



IEHP UM Subcommittee Approved Authorization Guideline			
<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>	6/13/2023

### 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 23-010, “In accordance with federal EPSDT requirements, Medi-Cal provides coverage for all Medically Necessary BHT services for eligible beneficiaries under 21 years of age. This includes children diagnosed with autism spectrum disorder (ASD) and children for whom a licensed physician, surgeon, or psychologist determines that BHT services for the treatment of ASD are Medically Necessary, regardless of diagnosis.”

### COVERAGE LIMITATIONS AND EXCLUSIONS

Members may be referred to IEHP for an Autism Evaluation by a licensed physician or a behavioral health provider.

IEHP offers two types of diagnostic evaluations when autism is suspected for a Member under the age of 21.

#### 1. Comprehensive Diagnostic Evaluation

- A. A Comprehensive Diagnostic Evaluation (CDE) is a multidisciplinary assessment outlined in All Plan Letter 15-025 and consists of the following elements:
  - i. Comprehensive unclothed medical examination (by the primary care physician/pediatrician as required by EPSDT); and
  - ii. A parent/guardian interview; and
  - iii. Direct play observation; and
  - iv. Review of relevant medical, psychological, and/or school records; and
  - v. Cognitive/developmental assessment; and
  - vi. Measure of adaptive functioning; and
  - vii. Language assessment (by a speech language pathologist); and
  - viii. Sensory evaluation (by an occupational therapist); and
  - ix. If indicated, neurological and/or genetic assessment to rule out biological issues (by a developmental pediatrician, pediatric neurologist, and/or

- geneticist).
- x. Diagnoses
- xi. Treatment recommendations

B. The following requirements must be met for a Member to have a Comprehensive Diagnostic Evaluation (CDE):

1. Member has a chronic medical condition with a neuropsychological component and at least two of the following **OR** any three of the following:
  - a. Ages 0-6 years
  - b. In Foster Care or history of adoption/foster care
  - c. Exhibiting severe mental health symptoms in addition to the ASD symptoms
  - d. Genetic concerns
  - e. History of physical, sexual, emotional abuse and/or neglect

## 2. Psychological Diagnostic Evaluation

A. Psychological Diagnostic Evaluation includes:

- i. Norm-referenced psychological tests; and
- ii. Informal tests and surveys; and
- iii. Interview information; and
- iv. School and medical records; and
- v. Medical evaluation; and
- vi. Observational data; and
- vii. Diagnoses; and
- viii. Treatment Recommendations

3. Based on the presented findings, IEHP uses the above-mentioned criteria when determining if a Member requires a Comprehensive Diagnostic Evaluation (CDE) as opposed to a Psychological Diagnostic Evaluation (PDE). Consideration will be taken 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 service is authorized, the Member will receive approval for a diagnostic assessment once medical necessity is established.

4. After a Comprehensive Diagnostic Evaluation (CDE) or Psychological Diagnostic Evaluation (PDE) is completed, repeat CDEs or PDEs may be authorized when medical necessity is established.

### 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 a singular 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.

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#### **DISCLAIMER**

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