

Clinical Policy: Autism Spectrum Disorder (ASD) Services

Reference Number: SC.CP.BH.501
Date of Last Revision: 06/25

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This clinical policy describes the medical necessity criteria for autism spectrum disorder (ASD) services within South Carolina Department of Health and Human Services (SCDHHS).¹

Autism spectrum disorder (ASD) is a neurodevelopmental disorder that can cause significant social, communication and behavioral challenges. ASD is considered a lifelong condition, and the need for services and support differs for each person.²

Applied Behavior Analysis (ABA) involves systematic study of functional challenges, which is used to create a structured behavioral plan for improving their adaptive skills and decreasing inappropriate behavior.²

Note: For purposes of this policy the terms autism spectrum disorder services (ASD) and Applied Behavior Analysis (ABA) are used interchangeably.

Policy/Criteria

- I. It is the policy of Absolute Total Care and Centene Advanced Behavioral Health that autism spectrum disorder (ASD) services are **medically necessary** when meeting all of the following:
 - A. Member/enrollee is ≤ 21 years of age;
 - B. ASD diagnosis meets one of the following:
 1. A *new diagnosis* of ASD meets all of the following:
 - a. Confirmed through a comprehensive psychological assessment/testing report which meets criteria outlined in [I.C.3.b.](#);
 - b. Certified by one of the following practitioners:
 - i. Licensed Psychologist;
 - ii. Developmental Pediatrician;
 - iii. Licensed Psycho-Educational Specialist (LPES), certified by the South Carolina Department of Education;
 2. A *previously established* ASD diagnosis supported by a comprehensive psychological assessment/testing report that includes the following:
 - a. Clinical interview with the member/enrollee and/or family members or guardians (as appropriate);
 - b. Documents the presenting problems, symptoms and functional deficits, strengths, and history, including past psychological assessment reports and records;
 - c. Behavior observation in one or more settings;
 - d. At least *three* of the screening tools listed in [I.C.3.b.vi.](#), one of which must be an ASD-specific diagnostic instrument (not required to be the Autism Diagnostic Observation Schedule (ADOS) or a standardized measure of intelligence test as for a newly established diagnosis);
 - e. Background information includes all the following:

- i. The member/enrollee’s name and date of birth;
 - ii. The date of evaluation session(s) and date of the report;
 - iii. Referral question and/or reason for assessment;
 - iv. Administration test;
 - f. Certified by one of the following practitioners:
 - i. Licensed Psychologist;
 - ii. Developmental Pediatrician;
 - iii. Licensed Psycho-Educational Specialist (LPES), certified by the South Carolina Department of Education;
 - 3. A *presumptive* ASD diagnosis identified prior to the age of four is supported by a psychological assessment that meets both of the following:
 - a. Behavior observation completed in multiple settings;
 - b. Clinical interview with parents, guardians, or other significant individuals involved in the member/enrollee’s care;
Note: By the member/enrollee’s fourth birthday, the ASD diagnosis must be confirmed through a comprehensive psychological assessment/testing report which meets criteria outlined in I.C.3.b. and is certified by a licensed psychologist, school psychologist or developmental pediatrician;
- C. Request for services includes one of the following:
- 1. **Comprehensive psychological assessment/testing report;**
 - 2. **Behavioral Identification Assessment;**
 - 3. **Initiation of ASD services, all the following:**
 - a. SCDHHS ASD Prior Authorization Request Form;
 - b. A comprehensive psychological assessment/testing report confirms the autism spectrum diagnosis (ASD), as defined by the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), includes the following, unless criteria I.B.3 for *presumptive diagnosis* is met:
Note: The most current available version of tests should be used and administered by a qualified health professional.
 - i. Clinical interview with the member/enrollee and/or family members or guardians (as appropriate);
 - ii. Documents the presenting problems, symptoms and functional deficits, strengths, and history, including past psychological assessment reports and records;
 - iii. Behavior observation in one or more settings;
 - iv. Autism Diagnostic Observation Schedule (ADOS);
 - v. A standardized measure of intelligence (e.g., WISC or WAIS, Stanford-Binet, Bayley Scales, etc.);
 - vi. One or more of the following screening tools may also be included:
 - a) Autism Diagnostic Interview-Revised (ADI-R);
 - b) Behavior Assessment System for Children (BASC);
 - c) Childhood Autism Rating Scale (CARS2);
 - d) Gilliam Autism Rating Scale (GARS);
 - e) Vineland Adaptive Behavioral Scales (Vineland);
 - f) Assessment of Basic Language and Learning Skills (ABLLS-R);
 - g) Social Responsiveness Scale (SRS);
 - h) Screening checklists (e.g., MCHAT, STAT, ASQ, etc.);

