

# Screening for Autistic Spectrum Disorders

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# Screening for Autism Spectrum Disorders

- Most parents report concerns by 15-18 months, but diagnosis may not be made until much later
- Survey in 2004 revealed 44% of pediatricians care for at least 10 children with ASDs but only 8% routinely screen
- Recent evidence that children as young as 18 months can be accurately diagnosed with autism
- As per new guidelines, screening recommended at 18 and 24 months with an autism-specific tool or at any age if concerns

## What parents say...

- “I would like to see physicians educated in the differences of the autism spectrum (mild to severe). Physicians need to be able to recognize that if a child is not babbling or talking that the child needs to be evaluated immediately and not say "let's just wait and see."

## What parents say...

- Just a personal experience that happened to me with my son, I told his pediatrician that I was concerned and wondered if he could be on the spectrum. She told me that he definitely was not on the spectrum, that "she could tell" and I shouldn't worry. As you know he was later diagnosed with PDD-NOS. I think it is unethical for a pediatrician to determine if a child has autism or is on the spectrum based on office visits that may only occur a few times a year. Our children need comprehensive evaluations. Doctors need to be willing to refer those out and support the parent through the process.

# AAP Autism Tool Kit

- Introduction (articles and policy statements)
- Identification (screening and surveillance tools and algorithm)
- Referrals (info on Early Intervention, form letters)
- Physician Fact Sheets
- Family Handouts

AAP Member Price 69.95 (79.95 non) [www.aap.org](http://www.aap.org)

Johnson CP, Myers SM. **Identification and Evaluation of Children with Autism Spectrum Disorders.**

Pediatrics. 2007; 120: 1183-1215

- Epidemiology
- *Etiology*
- *Neuropathology and Neuroimaging*
- Clinical Signs
- Surveillance and Screening
  - ***Please note:*** Positive surveillance or screening does not indicate diagnosis; it indicates a need for a more comprehensive evaluation to obtain clinical diagnosis.
- Comprehensive Evaluation

# Algorithm

# M-CHAT

(Robins et al, 2001, J Autism Dev Disord 31:131-144)

- For ages cognitive 16 to 30 months
- 23 item yes/no parent questionnaire
- 1293 children initially screened
- Latest sensitivity 0.87, specificity 0.99 with follow-up interview
- Download at [dbpeds.org](http://dbpeds.org)

# M-CHAT

- Sample
  - Does your child respond to his/her name when you call?
- Yes/no answers convert to pass/fail responses
- Scoring sheet lists *failed* responses
- Child fails screening when 2 or more critical items failed (indicated in bold) or any 3 items failed

# M-CHAT Follow-up interview

[www2.gsu.edu/~psydlr](http://www2.gsu.edu/~psydlr)

- Sample Initial Question
  - Does your child respond to his/her name when you call?
- Follow-up
  - Is this still true
  - If he is NOT doing something fun or absorbing, would he usually respond to his name being called
  - What does he do when you call his name?

# M-CHAT Follow-up interview study

<http://aut.sagepub.com/cgi/content/abstract/12/5/537>

- Of 466 positive screens of 4797 M-CHATs...
  - 301 passed phone interview
  - 104 declined/ excluded
  - 61 evaluated
    - ASD 21
    - Non-ASD 20 (but most with other delay)
    - 24 declined/excluded
- Positive predictive value 0.57 (compared to 0.11 when M-CHAT used alone)

Robins, D Screening for autism spectrum disorders in primary care settings, 12: 537, 2008.

## Other free screening tools for ASDs in AAP kit

- CSBS-DP Communication and Symbolic Behavior Scales Developmental Profile
  - 6-24 months
  - [Firstwords.fsu.edu](http://Firstwords.fsu.edu)
- CAST: Childhood Asperger Syndrome Test
  - 4-11 years
  - [Autismresearchcentre.com](http://Autismresearchcentre.com)

# Billing and Coding

- 96110 – can be used from administering specific screening tools that have been validated such as M-CHAT
  - In context of WCC or other evaluation and management services
  - CMS RVU 0.36 for payment but no physician wRVU's attached
  - Can bill when practice staff completes scoring (MA, RN)
  - If using two screening instruments in one visit (such as PEDS and M-CHAT) can bill twice

## Indications for referral to a developmental specialist and CDS (Child Development Services)

- Child fails screening in office (and ideally has had follow-up interview)
- No gestures and/or babbling by 12 m
- No single words at 16 m
- No spontaneous (non-echolalic) 2 word phrases at 24m
- Loss or regression of skills at any age

\*\*Most consistent signs of autism in young children: decrease in orienting to their name and delayed or absent pointing

# Child Development Services (CDS)

- Early Intervention in Maine for children birth to kindergarten eligible
- Intake with a case manager for developmental screening
- Multi-disciplinary evaluation if indicated by screening
- CDS should request diagnostic consult if indicated is it has not already been completed
- Determination of eligibility based on severity of delays and/or specific diagnosis
- Development of Individual Family Service Plan (IFSP) at a meeting with the family
- Federally mandated and free services- insurance may be billed but final payer is CDS and not the family