



<b>IEHP UM Subcommittee Approved Authorization Guideline</b>			
<b>Guideline</b>	Criteria for Multidisciplinary Diagnostic Treatment	<b>Guideline #</b>	UM_BH 06
		<b>Original Effective Date</b>	11/13/2019
<b>Section</b>	Behavioral Health	<b>Revision Date</b>	04/26/2022

### **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 (EPSDT) if services are medically necessary. Under All Plan Letter 19-010, “Managed Care Plans (MCPs) are responsible for ensuring members have timely access to...appropriate diagnostic and treatment services.”

### **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.

IEHP offers two types of diagnostic evaluations:

- A. Children under the age of 21 may receive a multidisciplinary assessment known as a Comprehensive Diagnostic Evaluation (CDE). All Plan Letter (15-025) states a CDE consists of the following elements:
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 an 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).

Or,

- B. Members may receive a Psychological Diagnostic Evaluation (PDE), which is comprised of the following elements:
1. A Psychological Diagnostic Evaluation is a single provider assessment conducted by a Psychologist to assess and diagnose ASD. According to the American Psychological Association (2019) a Psychological Assessment must include:
    - a. Norm-referenced psychological tests
    - b. Informal tests and surveys
    - c. Interview information
    - d. School or medical records
    - e. Medical evaluation
    - f. Observational data
- C. Based on the presented findings, IEHP uses the following criteria when determining the appropriate level of diagnostic services. Furthermore, this criteria is used when determining if a Member requires a multidisciplinary assessment (CDE) as opposed to a less complex Psychological Diagnostic Evaluation (PDE). Consideration will be offered to ensure time and distance requirements are met if one assessment and not the other is offered closer to the Member's home. It is important to note, regardless of which level of diagnostic services - is authorized, the Member will receive approval for a diagnostic assessment once medical necessity is established. If a Member does not meet the criteria for a CDE, they will be offered a PDE.
1. **The criteria for a CDE are as follows:**
    - a. Member to have a chronic illness and/or medical condition and **two or** more of the following (Members without a chronic illness and/or medical condition must meet any three of the following):
    - b. Age 0-6 years
    - c. In Foster Care or history of adoption/foster care
    - d. Exhibiting tier III mental health symptoms
    - e. Genetic Concerns
    - f. History of physical/sexual/emotional abuse

#### **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.

#### **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 multi-disciplinary team is not necessary.

### **Comparative Studies**

In 2018 Hayes, Ford, Rafeeqe, 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 but is also trained to be aware 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 diagnosis and can be rendered by a single clinician whereas tier 3 is for individuals who have very complex symptoms and have multiple coexisting conditions. For tier 3, multiple professionals should be consulted.

### **REFERENCES**

1. American Academy of Pediatrics. Identification, Evaluation, and Management of Children with Autism Spectrum Disorder. January 2020. Available at: <https://pediatrics.aappublications.org/content/145/1/e20193447>  
Accessed on April 13, 2022.
2. American Psychological Association. Diagnosing and managing autism spectrum disorder (ASD). How Psychologists Help with Autism Spectrum Disorder (ASD). January 2017. Available at: <https://www.apa.org/helpcenter/autism>  
Accessed on April 13, 2022.
3. American Psychological Association. Understanding Psychological Testing and Assessments. February 2019. Available at: <https://www.apa.org/topics/testing-assessment-measurement/understanding>. Accessed on August 3, 2021.
4. Consultation with Dr. Paul McMahon, Lic 15721, July 30, 2021.
5. Consultation with Dr. Mara Latts, Lic 18222, October 14, 2019.
6. Department of Health Care Services (DHCS) All Plan Letter (APL) 15-025 Responsibilities for Behavioral Health Treatment Coverage for Children Diagnosed with Autism Spectrum Disorder. Accessed on April 13, 2022

7. Department of Health Care Services (DHCS) All Plan Letter (APL) 18-006 Supersedes 15-025, Responsibilities for Behavioral Health Treatment Coverage for Members Under the age of 21. Accessed on April 13, 2022
8. Department of Health Care Services (DHCS) All Plan Letter APL 19-010 Supersedes All Plan Letter 18-007 and 07-008, Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21. Accessed on April 13, 2022
9. Department of Health Care Services (DHCS) All Plan Letter (APL) 19-014 Supersedes All Plan Letter 18-006, Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21. Accessed on April 13, 2022
10. Farmer J, Kanne S, Kilo M, Mantovani J et al. Autism Spectrum Disorders: Missouri Best Practice Guidelines for Screening, Diagnosis, and Assessment: A 2010 Consensus Publication. Accessed on April 13, 2022
11. Filipek, PA, Accardo, PJ, Ashwal, S, et al. Practice Parameter: Screening and Diagnosis of Autism. Report of the Quality Standards Subcommittee of the American Academy of Neurology and Child Neurology Society. American Academy of Neurology. 2010 Accessed on April 13, 2022
12. Hayes J, Ford T, Rafeeqe H, and Russell G. Clinical practice guidelines for diagnosis of autism spectrum disorder in adults and children in the UK: a narrative review. BMC Psychiatry. 2018; 18: 222. doi: 10.1186/s12888-018-1800-1 Accessed on April 13, 2022

#### **DISCLAIMER**

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