CLINICAL POLICY

Autism Spectrum Disorder (ASD) Services

- i) Social Communication Questionnaire (SCQ);
- j) Other valid form of approved, evidence-based, standardized assessment measure;
- vii. Background information includes all the following:
 - a) The member/enrollee's name and date of birth;
 - b) The date of evaluation session(s) and date of the report;
 - c) Referral question and/or reason for assessment;
 - d) Administered tests;
 - e) Medical history and medications;
 - f) Family history;
 - g) Psychological and/or psychiatric treatment history including previous psychological assessment/testing reports, etc.;
 - h) Substance use history;
 - i) Member/enrollee's and/or family strengths and support system;
 - j) Exposure to physical abuse, sexual abuse, anti-social behavior, or other traumatic events;
 - k) Current diagnoses, including levels of severity;
 - l) Recommendations for additional services, support, or treatment based on medical necessity criteria, including specific rehabilitative services (e.g., occupational therapy, speech therapy, etc.);
 - m) The name, professional title, and HIPAA-compliant signature of the certified practitioner, to include the date the report was completed;
- c. Behavior identification assessments conducted face to face with the member/enrollee and caregiver(s), prior to the initiation of services, meet all the following:
 - i. Conducted by a Board-Certified Behavior Analyst-Doctoral (BCBA-D), Board-Certified Behavior Analyst (BCBA), or Board-Certified Assistant Behavior Analyst (BCaBA);
 - ii. Administration of standardized and non-standardized tests;
 - iii. Detailed behavioral history including direct observation and caregiver interview;
 - iv. Interpretation of test results to determine baseline levels of adaptive and maladaptive behaviors and functional behavior analysis;
 - v. Discussion of findings and recommendations with the primary guardian(s)/caregiver(s);
 - vi. Administration of assessments to include both of the following:

Note: The most current version of tests should be used and administered by a qualified health professional.

 - a) Vineland Adaptive Behavior Scale;
 - b) Two or more of the following:
 - 1) Pervasive Developmental Disorder Behavioral Inventory (PDDBI);
 - 2) Social Responsiveness Scale (SRS);
 - 3) Promoting the Emergence of Advanced Knowledge (PEAK) - Comprehensive Assessment;
 - 4) Verbal Behavior Milestones Assessment and Placement Program (VBMAPP);
 - 5) Assessment of Functional Living Skills (AFLS);
 - 6) Essentials for Living (EFL);
 - 7) Assessment of Basic Language and Learning Skills (ABLLS);

CLINICAL POLICY
Autism Spectrum Disorder (ASD) Services

- vii. Supplemental assessments meet the following, as applicable and as determined by the behavioral needs of the member/enrollee:
 - a) Behavior identification supporting assessment, conducted by *one technician*, meets all the following:
 - 1) Conducted by a registered behavior technician (RBT) under the direction of a physician or other qualified provider;
 - 2) Supports the identification of problematic or target behaviors noted in the initial assessment conducted by the BCBA-D, BCBA or BCaBA;
 - 3) Provided at multiple points in treatment to include the following:
 - i) After the BCBA-D, BCBA or BCaBA's initial assessment;
 - ii) After progression of therapy for the purpose of re-assessment to refine treatment goals and gauge effectiveness of interventions;
 - iii) During periods of transition between two settings, such as during an activity at school as well as an activity in the home, to determine ways behaviors manifest in various settings;
 - iv) After a specific intervention or therapy module, a targeted post-intervention assessment may identify the effectiveness of the specific intervention or protocol;
 - b) Behavior identification supporting assessment, conducted by *two or more technicians*, meets the following:

Note: This service is not intended to be used as a crisis (i.e., if behavior occurs unexpectedly and multiple technicians are needed for safety). It should be a planned intervention.

 - 1) Administered by the physician, BCBA-D, BCBA, or BCaBA, who is on site and assisted by two or more technicians;
 - 2) Member/enrollee who exhibits destructive or aggressive behavior;
 - 3) Service is conducted in an environment that is customized to the member/enrollee's behavior;
- d. Individualized Plan of Care (IPOC), developed prior to initiation of treatment services, documents all of the following:

Note: Completed no later than the 10th business day after the initial behavior assessment.

