



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, & 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)

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- 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
 - ❖ 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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References:

1. American Academy of Child & Adolescent Psychiatry (AACAP). Policy statement facilitated communication. Approved by Council, October 20, 1993.
2. American Academy of Child & Adolescent Psychiatry (AACAP). Policy statement. Secretin in the Treatment of Autism. Revised and approved by Council June 15, 2002. Accessed February 28, 2007.
3. American Academy of Pediatrics. Committee on Children with Disabilities. Technical report: the pediatrician's role in the diagnosis and management of autistic spectrum disorder in children. *Pediatrics*. 2001 May;107(5): E85.
4. American Academy of Pediatrics. Committee on Children with Disabilities. Developmental surveillance and screening of infants and young children. *Pediatrics*. 2001 Jul;108(1):192-6.
5. American Cancer Society (ACS). Hyperbaric oxygen therapy. Updated 2000. Accessed February 28, 2007.
6. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR). Washington, D.C. American Psychiatric Association APA, 2000.
7. The Autism Genome Project Consortium; Szatmari P, Paterson AD, Zwaigenbaum L, Roberts W, Brian J, Liu XQ, Vincent JB, et al. Mapping autism risk loci using genetic linkage and chromosomal rearrangements. *Nat Genet*. 2007 Mar;39(3):319-28. Epub 2007 Feb 18.
8. Autism Society of America. Biomedical and Dietary Treatments (Fact Sheet) 2003. Bethesda, MD: Autism Society of America.
9. Ball CM. Music therapy for children with autistic spectrum disorder. In Bazian Ltd (Ed) STEER: Succinct and Timely Evaluated Evidence Reviews 2004; 4(1). Bazian Ltd and Wessex Institute for Health Research & Development, University of Southampton. Accessed February 28, 2007.
10. Brown KA, Patel DR. Complementary and alternative medicine in developmental disabilities. *Indian J Pediatr*. 2005 Nov;72(11):949-52.
11. Dua V. Standards and Guidelines for the Assessment and Diagnosis of Young Children with Autism Spectrum Disorder in British Columbia. An Evidence-Based Report prepared for The British Columbia Ministry of Health Planning. March 2003.
12. HAYES Medical Technology Directory. Lovaas therapy for autism. Lansdale PA: HAYES, Inc.; 2003 Feb.
13. Levy SE, Hyman SL. Novel treatments for autistic spectrum disorders. *Ment Retard Dev Disabil Res Rev*. 2005;11(2):131-42.
14. McEachin JJ, Smith T, Lovaas OI. Long-term outcome for children with autism who received early intensive behavioral treatment. *Am J Ment Retard*. 1993 Jan;97(4):359-72; discussion 373-91.



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15. National Dissemination Center for Children with Disabilities (NICHCY). Pervasive Developmental Disorders (PDD). Briefing Paper FS20, January 1998, Resources Updated 2003. Accessed March 14, 2007.
16. National Institute of Neurological Disorders and Stroke (NINDS). National Institutes of Health. Pervasive Developmental Disorders Information Page. Last updated February 14, 2007. Accessed March 1, 2007.
17. New York State Department of Health Early Intervention Program. Clinical Practice Guideline Report of the Guideline Recommendations Autism / Pervasive Developmental Disorders. Albany, NY: New York State Dept of Health; 1999. Accessed March 14, 2007.
18. Prater CD, Zylstra RG. Autism: a medical primer. *Am Fam Physician*. 2002 Nov 1;66(9):1667-1735.
19. Smith T, Groen A, Wynn J. Randomized trial of intensive early intervention for children with pervasive developmental disorder. *Am J Ment Retard*. 2000 Jul;105(4):269-85. Erratum in: *Am J Ment Retard* 2000 Nov;105(6):508. *Am J Ment Retard* 2001 May;106(3):208.
20. Strock, Margaret (2004). Autism Spectrum Disorders (Pervasive Developmental Disorders). NIH Publication No. NIH-04-5511, National Institute of Mental Health (NIMH), National Institutes of Health, U.S. Department of Health and Human Services, Bethesda, MD. 2004. Updated March 14, 2007.
21. Tanguay PE. Pervasive developmental disorders: a 10-year review. *J Am Acad Child Adolesc Psychiatry*. 2000 Sep;39(9):1079-95.
22. Volkmar F Cook EH Jr, Pomeroy J, Realmuto G, Tanguay P. Practice parameters for the assessment and treatment of children, adolescents, and adults with autism and other pervasive developmental disorders. American Academy of Child and Adolescent Psychiatry Working Group on Quality Issues. *J Am Acad Child Adolesc Psychiatry*. 1999 Dec;38(12 Suppl):32S-54S.



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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.