></td>
</tr>
<tr>
<td>99205</td>
<td>Office or Other Outpatient Visit For the Evaluation Of A New Patient</td>
</tr>
<tr>
<td><strong>Level Two</strong></td>
<td>****</td>
</tr>
<tr>
<td>92523</td>
<td>Evaluation Of Speech Sound Production</td>
</tr>
<tr>
<td>97003</td>
<td>Occupational Therapy Evaluation</td>
</tr>
<tr>
<td>99205</td>
<td>Office or Other Outpatient Visit For the Evaluation Of A New Patient</td>
</tr>
<tr>
<td>99215</td>
<td>Office or Other Outpatient Visit For the Evaluation And Management Of An Established Patient</td>
</tr>
<tr>
<td>96130</td>
<td>Psychological Testing Evaluation Services By Physician Or Other Qualified Health Care Professional <em>(First Hour, One Per Year, any provider)</em></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>96131</td>
<td>Psychological Testing Evaluation Services By Physician Or Other Qualified Health Care Professional (Each additional hour, Two Per Year, any provider)</td>
</tr>
<tr>
<td>96132</td>
<td>Neuropsychological Testing Evaluation Services By Physician Or Other Qualified Health Care Professional (First Hour, One Per Year, any provider)</td>
</tr>
<tr>
<td>96133</td>
<td>Neuropsychological Testing Evaluation Services By Physician Or Other Qualified Health Care Professional (Each Additional Hour, Two per year, any provider)</td>
</tr>
<tr>
<td>96136</td>
<td>Psychological Or Neuropsychological Test Administration And Scoring By Physician Or Other Q Qualified Health Care Professional (First 30 minutes, One per year, any provider)</td>
</tr>
<tr>
<td>96137</td>
<td>Psychological Or Neuropsychological Test Administration And Scoring By Physician Or Other Q Qualified Health Care Professional (Each additional 30 minutes, Nine per year, any provider)</td>
</tr>
<tr>
<td>96138</td>
<td>Psychological Or Neuropsychological Test Administration And Scoring By technician, two or more tests (First 30 minutes, One per year, any provider)</td>
</tr>
<tr>
<td>96139</td>
<td>Psychological Or Neuropsychological Test Administration And Scoring By technician, two or more tests (Each additional 30 minutes, Nine per year, any provider)</td>
</tr>
<tr>
<td>96146</td>
<td>Psychological Or Neuropsychological Test Administration, with single automated, standardized instrument via electronic platform, with automated result only. (One per year, any provider)</td>
</tr>
</tbody>
</table>

Medi-Cal Provider Manual August 2019