

Autism Spectrum Disorder (ASD) Screening

CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

C&TC Requirements

General

Autism-specific screening is recommended by the American Academy of Pediatrics (AAP) at 18 and 24 months of age, and whenever there are autism-related concerns about a child.

Due to the higher risk among Medicaid-eligible children for a wide range of developmental and social-emotional screening, C&TC providers should prioritize developmental and social-emotional screening. Autism-specific screening is recommended for C&TC-eligible children only after they have previously received general developmental screening (beginning at 9 months) *and* social-emotional screening (beginning at 6 months).

Personnel

Qualifications for autism-specific screening are instrument-specific; refer to the instrument's manual for more information.

Documentation

When autism-specific screening is provided, documentation must include the name of the screening instrument, the result, and anticipatory guidance with the parent or caregiver based on screening results. For positive screening results, document referral and follow-up plans.

For documentation examples, refer to the [C&TC Documentation Forms for Providers and Clinics \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us).

Screening Procedures

The Modified Checklist for Autism in Toddlers (M-CHAT) or M-CHAT Revised (M-CHAT-R) is a commonly used, standardized autism-specific screening instrument. To accurately identify children who would benefit from further evaluation, *both* the M-CHAT questionnaire *and*

the follow-up interview must be used. Without the follow-up interview, the positive predictive value of the M-CHAT is very low, and children may be over-identified and unnecessarily referred (Robins, et al., 2013).

Billing for an autism-specific screening requires the use of a standardized screening instrument according to the guidelines of the developer. For current screening, billing, and coding information, refer to the [MHCP Manual, C&TC section \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us).

ASD Referral and Management

When the M-CHAT or M-CHAT-R are used appropriately, about half of children with a positive screening result are found to have autism spectrum disorder, while the other half have a developmental delay or condition other than autism. Therefore, comprehensive evaluation should include consideration of a broad range of possible etiologies, rather than an evaluation that only focuses on autism.

If the autism-specific screening result is positive, it is essential to ensure a comprehensive medical, educational *and* mental health evaluation. This should include assessing for sensory (vision or hearing) deficits, lead exposure, genetic conditions, trauma, mental health and other conditions that may present similarly to autism.

Follow the American Academy of Pediatrics (AAP) recommendations for **medical** identification and evaluation of children with autism spectrum disorders (www.aap.org) (Meyers & Johnson, 2007)

Refer the child for an **educational** evaluation as soon as possible, either directly to the local school district or via www.HelpMeGrowMN.org (1-866-693-GROW) to determine eligibility for early childhood

special education (ECSE) services, which are free of cost to the family.

Assessment by an early childhood **mental health** professional will ensure evaluation for conditions such as trauma or other child social-emotional development conditions that may result in behaviors that can mimic autism. A mental health diagnosis (using the DC:0-3R diagnostic manual or its upcoming revised version) of a child under three years of age results in automatic eligibility for ECSE services, expediting access to services at school. Refer to the Minnesota Department of Human Services [map of Early Childhood Mental Health services by county \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us) to find providers available in the family's county.

For management of children diagnosed with autism, refer to the Center for Disease Control and Prevention (CDC) [ASD Treatment \(www.cdc.gov\)](http://www.cdc.gov) and to AAP recommendations (Meyers & Johnson, 2007).

Importance of ASD Identification

According to the CDC, prevalence of ASD in the United States is about 1 in 68 children. Early identification and treatment of autism results in more favorable developmental, health and family outcomes (Meyers & Johnson, 2007).

A 2013 prevalence study of autism in Minnesota found that children were identified at an average of 5 years of age, even though autism can be reliably diagnosed by about 2 years of age (Hewitt, et al., 2013).

Professional Recommendations

American Academy of Pediatrics (AAP)

- The AAP recommends universal autism-specific screening at 18 and 24 months of age using a standardized instrument (Meyers & Johnson, 2007). Refer to the [Bright Futures Recommendations for Preventive Pediatric Health Care \(https://www.aap.org\)](https://www.aap.org).

U.S. Preventive Services Task Force (USPSTF)

- The USPSTF concluded that there is insufficient evidence to recommend screening for ASD in young children for

whom no concerns of ASD have been raised by their parents or a clinician (Siu, 2016).

Resources

Centers for Disease Control and Prevention

- [Learn the Signs. Act Early \(www.cdc.gov\)](http://www.cdc.gov)
- [Autism Case Training \(www.cdc.gov\)](http://www.cdc.gov)

Minnesota Department of Health

- [Autism \(www.health.state.mn.us\)](http://www.health.state.mn.us)
- [Child and Teen Checkups \(www.health.state.mn.us\)](http://www.health.state.mn.us).

Minnesota Department of Human Services

- [Children with Autism Spectrum Disorders \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us)
- [Minnesota Health Care Programs Provider Manual C&TC Section \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us)

References

Hewitt, A., Gulaid, A., Hamre, K., Esler, A., Punyko, J., Reichle, J., & Reiff, M. (2013). *Minneapolis Somali Autism Spectrum Disorder Prevalence Project Community Report*. Minneapolis: Institute on Community Integration. Retrieved from <http://rtc.umn.edu/autism/>

Meyers, S. M., & Johnson, C. P. (2007). Identification and evaluation of children with autism spectrum disorders. *Pediatrics*, 120(5), 1183-1215.

Minnesota Department of Health. (2014). *A Qualitative Study of Families of Children with Autism in the Somali Community: Comparing the Experiences of Immigrant Groups*. St. Paul: Minnesota Department of Health. Retrieved from <http://archive.leg.state.mn.us/docs/2014/mandated/140404.pdf>

Robins, D. L., Casagrande, K., Barton, M., Chen, C. A., Dumont-Mathieu, T., & Fein, D. (2013). Validation of the modified checklist for Autism in toddlers, revised with follow-up (M-CHAT-R/F). *Pediatrics*, 133(1), 37-45.

Siu, A. (2016). Screening for Autism Spectrum Disorder in Young Children: USPSTF Recommendation Statement. *Journal of the American Medical Association*, 315(7), 691-969.

For More Information

Minnesota Department of Health
Child and Teen Checkups Program
PO Box 64882,
St. Paul, MN 55164-0882
651-201-3760
health.childandteencheckups@state.mn.us
www.health.state.mn.us

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