

# MEMO

**To:** Purvee Kempf, Ellen O'Brien, and Jennifer Libster, DC Health Benefit Exchange Authority  
**From:** Sarah Barclay Hoffman and Alana Aronin, Children's National Hospital  
**Re:** Autism Spectrum Disorder Treatment Scenario  
**Date:** October 11, 2022

To complement the Treatment Scenario for Anxiety Disorders and other children's Behavioral Health conditions, Children's National Hospital has prepared the following scenario for Autism Spectrum Disorder (ASD). Clinical leaders in the treatment and care of Autism patients were consulted in the development of this scenario.

Given the range of needs of patients with Autism, the usage of codes and treatments can vary greatly. We present a comprehensive scenario based on the standard of care and clinical recommendations provided by our experts in the evaluation, diagnosis and treatment of ASD. We recognize the expansive nature of this scenario, and would welcome discussion between Children's National Hospital clinicians with ASD expertise and DC Health Benefit Exchange staff and/or Whitman Walker, if that would be beneficial.

We appreciate the opportunity to provide input and guidance on this important work.

## Autism Spectrum Disorder

ICD-10 Code	Code Description
F84.0	Autistic Disorder

Medications
SSRIs (e.g. Fluoxetine (Prozac), Citalopram (Celexa))
SNRIs
Non SSRI Antidepressant (e.g. Mirtazapine (Remeron), Clomipramine (Anafranil))
Typical Antipsychotic Agents (e.g. Haloperidol (Haldol))
Atypical Antipsychotic Agents (e.g. Risperidone (Risperdal), Aripiprazole (Abilify), Olanzapine (Zyprexa))
Anti-ADHD Agents (e.g. Methylphenidate (Ritalin), Atomoxetine (Strattera), Guanfacine (Tenex), Guanfacine (Intuniv), Clonidine (Catapres)), including long-acting versions
Anticonvulsants / Mood Stabilizers (e.g. Divalproex sodium (Depakote), Lamotrigine (Lamictal), Levetiracetam (Keppra))
Cholinergic Agents (e.g. Galantamine (Razadyne), Donepezil (Aricept), Mecamylamine (Inversine))
Glutamate Modulating Agents (e.g. Amantadine (Symmetrel), N-acetylcysteine (Mucomyst, Acetadote))
GABAergic Agents such as Bumetanide (Bumex)
L-Carnitine (Carnitor)
Melatonin

Some but not all of these in our AV request

Laboratory Test	CPT Code
Genetic screen	81105-81364
Antipsychotic monitoring labs (CBC differential, CMP, hemoglobin A1c, thyroid panel, lipid panel)	85025, 80053, 83036, 80091, 80061
Iron studies	82728
Lithium levels	80178
Depakote levels valproic acid	80164

Covered Services	Authorized Frequency or Quantity	CPT Code
Comprehensive neuropsychological/psychological evaluation	Half-day evaluation 90791 - 1 96130 -1 units 96131 - 5 units 96136 -1 unit 96137 - 5 units 96138 -1 unit 96139 - 3 units  Full-day evaluation 96116 - 1 unit (Possibly 96121- 1 unit) 96130 -1 units OR 96132 - 1 unit 96131 - 8 units OR 96133 - 8 units 96136 -1 unit 96137 - 7 units 96138 -1 unit 96139 - 11 units	90791, 96130, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139
Psychiatry new patient visit	2 per year	99204, 99205, 90792
Developmental-Behavioral Pediatrician Consultation, Follow-up, Evaluation	2 per year typically, more often if medication or under 4 years old	99204, 99205, 99244, 99245, 99213, 99214, 99215, 99417, 96112, 96127
Speech and language assessment	2 per year	92523
Speech-language therapy	100 per year (biweekly)	92507, 92508
Oral Motor Feeding Assessment	2 units per year	92610
Feeding Therapy	50 units minimum (ideally 100 for bi-weekly intervention or more intensive daily programs)	92526
Neurology consult	2 per year	99243, 99244, 99245, 99246
Psychiatry consult & treatment	1 per year for initial consult	99243, 99244, 99245, 99246,
Occupational therapy evaluation & treatment	12 per year, with possibility of 12 additional visits after 3-6 months hiatus	97165, 97166, 97167, 97168, 96112, 97530, 97535, 97129, 97130
ABA (assessment, individual treatment, group treatment and family training)	Assessment– Every 6 months taking place (flexibility in case of severe behavioral issues that happen suddenly) Treatment – 1 hr/week - 40/hrs a week Group – 1 hr/week or more for center-based programming Family Training – 1 hr/week - 10 hrs/week)	97151, 97152, 0362T, 97155, 97153, 0364T, 0365T, 0373T, 0374T, 0368T, 0369T, 0366T, 0367T, 0372T, 0370T, 0371T
Psychotherapy (individual and group)	50 per year (weekly)	90791, 90832, 90833, 90834, 90835, 90836, 90837, 90839, 90840, 90846, 90847, 90849, 90853
Developmental Evaluation	1 unit, 2 per year for 96112	96112, 96113

	6 units, 2 per year for 96113 (so up to 12 total)	
Care management svc behavioral health condition	12 per year	99484
Initial psych care management, 70 min/month	2 per month	99492
Subsequent psych care management, 60 min/month	10 per year	99493
Initial/subsequent psych care management, additional 30 min	12 per year	99494
Transitional care management service	1 visit, 7 days after discharge from IP unit	99496
Physician Follow Up Visits, Established Patient	12 per year	99213, 99214, 99215

*Note: Treatment for these conditions should be covered in person and also by video or phone/audio and the appropriate codes and modifiers should be included to allow for all care options.*