

MN.029.A Autism Screening, Evaluation and Diagnosis

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Thank you for being a valued provider for members in one or more of our health plans: Jefferson Health Plans Medicare Advantage, Jefferson Health Plans Individual and Family Plans, Jefferson Health Plans CHIP, and/or Jefferson Health Plans EverWell (our Medicaid plan).

PRODUCT VARIATIONS

This policy applies to all Jefferson Health Plans lines of business.

POLICY STATEMENT

The diagnosis of Autism Spectrum Disorder (ASD) is a comprehensive, multi-step process that requires gathering information from multiple sources, conducting standardized assessments, and integrating clinical observations.

A final review of all diagnostic evaluations for Autism Spectrum Disorder (ASD) **must be conducted in person**.

Screening for Autism Spectrum Disorder (ASD) should occur during well-child visits between **18 and 24 months of age**. Formal diagnostic evaluations should be conducted when screening indicates risk.

A final diagnosis can generally be made when all of the following criteria have been completed or met:

1. The evaluation is performed by a qualified clinician or multi-disciplinary team with expertise in ASD assessment.
2. The evaluation includes all of the following components:
 - a. Direct observation of the individual in a face-to-face setting.
 - b. Review of developmental, medical, psychological, educational and other relevant history including:

- A complete physical exam, including a detailed neurological exam.
 - Documentation of observed behaviors obtained through both structured behavioral assessments and informal observations.
 - Integration and summary of relevant external information, such as reports from schools, therapists, or previous evaluations, to support diagnostic accuracy and differential diagnosis.
- c. Use of standardized diagnostic instruments and clinical judgment consistent with the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria.
 - d. A written diagnostic report signed and dated by the clinician(s) stating whether ASD is present, absent, or whether further evaluation is recommended.
 - e. The final diagnostic evaluation must take place in-person, conducted at the provider's facility or practice setting.

When the above criteria are met, medically necessary early interventions for the treatment of autism will be considered.

POLICY GUIDELINES

The goal of an autism diagnostic evaluation is to ensure timely, comprehensive, and multidisciplinary assessment for individuals suspected of having Autism Spectrum Disorder (ASD), using evidence-based and culturally responsive practices to understand each individual's unique strengths, challenges, and areas where support can enhance their development and well-being.

Autism diagnostic evaluation involves history-taking, clinical observation, standardized testing, medical evaluation, and application of DSM or ICD criteria, ideally within a multidisciplinary framework to ensure accurate diagnosis and appropriate treatment.

CODING

Note: The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that may be

listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.

CPT® is a registered trademark of the American Medical Association.

CPT Code	Description
N/A	

HCPCS Code	Description
N/A	

ICD-10 Codes	Description
N/A	

BENEFIT APPLICATION

Medical policies do not constitute a description of benefits. This medical necessity policy assists in the administration of the members' benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage. This policy is invoked only when the requested service is an eligible benefit as defined in the Member's applicable benefit contract on the date the service was rendered. Services determined by the Plan to be investigational or experimental, cosmetic, or not medically necessary are excluded from coverage for all lines of business.

DESCRIPTION OF SERVICES

Autism Spectrum Disorders (ASD)

Autism is a complex, life-long developmental disability that encompasses a broad range of developmental disorders collectively referred to as Autism Spectrum Disorders (ASD). These include Autism, Asperger's Syndrome, Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS), Rett's Disorder, and Childhood Disintegrative Disorder (CDD). While Autism is the prototypical disorder, Asperger's Syndrome and PDD-NOS represent milder forms that may be more difficult to recognize. Rett's Disorder and CDD are rare but more severe conditions.

According to the Centers for Disease Control and Prevention (CDC), ASD affects approximately 1 in 36 children aged 8 years, occurs across all racial, ethnic, and socioeconomic groups, and is nearly four times more common in boys than girls.

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) defines the core features of ASD as:

- Impairments in social interaction and social development.
- Impairments in verbal and non-verbal communication, and
- Restrictive and repetitive patterns of behavior.

Evaluation aims to confirm an autism diagnosis and provide recommendations for a personalized action plan and ongoing support.

Guidance should be offered following diagnosis for early intervention programs, therapy services and educational support. Monitor progress with reassessment as needed.

CLINICAL EVIDENCE

N/A

DEFINITIONS

Autism, or autism spectrum disorder (ASD), is a developmental condition that affects how individuals perceive, interact with, and respond to the world around them. ASD encompasses a broad range of characteristics, including differences in social communication and interaction, challenges with verbal and nonverbal communication, and the presence of repetitive behaviors or restricted interests.

The manifestation and severity of these characteristics vary widely among individuals, reflecting the spectrum nature of the disorder.

ASD Diagnostic Evaluation is a comprehensive clinical assessment performed by a qualified professional (e.g., developmental pediatrician, psychologist, or psychiatrist) that includes direct observation of the individual, caregiver interviews, review of developmental and medical history, and use of standardized diagnostic tools.

In-Person Evaluation is a face-to-face assessment in which the member and/or caregiver(s) are physically present with the clinician or assessment team.

Qualified Clinician/Team is any licensed professionals or interdisciplinary teams with documented training, experience, and demonstrated expertise in the assessment and diagnosis of ASD.

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making. Policy Bulletins are developed to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Policy Bulletin may be updated and therefore is subject to change.

For Jefferson Health Plans EverWell and Jefferson Health Plans CHIP products: Any requests for services that do not meet criteria set in PARP will be evaluated on a case-by-case basis.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
New policy.	A	04/06/2026

REFERENCES

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4. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*. Arlington, VA: American Psychiatric Publishing; 2013.
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