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).

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).

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.


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) 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) 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).

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)
- Autism Case Training (www.cdc.gov)

Minnesota Department of Health
- Autism (www.health.state.mn.us)
- Child and Teen Checkups (www.health.state.mn.us).

Minnesota Department of Human Services
- Children with Autism Spectrum Disorders (www.dhs.state.mn.us)
- Minnesota Health Care Programs Provider Manual C&TC Section (www.dhs.state.mn.us)

References


For More Information
Minnesota Department of Health
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