

## **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 age 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.

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- 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:**

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