 - i. Member/enrollee's strengths, needs, abilities, and preferences;
 - ii. Goals and objectives of treatment which align with the assessment evaluation results;
 - iii. An outline of the member/enrollee's needs, including a detailed description of the recommended amount, type, frequency, setting, and duration of ASD treatment services necessary to best address the current needs;
 - iv. Specific treatment activities or interventions;
 - v. Amount and type of parent/caregiver participation;
 - vi. The expected due date of each progress summary and annual re-development;
 - vii. HIPPA-compliant signature, title, and date by the multidisciplinary team members including the member/enrollee and parent/caregiver;
- e. Services are provided by one of the following practitioners:
 - i. BCBA-D;
 - ii. BCBA;
 - iii. Under the direct supervision of a BCBA-D or BCBA, any of the following:
 - a) BCaBA;

CLINICAL POLICY

Autism Spectrum Disorder (ASD) Services

- b) RBT or Behavior Technician;
- f. Direct treatment services meet both of the following:
 - i. One hour of direct supervision is provided for every ten hours of therapy;
 - ii. Treatment includes any of the following:
 - a) Adaptive Behavior Treatment by Protocol, administered by a technician, face-to-face with one member/enrollee under the direction of a BCBA-D, BCBA or BCaBA;
 - b) Group Adaptive Behavior Treatment by Protocol, *multiple* member/enrollees, meets one of the following:
 - 1) Administered by a BCBA-D, BCBA or BCaBA, with two or more members/enrollees, utilizing a behavioral intervention protocol designed in advance by the BCBA-D, BCBA or BCaBA;
 - 2) Performed by a RBT and administered by an RBT under the direction of a qualified healthcare professional, with two or more members/enrollees, utilizing a behavioral intervention protocol designed in advance by the BCBA-D, BCBA or BCaBA;
 - c) Adaptive Behavior Treatment with Protocol Modification, administered by a BCBA-D, BCBA or BCaBA, face-to-face, with a single member/enrollee to resolve one or more problems with the protocol and may simultaneously instruct a technician and/or guardian(s)/caregiver(s) in administering the modified protocol;
 - d) Adaptive Behavior Treatment with Protocol Modification, administered face to face by *two or more technicians*, meets all of the following:
Note: This service is not intended to be used in a crisis, such as if behavior occurs unexpectedly and multiple technicians are needed for safety but shall be a planned intervention.
 - 1) Administered by the physician, BCBA-D, BCBA, or BCaBA, who is on site;
 - 2) Provided to a member/enrollee who exhibits destructive or aggressive behavior;
 - 3) Conducted in an environment that is customized to the member/enrollee's behavior;
 - e) Family Adaptive Behavior Treatment Guidance, administered by a BCBA-D, BCBA or BCaBA with guardian(s)/caregiver(s), without the presence of the member/enrollee, to identify behaviors and deficits and teach guardian(s)/caregiver(s) of one member/enrollee to utilize treatment protocols designed to reduce maladaptive behaviors and/or skill deficits;
 - f) Multiple Family Group Adaptive Behavior Treatment Guidance, administered by a BCBA-D, BCBA or BCaBA with two or more guardian(s)/caregiver(s), without the presence of the member/enrollee, uses behavior analytic principles to approach identified skills and problem behaviors noted by the caregivers. The group service also provides a space for caregivers to practice procedures used at home and in sessions with the member/enrollee, allowing the qualified provider to offer suggestions and feedback;
- 4. **Continuation of ASD** services includes all the following:
Note: Request can be submitted 30 days prior and no later than 10 days prior to the expiration of authorized visits.

