

# Screen All Kids for Autism ... and Get Paid for It

BY BRUCE JANCIN

COLORADO SPRINGS — Pressure is mounting to routinely screen all children for autism early because evidence increasingly demonstrates that intervention before age 3 years results in far better outcomes, Dr. Ann Reynolds said at the annual conference of the Colorado Academy of Family Physicians.

"It's so important to get those services going. Children with autism who begin treatment before age 3 have a much better chance of having functional language," explained Dr. Reynolds, a pediatrician at the University of Colorado and director of the child development unit at the Children's Hospital, Denver.

American Academy of Pediatrics guidelines recommend an autism-specific screen at 18 months of age. A second screen is recommended at 24-30 months to pick up the 30% of children with



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DR. REYNOLDS

autism who seem normal early in life but who experience some type of regression between 12 and 24 months. This regression, which is usually gradual, most often occurs at about 16-17 months.

"There's a lot of lore that you can't make the diagnosis of autism until age 3 or 4, but really there's more and more evidence that you can reliably make the diagnosis at age 2," she said.

Dr. Reynolds highlighted three standardized screening tools: the Modified Checklist for Autism in Toddlers (M-CHAT), the online Child Health and Development Interactive System (CHADIS), and the Ages & Stages Questionnaires (ASQ). Although none is perfect in terms of sensitivity and specificity, "if we wait for perfect we'll be waiting a long time," she stressed.

Screening for autism can be billed using the 96110 code. Office staff can do the screening. A standardized screening instrument must be used. A billing caveat is that some states and some insurance companies consider autism screening part of a well-child visit and won't allow separate reimbursement. Under those circumstances, a 96110 can be billed if the screening is done when the child comes in for a non-well child visit.

**M-CHAT:** The most widely used autism screen. It's a 23-item yes/no questionnaire completed by parents that physicians can obtain free on the Internet. A follow-up telephone interview is crucial to minimize false-positives if the child fails any three items or two of the following six "critical" items:

- ▶ Does your child take an interest in other children?
- ▶ Does your child ever use his/her index

finger to point, to indicate interest in something?

- ▶ Does your child ever bring objects over to you to show you something?
- ▶ Does your child imitate you?
- ▶ Does your child respond to his/her name when you call?
- ▶ If you point at a toy across the room, does your child look at it?

With telephone follow-up, the M-CHAT screening instrument has a sen-


sitivity of 85% and a specificity of 93%.

**CHADIS:** Parents and teachers complete online screening questionnaires prior to the office visit. The system scores the results. "It's all waiting for you when they arrive for the visit, and it's all documented. It supports billing for a 96110 screening assessment. It's a very nice system," she said.


More information is available at [www.chadis.com](http://www.chadis.com) or 888-4-CHADIS.

**ASQ:** This 30-item developmental screening tool takes parents 10-15 minutes to complete. When a new version, the ASQ Third Edition, was compared with the Bayley Scales of Infant Development-3, the standard for developmental testing, ASQ-3 had a 14.4% false-positive rate and a 13% false-negative rate.

Dr. Reynolds had no relevant financial conflicts of interest to disclose. ■

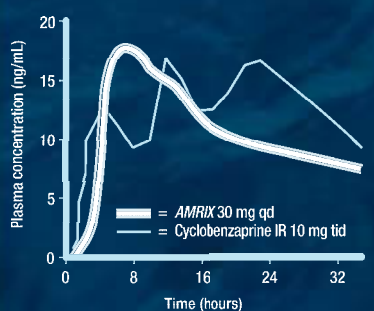


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