

AUTISM

Autism is a lifelong neurodevelopmental disorder that often has a genetic origin. It is presumed to be present from birth and is usually apparent before the age of three. Autism is a developmental disability that strikes more males than females and affects the individual's ability to communicate, understand language, play, and interact with others. Autism is a behavioral syndrome; its definition and clinical diagnosis are determined by patterns of behaviors that a person exhibits. Although autism affects the functioning of the brain, in most cases the specific cause(s) of autism are unknown. It is widely assumed there are multiple causes, and there are different subtypes of autism. The term Pervasive Developmental Disorder (PDD) refers collectively to five different disorders with common clinical features. For a detailed description of the PDDs, see the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR).

Because persons with autism share common core deficits but also have significantly different clinical presentations, most professionals view this range of deficits as a "spectrum disorder." As a result, Autistic Spectrum Disorder (ASD) is an increasingly popular term that generally refers to just three of the five PDDs. ASD includes the classical form of the disorder (Autistic Disorder) and two closely related disorders: Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS) and Asperger Disorder, both of which share the core characteristics of autism.

An individual is diagnosed as having PDD-NOS if he or she has some behaviors seen in autism but does not meet the full DSM-IV TR criteria for having Autistic Disorder. The DSM-IV TR indicates that the diagnostic label of PDD-NOS be used when there is a

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severe and pervasive impairment in the development of reciprocal social interaction or verbal and nonverbal communication skills, or the development of repetitive behavior, interests, and activities, but only when the criteria are not completely met for another specific disorder within the broader category of the Pervasive Developmental Disorders (e.g., Autistic Disorder, Asperger Disorder, Rett Syndrome, or Childhood Disintegrative Disorder). There is no set pattern of symptoms and signs in children with PDD-NOS. Symptoms vary in severity, atypicality and age of onset. A single child seldom shows all the features seen in PDD-NOS at one time. All children with PDD-NOS do not have the same degree or intensity of the disorder. PDD-NOS can be mild, with the child exhibiting only a few symptoms while in the school or neighborhood environment. Other children may have a more severe form of PDD-NOS and have difficulties in all areas of their lives. PDD-NOS, as a diagnostic classification, includes Atypical Autism. The important issue is that a competent, well-trained and experienced clinician conducts the diagnostic evaluation, and that a complete differential diagnosis be considered before determining a PDD-NOS diagnosis.

Asperger Disorder, like Autistic Disorder, is characterized by marked and sustained difficulties in social interaction and emotional relatedness, and by patterns of circumscribed interests and behavioral peculiarities. In Asperger Disorder, there are no significant delays in language or cognitive development.

The two remaining PDDs listed in the DSM IV-TR (i.e., Rett Syndrome and Childhood Disintegrative Disorder) are differentiated by their unique etiologies or associated clinical features; they are not appropriate for classification as ASDs. Rett Syndrome has a known

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genetic etiology that is a mutation of the MECP2 gene on the long arm of the X chromosome; typically it affects only females and presents with hard neurological signs, including mental retardation and seizures that become more apparent with age. Childhood Disintegrative Disorder (CDD), an extremely rare PDD, refers to children whose development appears normal for at least two years after birth but then regresses before age 10 with the loss of speech and other skills until severe mental retardation and autistic characteristics are conspicuous.

Formal diagnostic criteria for Autistic Disorder, and other PDDs are presented in the DSM IV-TR. For assistance with understanding DSM IV diagnostic criteria and how the ASDs are diagnosed, see *Autistic Spectrum Disorders, Best Practice Guidelines for Screening, Diagnosis and Assessment* (Department of Developmental Services, 2002).

PRESENCE OF AUTISTIC DISORDER (Item 23a)

This item is for recording whether the consumer has been diagnosed with Autistic Disorder. This is recorded in Item 23a are as follows:

None (No Diagnosis)

Autistic Disorder

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Completing the Hard-Copy CDER Form

Item 23a: Presence of Autistic Disorder

Users of the hard-copy form should enter the appropriate code, as presented below, for Item 23a:

Presence of Autistic Disorder

- 0 None (No Diagnosis)
- 1 Autistic Disorder

When Coding Presence of Autistic Disorder

- If the person does not have Autistic Disorder, enter a “0” in Item 23a and leave Items 24a, 24b, 25 and 26 blank.
- If the person has been diagnosed with Autistic Disorder, enter a “1” in Item 23a.

PRESENCE OF OTHER PERVASIVE DEVELOPMENTAL DISORDER (Item 23b)

This item is for recording whether the consumer has been diagnosed with Asperger Disorder or Pervasive Developmental Disorder, NOS, as follows:

None (No Diagnosis)

Asperger Disorder

Pervasive Developmental Disorder, NOS



NOTE:

- Asperger Disorder and PDD-NOS are for informational recording only; they are not categorically eligible conditions. Individuals with these disorders are eligible only if they meet the Fifth Category requirements for eligibility.
- Rett Syndrome and Childhood Disintegrative Disorder (CDD) are **NOT** recorded in this section. Those disorders are appropriately recorded under the Mental Retardation or Epilepsy Section of the CDER. The specific ICD-9 code for Rett Syndrome or CDD is entered under Etiology in the corresponding sections of the CDER Diagnostic.