CLINICAL POLICY

Autism Spectrum Disorder (ASD) Services

- a. SCDHHS ASD Prior Authorization Request Form;
- b. IPOC, reviewed every six months, meets criteria in [I.C.3.d.](#);
Note: The reason for any discontinued treatment must be documented in all IPOC reviews. The original IPOC signature date will serve as the reference date for all subsequent reviews.
- c. Progress summary, completed quarterly, includes all the following:
Note: The due date is based on the last date of the authorized treatment or final date of service.
 - i. Specific objective(s) from the IPOC that were a focus of treatment;
 - ii. Specific treatment activities or interventions;
 - iii. Identification of goals that have been met;
 - iv. Cumulative graphs of goals and objectives demonstrating progress or areas of concern;
 - v. Explanation of any delayed progress, to include barriers to progress, toward IPOC goals;
 - vi. Explanation of any failure to provide the recommended services and their frequency;
 - vii. Amount and type of parent/caregiver participation, as applicable to the member/enrollee;
 - viii. Summary of the treatment plan for the upcoming treatment period, to tie into objectives and goals of the IPOC;
 - ix. Addresses any dates of service not previously reported on in a prior progress summary;
 - x. HIPAA-compliant signature, title, and date by the multidisciplinary team members including the parent and/or caregiver;
 - xi. Documentation of clinically appropriate coordination between the ASD network provider, the referring entity regarding treatment, and the member/enrollee's school, as applicable;
 - xii. The ASD provider has submitted to the referring entity clinical service documentation describing the services rendered, outcomes achieved, and any recommendation for continued or additional services;
- d. Annual treatment reviews include all of the following;
Note: Annual treatment requests can be submitted up to 30 days prior and no later than 10 days prior to the expiration of authorized visits.
 - i. A new behavior identification assessment meets criteria outlined in [I.C.3.c.](#);
 - ii. A new IPOC is developed every 12 months;
Note: The reason for any discontinued treatment must be documented. The original IPOC signature date will be used as the reference date for reformulation.
 - iii. Progress summary spanning the previous authorized treatment period;
- e. Each clinical service note includes all of the following:
 - i. Background information includes all of the following:
 - a) Member/enrollee's name and Medicaid ID;
 - b) Date of service;
 - c) Name of the service provided;
 - d) Place of service;
 - e) Duration of service (start and end time for each service delivered);

CLINICAL POLICY

Autism Spectrum Disorder (ASD) Services

- f) Is typed or handwritten using only black or blue ink;
 - g) Is legible and kept in chronological order;
 - h) Reference individuals by full name, title, and agency/provider affiliation at least once in each note;
 - i) Name, HIPAA-compliant signature, title, and date of the ABA provider responsible for rendering services;
 - j) Completed no later than five business days after the date of service;
 - ii. Description of treatment provided includes all of the following:
 - a) Specific goal objective(s) from the IPOC for each session;
 - b) Structured activities of the member/enrollee in the session;
 - c) Specific interventions provided;
 - d) Member/enrollee and caregiver's response to the intervention/ treatment;
 - e) Member/enrollee's progress or lack of progress made in treatment;
 - f) Changes in treatment;
 - g) Plan for next session;
 - h) Crisis intervention, as applicable;
 - i) Changes in medical, behavioral, or psychiatric status;
 - j) Discharge, as applicable.
- II.** It is the policy of Absolute Total Care and Centene Advanced Behavioral Health that *transition of care* from autism spectrum disorder services (ASD) is medically necessary when meeting all the following:
- A. Transition planning and discharge considerations are made with input from the entire care team and begin within three to six months prior to the first change in service;
 - B. Gradual step-down in services occurs over six months or longer;
 - C. A written plan contains all of the following:
 - 1. Specific details of monitoring and follow-up;
 - 2. Description of roles and responsibilities of all providers;
 - 3. Effective date for behavioral targets that must be achieved prior to the next phase;
 - 4. Specified and coordinated with all providers, the member/enrollee and family members.
- III.** It is the policy of Absolute Total Care and Centene Advanced Behavioral Health that *discharge* from autism spectrum disorder services (ASD) is medically necessary when meeting any of the following:
- A. There has been no significant improvement based on assessments of behavior, skills, and/or lack of progress with treatment plan goals; and there is not a reasonable expectation that a revised treatment plan could lead to clinically significant progress;
 - B. Level of functioning has significantly improved relative to standardized measures of behavior and ability;
 - C. Member/enrollee requests discharge (and is not imminently dangerous to self or others);
 - D. Member/enrollee requires a higher level of care (i.e., inpatient hospitalization or psychiatric residential treatment facility);
 - E. Member/enrollee has reached the age of 21.

Background

Applied Behavioral Analysis (ABA) is the leading evidenced based, validated treatment for

CLINICAL POLICY

Autism Spectrum Disorder (ASD) Services

autism spectrum disorder (ASD). It involves analyzing, designing, implementing, and evaluating social and other environmental modifications to produce meaningful changes in behavior. Services can be delivered in various settings (e.g., home, clinic, school, community) and through various settings (e.g., in-person, telehealth) to increase adaptive skills and reduce challenging behaviors. ABA includes the use of direct observation, measurement, and functional analysis of the relations between the environment and behavior.³

South Carolina Department of Health and Human Services (SCDHHS)¹

Effective July 1, 2017, the South Carolina Department of Health, and Human Services (SCDHHS) elected to cover all medically necessary care for children with autism through age 21 as part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit under the South Carolina Title XIX State Plan.

