



Autism/Autism Spectrum Disorder, Diagnosis, & Treatment Guidelines

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Purpose:

To provide autism/autism spectrum disorder, diagnosis, and treatment guidelines for Population Health and Provider Alliances associates to reference when making benefit determinations.

Compliance Status

- This procedure is in compliance with current Florida Statutes – 641.31098 *Coverage for individuals with developmental disabilities* legislative requirements

Definitions

- Autism is contained within a category of conditions called Pervasive Developmental Disorders (PDD). There are five (5) conditions that fall under PDD, and Autism is one (1) of them.
- For coverage purposes, Autism is defined by The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* DSM-IV. The diagnosis of Autism requires that at least six (6) developmental and behavioral characteristics are apparent, that the problems are evident before age three (3), and that there is no evidence for certain other conditions that are similar. Besides Autism, the other conditions included in the Autism Spectrum Disorder (ASD) are Autistic Disorder, Asperger's Disorder, and Pervasive Developmental Disorder not otherwise specified. Each has specific characteristics listed in the DSM-IV.

Coverage Guidelines

- Genetic testing for Autism/ASD is only covered for the following situations:
 - FMR1 gene mutation when fragile X syndrome is suspected
 - MECP2 gene mutations when Rett's Disorder is suspected
 - Carrier testing when there is a positive family history of Fragile X syndrome or Rett's disorder in a first- or second-degree relative
 - Screening for ASD in the general population is not a covered benefit



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Exclusion Criteria

- The following procedures/services for the assessment of Autism/ASD are NOT covered as are considered experimental and/or investigational. This includes, but is not limited to:
 - Allergy testing (e.g., food allergies for Gluten, Casein, Candida, molds)
 - Celiac antibodies testing
 - Erythrocyte Glutathione Peroxidase studies
 - Event-related potentials (i.e., Evoked Potential Studies)
 - Hair analysis
 - Immunologic or neurochemical abnormalities testing
 - Intestinal permeability studies
 - Magnetoencephalography (MEG)
 - Micronutrient testing (e.g., vitamin level)
 - Mitochondrial disorders testing (e.g., Lactate and Pyruvate)
 - Neuropsychological testing (see separate policy)
 - Stool analysis
 - Urinary peptides testing

- The following services are NOT covered for the assessment and/or treatment of Autism/ASD because they are primarily educational and training in nature and are not covered under most benefit plans. This includes, but is not limited to:
 - Education and achievement testing
 - Educational intervention (e.g., classroom environmental manipulation, academic skills training and parental training)

- The following procedures/services for the treatment of Autism/ASD are NOT covered as are considered experimental and/or investigational. This includes, but is not limited to:
 - Auditory Integration Therapy (AIT)
 - Augmentative and Alternative Communication (AAC) therapy and devices
 - Chelation therapy
 - Cognitive behavioral therapy
 - Cognitive rehabilitation
 - Cranio-sacral therapy (CST)
 - Dietary and nutritional interventions including, but not limited to Gluten-free Casein-free (GFCF) diets, Elimination diets, Vitamins, Digestive enzymes, Probiotics, Yeast-free diets, The Specific Carbohydrate Diet (SCD), Periactin, Carnosine, Omega-3 Fatty Acids
 - Facilitated Communication (FC)
 - Gentle Teaching Program
 - Hemi-Sync audio technology



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- Holding Therapy
- Hyperbaric oxygen therapy
- Immune globulin therapy (IVIG)
- Music, Vision, Art, Hippotherapy, or Animal therapy
- Option Program, or Son Rise Program
- Secretin, Growth Hormone, or Dimethylglycine (DMG) infusion
- Sensory Integration Therapy (SI)
- Social-Communication, Emotional Regulation and Transactional Support Program (SCERTS)
- Treatment and Education of Autistic and related Communication handicapped Children Program (TEACCH)
- Treatment tools including, but not limited to Earobics, Fast for Word, Floor Time, Joint Action Routines, Social Stories/Comic Strip Conversations, Visually Cued Instruction Technique

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MD: Autism Society of America.

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Disclaimer Information:

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed to determine coverage for AvMed's benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed makes coverage decisions using these guidelines, along with the Member's benefit document. The use of this guideline is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the AvMed service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations.

Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.