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Completing the Hard-Copy CDER Form

Item 23b: Presence of Other Pervasive Developmental Disorder

Users of the hard-copy form should enter the appropriate code, as presented below, for Item 23b:

Presence of Other Pervasive Developmental Disorder

- 0 None (No Diagnosis)
- 3 Asperger Disorder
- 4 Pervasive Developmental Disorder, NOS

When Coding Presence of Other Pervasive Developmental Disorder

- If the person does not have one of the diagnoses listed above, enter a “0” in Item 23b and leave Items 24a, 24b, 25 and 26 blank.
- If the person does have one of the diagnoses listed above, enter the code for the disorder that conforms to the diagnostic conclusion or diagnostic impression documented in the person’s chart in Item 23b, and complete items 24a, 24b, 25 and 26.



Other Important Considerations When Recording Presence of Autistic Disorder or Other Pervasive Developmental Disorder

Persons with Autistic Disorder or Other Pervasive Developmental Disorder sometimes have co-existing conditions that should be recorded in other sections of the CDER as described below:

- Co-existing diagnoses of mental retardation, epilepsy or cerebral palsy, should be recorded in the Mental Retardation, and/or Epilepsy/Seizure Disorders, and/or Cerebral Palsy section(s) as applicable.
- Co-existing psychiatric diagnoses, including DSM-IV-TR *Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence* should be entered under Axis I or Axis II in the Psychiatric Disorders section. Examples of psychiatric and/or behavioral disorders are mood disorders, aggression, impulsivity and withdrawal.

(See Example 3 on page 11 for completing the CDER when a person has Autistic Disorder and other co-existing conditions)

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ETIOLOGY (Items 24a and 24b)

The etiology of Autistic Disorder or other PDD is rarely known, but in cases where causative links are known, it should be documented in this section. Etiology refers to the cause(s) of the disorder or factors known to produce or predispose an individual toward the disorder. The resultant final (behavioral) expression of Autistic Disorder or other PDD is presumably linked to underlying neurological and other medical disorders. Conditions listed in this section should include only the underlying etiology, if it is known. Examples of a few known medical conditions etiologically related to Autistic Disorder or other PPD are structural brain lesions, chromosomal syndromes, congenitally acquired infections, in-utero drug exposure, inherited metabolic disorders, and the neurocutaneous syndromes.



Completing the Hard-Copy CDER Form

Items 24a and 24b: Etiology

Users of the hard-copy form should complete Items 24a and 24b as follows:

- If the person does not have Autistic Disorder (code “0” in Item 23a) or Other Pervasive Developmental Disorder (code “0” in Item 23b), leave both Item 24a and Item 24b blank.
- To enter an identified etiology, enter the appropriate ICD-9 code in Item 24a (and Item 24b if needed).
- If the person’s etiology is unknown, enter the ICD-9 code 799.9 in Item 24a and leave Item 24b blank.

(See Example 1 on page 9 for completing this item when Etiology is identified)

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DATE OF DIAGNOSIS (Item 25)

The date of diagnosis is the date (month, day, and year) that a formal diagnosis was determined. If the diagnosis changes subsequent to a later diagnostic evaluation, then the most recent diagnosis is recorded with a new date of diagnosis.

When Recording Date of Diagnosis:

- If the person does not have Autistic Disorder or Other Pervasive Developmental Disorder, leave this item blank.
- If the person has Autistic Disorder or Other Pervasive Developmental Disorder, enter the date on which the person was diagnosed.
- If the person has Autistic Disorder or Other Pervasive Developmental Disorder, but the date of diagnosis is not in the consumer's record, a reasonable effort should be made to determine the date. If, after such effort, the date cannot be determined, the psuedo-date of 01/01/1800 should be entered.

CONDITION IMPACT (Item 26)

Condition Impact refers to the extent or degree of the person's needs as reflected by the services the person is actually receiving. Condition Impact serves as a measure of the person's progress over time. The extent or degree of impact is determined by the person's level of supervision, level of direct care, ability to maintain a stable residence, and the likelihood of succeeding or failing in a program and/or the educational system. The categories used for this item are defined below.

Condition Impact Definitions

None: No Evidence of Impairment.

Mild: Condition requires limited special attention when planning for the person's school or day program, living arrangements, and/or extra supervision or care. For example, the person is living at home and is receiving minimal behavioral intervention or other special services.

Moderate: Condition has a major impact upon the ability to obtain an appropriate school or day program, residential placement, and/or it requires a considerable amount of supervision or care. For example, the person

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lives at home or is in a community residential setting and needs moderate behavioral intervention such as a one-to-one aide at school but not at home.

