

Autism Spectrum Disorder Documentation Requirements

Revised: March 4, 2019

Purpose

Documentation of the diagnosis of an Autism Spectrum Disorder will be based on criteria defined by the most current Diagnostic and Statistical Manual (DSM) version (such as DSM-5 299.00). The diagnosis must be made by a neurologist, pediatric neurologist, developmental pediatrician, psychiatrist, or doctorate level psychologist for an Autism Spectrum Disorder (ASD).

Autism Spectrum Disorder diagnosis

For the diagnosis to be accepted there must be:

- Documentation of the confirmed presence of the core symptoms of autism: communication, behavioral, and social impairments; AND
- Documentation of the tool **and/or** observations used to make/confirm the diagnosis.

Eligibility for services

To determine eligibility for services, there must be a report documenting a diagnostic assessment, comprehensive evaluation, and treatment plan with recommendations. The report must include these elements:

Specific to Diagnostic Assessment & Comprehensive Evaluation Report (cannot be more than a year old)

For children who are current patients, it is acceptable to send the initial evaluation, most current notes or recent evaluation, as well as a letter certifying the diagnosis and providing any other required elements below that are not in other documentation being submitted. The letter should serve as an addendum and refer to the documentation being submitted, rather than reiterate this content. The following documentation is required:

- a. Documentation of routine developmental surveillance performed by providers at well child visits; Examples of source documentation are: IEP, primary care practitioner or health care provider who referred the child, e.g. Occupational therapist, etc. if available;
- b. Audiology and vision assessment results if available; or that vision and hearing were determined to be within normal limits during assessment and not a barrier to completing a valid evaluation;
- c. If applicable, name of screening questionnaire, date completed, and significant results;
- d. If applicable, documentation of formal diagnostic procedures performed by an experienced

clinician, including name of measure, date and results, including scores. Examples of diagnostic measures are:

- Autism Diagnostic Observation Schedule (ADOS);
 - Autism Diagnostic Interview (ADI);
- e. Documentation of formal cognitive and/or developmental assessment performed by a qualified clinician, including name of measure, dates, results, and standardized scores providing verbal, nonverbal, and full scale scores, as available. Examples are:
- Mullen;
 - Weschler; or
 - Bayley;
- f. Documentation of formal adaptive behavior assessment performed by a qualified clinician, including name of measure, dates, results, and standardized scores providing scores for each domain as available. Examples are:
- Vineland Adaptive Behavior Scales; or
 - Adaptive Behavior Assessment System (ABAS);
- e. Documentation of the observed or family reported behaviors having an adverse impact on development, communication and of the injurious behavior, as applicable;
- f. Expanded laboratory evaluation, if clinically indicated;
- g. Documentation of less intrusive or less intensive behavioral interventions have been tried and not been successful; **OR** that there is no equally effective and substantially less costly alternative available for reducing interfering behaviors, increasing pro-social behaviors, or maintaining desired behaviors, if ABA is included on the treatment plan;

Specific to Treatment Plan with Recommendations:

A multi-disciplinary Individualized Treatment Plan (ITP) with recommendations that consider the full range of autism treatments with ABA as one treatment component, if clinically indicated;

If child is not a new patient, this can be in a prescription. The prescription must include these elements:

- a. The order or prescription for ABA for the child, without specifying hours or how services are to be provided;
- b. Documentation that the child's behaviors are having an adverse impact on development and/or communication, and/or demonstrating injurious behavior, such that
 - The child cannot adequately participate in home, school, or community activities because behavior interferes; OR
 - The child presents a safety risk to self or others;
- c. A statement that the requested ABA services will result in measurable improvement in the child's behavior and/or skills.

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Employees: Your personnel, payroll, or benefits office.

Retirees, PEBB and SEBB Continuation Coverage members: Call the Health Care Authority at 1-800-200-1004 (TRS: 711).