

Autism and Autism Spectrum Disorders Diagnosis and Treatment

Policy: It is the policy of the Ventura County Health Care Plan to:

1. Encourage primary care providers to screen infants and children enrolled in the Plan for autism and autism spectrum disorders. Tools available are:
 - Pervasive Developmental Disorders Screening Test
 - Checklist of Autism in Toddlers (CHAT) for 18-month-old children
 - Modified Checklist for Autism in Toddlers (M-CHAT) for two-year-olds
 - Screening Test for Autism in Two-Year-Olds (STAT)
 - Social Communication Questionnaire (SCQ) for children ages four and over
2. Provide medical or behavioral health evaluation to diagnose Autism and Autism Spectrum Disorders. When the diagnosis of Autism or Autism Spectrum Disorder is suspected, the VCHCP will provide appropriate testing to evaluate for other potential diagnoses in the differential including but not limited to genetic disorders, metabolic disorders and congenital disorders.
3. Provide appropriate treatments to members with the diagnosis of Autism or Autism Spectrum Disorder (codes 299.00 – 299.80)
 - a. The diagnosis must meet the criteria for the diagnosed disorder as indicated in the DSM-IV or DSM V when published.
 - b. The diagnosis must be made preferably by a team including the member's primary care provider, a neurologist and a behavioral health provider familiar with ASD.
A thorough evaluation should include:
 - Parent and/or caregiver interviews
 - Comprehensive medical evaluation
 - Direct observation of the child
 - Use of an accepted evaluation tool for the diagnosis of autism or ASD
 - Other appropriate medical testing to evaluate for other possible causes of the abnormalities including genetic testing, metabolic testing, diagnostic testing such as imaging and EEG.
 - c. Treatment must be requested by an appropriate member of the care team. The Plan will initially approve an evaluation by the appropriate therapist.

- d. An evaluation and recommendation must be received from the therapist with consent by the primary physician. The evaluation and recommendation must include the description of the delay or abnormal function, the proposed treatment, and the goals of treatment.
- e. Medical treatments which may be approved for members with the diagnosis of ASD are:
- Speech therapy – for therapy to improve verbal and nonverbal communication skills
 - Physical therapy and occupational therapy of co-morbid physical impairments
 - Behavioral Health Services – Accessed and provided through Optum Behavioral Health
 - Psychiatric interventions – medication management
 - Inpatient hospitalization if there is an acute onset of aggression towards others or if the member is a danger to self
 - Psychotherapeutic interventions

ABA – see separate policy.

A. **Attachments:** None

B. **History:**

Reviewer/Author: Albert Reeves, MD Date: July 27, 2012

Committee Review: UM: August 16, 2012; QAC: August 28, 2012

Reviewed/No Updates: Albert Reeves, MD Date: January 28, 2013

Committee Review: UM: February 14, 2013; QAC: February 26, 2013

Reviewed/No Updates: Catherine Sanders, MD

Committee Review: UM on February 13, 2014; QAC: February 25, 2014

Reviewed/No Updates: Faustine Dela Cruz, RN & Catherine Sanders, MD

Committee Review: UM: February 12, 2015; QAC: February 24, 2015

Reviewed/No Updates: Faustine Dela Cruz, RN & Catherine Sanders, MD

Committee Review: UM: February 11, 2016; QAC: February 23, 2016

Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling, MD

Committee Review: UM: February 9, 2017; QAC: February 28, 2017

Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling, MD

Committee Review: UM: February 8, 2018; QAC: February 27, 2018

Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling, MD

**Medical Policy: Autism and Autism Spectrum Disorders
Diagnosis and Treatment**

Created: 07/27/12
 Effective Date: 08/16/12
 Reviewed/No Updates: 01/28/13; 02/13/14; 02/12/15; 02/11/16;
 02/09/17; 02/08/18; 02/14/19; 02/13/20; 02/11/21; 2/17/22; 2/2/23;
 2/8/24, 2/20/25

Committee Review: UM: February 14, 2019; QAC: February 26, 2018
 Reviewed/No Updates: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 13, 2020; QAC: February 25, 2020
 Reviewed/No Updates: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 11, 2021; QAC: February 23, 2021
 Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 17, 2022; QAC: February 22, 2022
 Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 2, 2023; QAC: February 7, 2023
 Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 8, 2024; QAC: February 27, 2024
 Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 20, 2025; QAC: February 25, 2025

| Revision Date | Content Revised (Yes/No) | Contributors | Review/Revision Notes |
|----------------------|---------------------------------|--|------------------------------|
| 2/9/17 | No | Catherine Sanders, MD; Robert Sterling, MD | Annual Review |
| 2/8/18 | No | Catherine Sanders, MD; Robert Sterling, MD | Annual Review |
| 2/14/19 | No | Catherine Sanders, MD; Robert Sterling, MD | Annual Review |
| 2/13/20 | No | Howard Taekman, MD; Robert Sterling, MD | Annual Review |
| 2/11/21 | No | Howard Taekman, MD; Robert Sterling, MD | Annual Review |
| 2/17/22 | No | Howard Taekman, MD; Robert Sterling, MD | Annual Review |
| 2/2/23 | No | Howard Taekman, MD; Robert Sterling, MD | Annual Review |
| 2/8/24 | No | Howard Taekman, MD; Robert Sterling, MD | Annual Review |
| 2/20/25 | No | Howard Taekman, MD; Robert Sterling, MD | Annual Review |