Severe: Condition is so substantial that it is exceedingly difficult to find an appropriate program or residence for the person and/or constant supervision/care is required. For example, the person is at home or in a residential setting and needs extensive professionally supervised behavior intervention services, such as in-home behavioral supports provided on a one-to-one basis.



Completing the Hard-Copy CDER Form **Item 26: Condition Impact**

Users of the hard-copy form should enter the appropriate code, based on the above definitions, in Item 26. The codes are as follows:

Condition Impact Codes

- 0 No Evidence of Impairment
- 1 Mild
- 2 Moderate
- 3 Severe

When Coding Condition Impact on the Hard-Copy Form

- If the person does not have Autistic Disorder or Other Pervasive Developmental Disorder (code “0” in Item 23), leave this item (#26) blank.
- If the consumer has Autistic Disorder or Other Pervasive Developmental Disorder but it does not have an impact upon level of supervision, level of direct care, ability to maintain a stable residence, and the likelihood of succeeding or failing in a program and/or the educational system, enter code "0" (“No Evidence of Impairment”).

(See Example 2 on page 10 for completing Condition Impact)

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EXAMPLES OF CODING PRESENCE OF AUTISTIC DISORDER, ETIOLOGY, CONDITION IMPACT, AND CO-EXISTING CONDITIONS

Example 1: This example shows the coding for a child diagnosed with Autistic Disorder who has medical documentation of tuberous sclerosis, a condition that causes autistic symptoms in 2 to 4 percent of cases, which would be coded for etiology. In this example, the ICD-9 code for tuberous sclerosis is 759.5.



Completing the Hard-Copy CDER Form For Example 1:

23a . 1 Presence of Autistic Disorder	23b. 0 Presence of Other Pervasive Developmental Disorder
0 None (No Diagnosis)	0 None (No Diagnosis)
1 Autistic Disorder	3 Asperger Disorder

4 Pervasive Developmental Disorder, NOS

Etiology (ICD-9-CM Code)

24a. | 7 | 5 | 9 | • | 5 | |

24b. | | | | • | | |

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Example 2: This example shows the coding for a person who is severely impacted by autistic disorder. This person is receiving 24-hour supervision and daily behavioral intervention in a community residence and at school and has significant deficits in self-help skills, and/or is severely disruptive or engages in self-injurious behavior.



Completing the Hard-Copy CDER Form For Example 2:

23a . | 1 | Presence of Autistic Disorder

0 None (No Diagnosis)

1 Autistic Disorder

Presence of Other
23b. | 0 | Pervasive Developmental Disorder

0 None (No Diagnosis)

3 Asperger Disorder

4 Pervasive Developmental Disorder, NOS

26. | 3 | Condition Impact

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Example 3: This example shows the coding for a person with a diagnosis of Autistic Disorder with co-existing mental retardation (mild) and a generalized seizure disorder manifested by occasional Petit Mal seizures.



Completing the Hard-Copy CDER Form For Example 3:

	Presence of Other
23a . <input checked="" type="checkbox"/> 1 Presence of Autistic Disorder	23b. <input checked="" type="checkbox"/> 0 Pervasive Developmental Disorder
0 None (No Diagnosis)	0 None (No Diagnosis)
1 Autistic Disorder	3 Asperger Disorder
	4 Pervasive Developmental Disorder, NOS

(Note: The Etiology of Autistic Disorder, if it is known, should be recorded under Item 24)

Mental Retardation

11. **3** **1** **7** **0**

000.0 No Retardation	318.1 Severe
317 Mild	318.2 Profound
318.0 Moderate	319 MR unspecified (level)

(Note: The Etiology of Mental Retardation, if it is known, should be recorded under Items 12a and 12b. The Date of Last Evaluation should be recorded in Item 13)

Epilepsy/Seizure Disorder

Type of Seizure

Seizure Frequency

27a. <input checked="" type="checkbox"/> 4	28a. <input type="checkbox"/>	29a. <input type="checkbox"/>	27b. <input checked="" type="checkbox"/> 3	28b. <input type="checkbox"/>	29b. <input type="checkbox"/>
0 Does not have seizure disorder			1 History of seizures, none in two years		
1 Partial, Simple			2 History of seizures, none in one year		
2 Partial, Complex			3 One to six per year		
4 Generalized, Absence (Petit Mal)			4 Seven to 11 per year		
6 Generalized, Infantile Spasms			5 One per month (approximate)		
7 Generalized, Tonic-Clonic (Grand Mal)			6 One per week (approximate)		
9 Other/Unclassified Seizures			7 One per day (approximate)		
			8 More than one per day		
			9 Frequency Undetermined		

(Note: Items 27c, 28c, and 29c should be completed as appropriate to indicate Condition Impact. Etiology of Epilepsy/Seizure Disorder(s), if known, should be recorded in 30a-b. Additionally, Items 31 and 32 should also be completed with the appropriate information)

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References

American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders – Text Revised. (4th ed.). Washington, DC: Author.

Department of Developmental Services. (2002). Autistic spectrum Disorders: Best practice guidelines for screening, diagnosis, and assessment. Sacramento, CA: Author.