

Autism Spectrum Disorder Services Documentation Training Series: Diagnostic Assessments

South Carolina Department of Health and Human Services
Division of Behavioral Health
2021


Disclaimer

- Materials presented today are not comprehensive. This training does not take the place of reading the provider policy and procedure manual. Prior to treatment, all beneficiaries must meet the medical necessity criteria for that service. All information in this presentation pertains to South Carolina Department of Health and Human Services Healthy Connections (SCDHHS) Medicaid beneficiaries.

Purpose of the Orientation

- To act as a guide for Autism Service Disorder (ASD) providers who are learning about South Carolina Medicaid policy and procedures prior to rendering ASD.
 - While this presentation is designed to enhance understanding of the Medicaid Standards regarding the ASD Policy Manual, all aspects and policy are not covered in this presentation. Please review the ASD Manual and the Administrative and Billing Manual.
- To help providers avoid potential Medicaid recoupment.

Documentation Training Series

- 
- Comprehensive Psychological Assessment/Testing Report
 - Behavior Identification Assessment
 - Individualized Plan of Care
 - Progress Summary
 - Clinical Service Note
 - ABA Prior Authorization General Information

Objectives

1. Review three different diagnostic assessments used to meet medical necessity criteria.
2. Review the required components of each diagnostic assessment.
3. Enable individuals to more confidently evaluate diagnostic assessments for required components.

Comprehensive Psychological Assessments/Testing Reports

Three Options:

1. Definitive Diagnostic Assessment Completed Before July 1, 2017.
2. Definitive Diagnostic Assessment Completed On or After July 1, 2017.
3. Presumptive Diagnosis Completed Prior to a Beneficiary's Fourth Birthday.



Definitive Diagnostic Assessment Completed Before July 1, 2017



Clinical Interview

Narrative summary of meeting with beneficiary/parent/caregiver that includes essential beneficiary information not otherwise captured in the assessments. This can include a brief overview, major findings, or discussion of the situation.

Behavioral Observation

Narrative description of the behavior observed during the visit. This is typically a description of the individual's behavior in the room with the clinician or caregiver before or after testing.

Three Assessments or Diagnostic Tools

At least three of the following, one of which **must** be an ASD specific diagnostic tool*:

- Autism Diagnostic Observation Schedule (ADOS)*
- Autism Diagnostic Interview (ADI)*
- Childhood Autism Rating Scale (CARS)*
- Gilliam Autism Rating Scale (GARS)
- Vineland
- Assessment of Basic Language and Learning Skills (ABLBS)
- Social Responsiveness Scale (SRS)
- Behavior Assessment System for Children (BASC)
- Social Communication Questionnaire (SCQ)
- Standardized measure of intelligence
- Screening Checklists (Modified Checklist for Autism in Toddlers, Screening Tool for Autism in Toddlers, Ages & Stages Questionnaires)

Referral Question

Reason for the visit/evaluation.

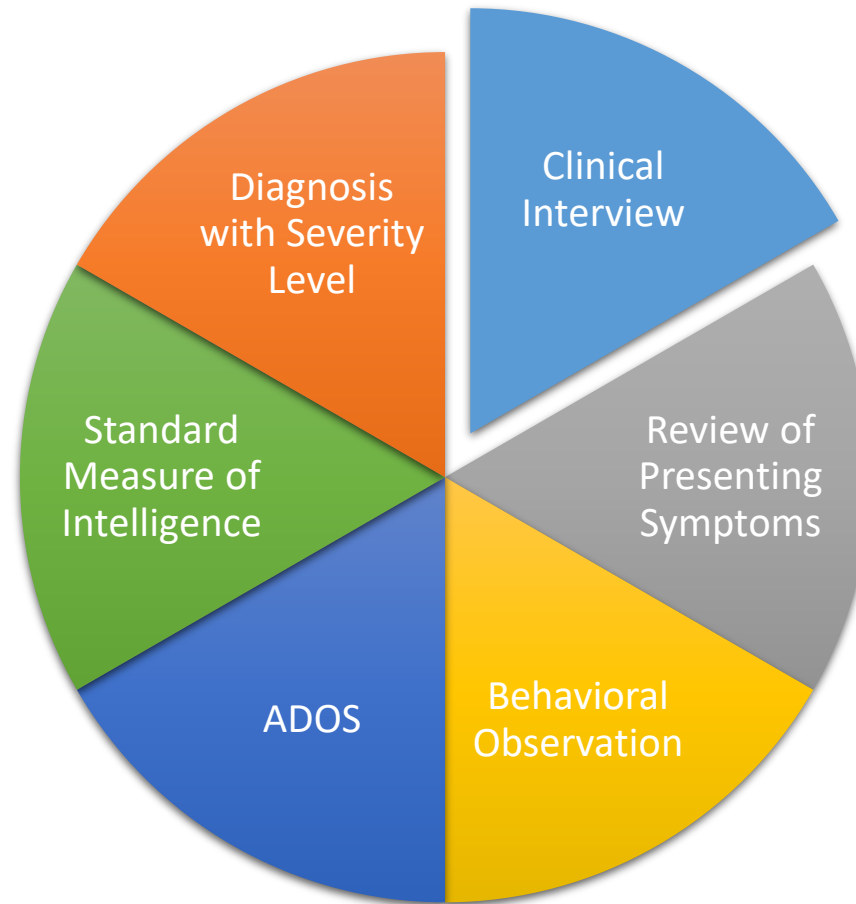


Diagnosis

Includes diagnosis from Diagnostic and Statistical Manual of Mental Disorders (DSM) to include one of the following:

- Autistic Disorder F84.1
- Asperger Syndrome F84.5
- Pervasive Developmental Disorder Not Otherwise Specified F84.9
- Childhood Disintegrative Disorder F84.3

Definitive Diagnostic Assessment Completed On or After July 1, 2017



Clinical Interview

Narrative summary of meeting with beneficiary/parent/caregiver that includes essential beneficiary information not otherwise captured in the assessments. This can include a brief overview, major findings, and discussion of the situation.



