



CCNC Pediatrics: Autism Screening

North Carolina Medicaid has required screening for Autism since 2010. The purpose of **screening** is **early identification** of those children at risk which leads to **early assessment** and ultimately **early treatment**.

As of March 2012, Autism now affects 1 in every 88 children and 1 in every 54 boys in the U.S.

Key Points:

- Screening ≠ Diagnosis → A complete assessment is required for diagnosis of Autism.
- Surveillance for Autism should occur at every medical visit.
- Autism **screening** should be completed at the **18 and 24 month** well-child visit.
- Using a validated screening tool (such as the MCHAT) is a NC Medicaid requirement. (modifying the MCHAT or using a non-validated tool will not meet this requirement if audited)

For Positive Screens:

- AAP recommends referral for:
 1. Audiologic evaluation
 2. Complete assessment & evaluation
 3. Early Intervention services:
 - a. Referral to CDSA for children ages 1-3
 - b. For children age 3-Kindergarten, refer to a local school system's Pre-school Exceptional Children's Program

Billing, Coding and Reimbursement:

- Medicaid- An EP Modifier is required when billing Medicaid
 - 99420 EP for MCHAT
- Other payers- Use CPT code 96110
- As of 2012, Medicaid reimbursement rate for MCHAT is \$8.14

References:

- 2012 Health Check Billing Guide: pages 21-25
- ICARE website-Presentation by Dr. Marian Earls-"The New AAP Autism Screening Guidelines"
 - Module 1 – Integrating Screening Guidelines in Primary Care Practice
 - Module 2 – When Screening is Positive: Referrals and Resources for Intervention
 - www.icarenc.org
- MCHAT screen is available free of charge at: www.firstsigns.org/screening/tools/rec.htm