

NORTHCARE NETWORK

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| PROCEDURE TITLE: Autism Spectrum Disorder (ASD) | CATEGORY: Clinical Practices/Billing |
| EFFECTIVE DATE: 9/12/13 | New Procedure |
| REVIEWED DATE: 8/27/14 | REVISION(S) TO PROCEDURE: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| RESPONSIBLE PARTY: Chief Information Officer | CEO APPROVAL DATE: 8/27/14 William Slavin, CEO |

PURPOSE:

To establish clinical and billing processes for the Member CMHSP's to follow to ensure consistent procedures for ASD Assessment, Diagnosis, Independent Assessment, ABA Service Treatment and Supervision throughout the region. This is a Medicaid/MiChild program established for identification and treatment of children between the ages of 18 months through 5 years of age with Autism Spectrum Disorder.

PROCEDURE:

1. Determination of diagnosis of ASD shall be performed by an approved provider, per the Autism Benefit HCPCS/CPT Coding Chart, using the (ADOS-2) Toddler Module or Module 1, 2, or 3 and the (ADI-R).
2. Validation of the testing diagnosis is required by a physician (preferably a child psychiatrist) or a fully licensed psychologist unless the diagnosis is made by either of those professionals.
3. The CMHSP designee will submit evidence from the diagnostic assessment/testing for all children in the target group to MDCH via the web-based application.
4. Once notified by MDCH a child meets the Needs-Based-Criteria, the CMHSP will provide an Independent Evaluation/Assessment to the child and create an Individual Plan of Service and Treatment Plan.
5. ABA diagnostic assessments and testing, IPOS, Treatment Plan and ABA service delivery and supervision of the ABA service delivery, will be coded using the attached Autism Benefit HCPCS/CPT Coding Chart as a guide.