American Academy of Pediatrics (AAP)⁴

The AAP recommends that all children be screened for ASD at ages 18 and 24 months, along with regular developmental surveillance. Toddlers and children should be referred for diagnostic evaluation when increased risk for developmental disorders (including ASD) is identified through screening and/or surveillance. Children should be referred to for intervention for all identified developmental delays at the time of identification and not wait for an ASD diagnostic evaluation to take place.

The Diagnostic and Statistical Manual of Mental Disorder, Fifth edition (DSM-5-TR)⁵

The DSM-5 TR lists the following severity levels for autism spectrum disorder. They are divided into two domains (social communication and interaction and restrictive, repetitive behaviors). To fulfill DSM-5 TR criteria for ASD, all three deficits listed in social communication need to be present, in addition to two of the four related restrictive and repetitive behaviors.

Severity Level	Social Communication	Restricted, repetitive behaviors
Level 3 “Requiring very substantial support”	Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and when he/she does, makes unusual approaches to meet needs only and responds to only very direct social approaches.	Inflexibility of behavior, extreme difficulty coping with change or other restricted/repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changes focus or action.
Level 2 “Requiring substantial support”	Marked deficits in verbal and nonverbal communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interest, and who has markedly odd nonverbal communication.	Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer in a variety of context. Distress and/or difficulty changing focus or action.
Level 1 “Requiring support”	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but	Inflexibility of behavior causes significant interference with functioning in one or more context. Difficulty switching between activities. Problems of organization and planning hamper independence.

CLINICAL POLICY
Autism Spectrum Disorder (ASD) Services

	whose to- and from- conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.	
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Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT®* Codes	Description
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/ interpreting the assessment, and preparing the report/treatment plan
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
0373T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.

CLINICAL POLICY
Autism Spectrum Disorder (ASD) Services

CPT®* Codes	Description
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes

Reviews, Revisions, and Approvals	Revision Date	Approval Date
New Policy adapted off the South Carolina Department of Health and Human Services. Autism Spectrum Disorder (ASD) Services Provider Manual.	03/24	05/24
Annual review. Updated policy description. Policy restructured with no impact to the criteria content. Added I.C.3.a. "SCDHHS ASD...". Added note to I.C.3.b. "The most current available version of tests" Added "Board-Certified Behavior Analyst-Doctoral (BCBA-D)" to all applicable assessment and direct treatment criteria. Updated screening tools: ADI to ADI-R and CARS to CARS2. Added note to I.C.3.c.vi. "The most current version...". Added I.C.3.c.vii "Supplemental assessment..." Added I.C.3.c.vii. a). "Behavior Identification supporting assessment one technician..." Added I.C.3.c.vii. b). "Behavior Identification supporting assessment two or more technicians..." Added I.C.3.f. ii, d). "Adaptive Behavior Treatment with Protocol Modification, administered face to face by two or more technicians...". Added I.C.3.f. ii. f). "Multiple Family Group...". Added I.C.4.d. "annual treatment...". Added I.C.4.e. " each clinical service note..." Added policy statement III. A. "There has been no significant improvement..." Added CPT codes "97152, 0363T, 0373T,97157". Background updated. References reviewed and updated.	06/25	

References

1. South Carolina Department of Health and Human Services. Autism Spectrum Disorder (ASD) Services Provider Manual. <https://www.scdhhs.gov/providers/manuals/autism-spectrum-disorder-asd-services-manual>. Updated January 1, 2025. Accessed June 10, 2025.
2. American Psychiatric Association. What is Autism? Website. <https://www.psychiatry.org/patients-families/autism/what-is-autism-spectrum-disorder>. Published January 2024. Accessed June 10, 2025.
3. Council of Autism Service Providers (CASP). Applied behavior analysis practice guidelines (Version 3.0). <https://www.casproviders.org/asd-guidelines>. Published April 29,2024. Accessed June 10, 2025.
4. American Academy of Pediatrics. Autism. Website. <https://www.aap.org/en/patient-care/autism/>. Accessed June 10, 2025.
5. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth

CLINICAL POLICY

Autism Spectrum Disorder (ASD) Services

Edition, Text Revision. <https://www.psychiatry.org/psychiatrists/practice/dsm>. Published March 8, 2022. Accessed June 10, 2025.

6. U.S Center for Disease Control and Prevention. Autism Spectrum Disorder (ASD). Website. <https://www.cdc.gov/autism/index.html>. Accessed June 10, 2025.
7. Augustyn, Marilyn. Autism spectrum disorder in children and adolescents: Evaluation and diagnosis. UpToDate. <http://www.uptodate.com>. Published November 5, 2024. Accessed June 10, 2025.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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CLINICAL POLICY

Autism Spectrum Disorder (ASD) Services

of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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