Review of Presenting of Problems

Description of the problems, symptoms, or functional deficits that are the reason the beneficiary is being evaluated. May also include strengths, history and past psychological assessment reports and records.

Behavioral Observation

Narrative description of the behavior observed during the visit. This is typically a description of the individual's behavior in the room with the clinician or caregiver before or after testing.

ADOS

Test results and summary of ADOS.



Standardized Measure of Intelligence

Must include one of the results and summary of the following:

- Wechsler Intelligence Scale for Children (WISC)
- Wechsler Adult Intelligence Scale (WAIS)
- Stanford-Binet
- Bayley Scales
- Mullen Scales of Early Learning
- Kaufman Brief Intelligence Test (KBIT-2)
- Developmental Profile (DP-3) if all five scales are used (physical, adaptive bx, social-emotional, cognitive & communication)
- Leiter International Performance Scale
- Comprehensive Test of Nonverbal Intelligence (CTONI-2)
- Universal Nonverbal Intelligence Test (UNIT-2)
- Wechsler Nonverbal Scale of Ability (WNV)
- Wechsler Preschool and Primary Scale of Intelligence (WPPSI)
- Differential Ability Scales (DAS-II)
- Battelle Developmental Inventory (BDI-2)

ASD Diagnosis including Severity Levels

Checklist of DSM-5 ASD criteria, including severity levels.

Diagnostic and Statistical Manual of Mental Disorders 5th Edition: DSM 5
Autism Spectrum Disorder 299.00

- A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history:
- Met 1.** Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back and forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
 - Met 2.** Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
 - Met 3.** Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

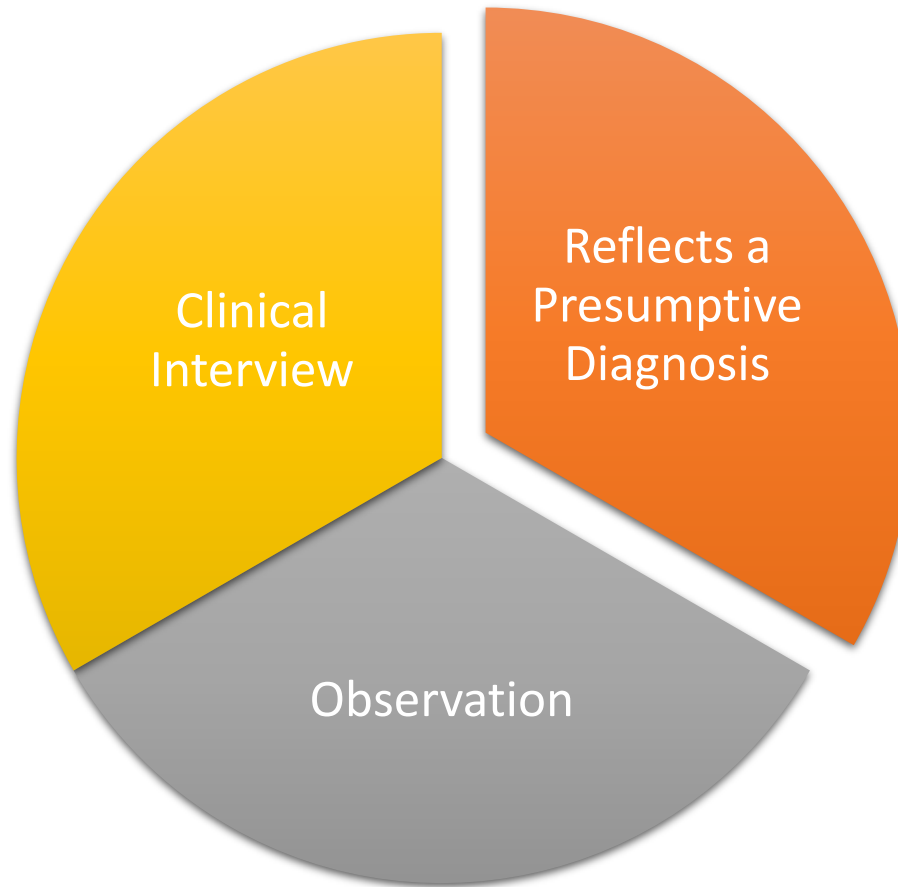
Current Severity: "very substantial support"

- B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history:
- Met 1.** Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
 - Met 2.** Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
 - Not Met 3.** Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
 - Not Met 4.** Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment; (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movements).

Current Severity: "substantial support"

- C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life). True
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning. True
- E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. True

Presumptive Diagnosis Completed Prior to a Beneficiary's Fourth Birthday



Reflects a Presumptive Diagnosis

May say “is at risk of autism” on the STAT or “is presumptively diagnosed with autism.”



Observation

The diagnosing provider observed the beneficiary in at least one setting such as their office or clinic.

Clinical Interview

Interview with the parents, guardians or other significant individuals involved in the child's care.



