



PAYMENT INTEGRITY COMPLIANCE Testing for Autism Spectrum Disorder and Developmental Delay

POLICY INFORMATION			
Policy Number:	POL-PP-311 AHS – M2176 – Testing for Autism Spectrum Disorder and Developmental Delay	Original Effective Date:	07/01/2025
Version Number:	001	Revision Date:	
Policy Status:	Active	Next Revision Date:	07/01/2026

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input checked="" type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.



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Description/Application

Autism spectrum disorder (ASD) is a complex condition typically associated with deficits in social interaction and communication, as well as restrictive and repetitive behaviors and sensory issues (Ivanov et al., 2015; Persico et al., 2019). ASD is typically identified in early childhood (Lord et al., 2018; Persico et al., 2019) and has multiple etiologies, subtypes, and developmental trajectories (Masi et al., 2017). Intellectual disability, attention deficit hyperactivity disorder, and epilepsy are commonly seen in children with ASD (Augustyn, 2024). Further, ASD is known to have a strong genetic component and is diagnosed in all racial, ethnic, and socioeconomic groups (Ivanov et al., 2015; Lord et al., 2018).

For individuals without signs of syndromic developmental delay or a metabolic disorder causing developmental delay, please see guidance on chromosomal microarray testing (AHS-M2033-Chromosomal Microarray) and whole exome sequencing (AHS-M2032-Whole Genome and Whole Exome Sequencing). For guidance regarding testing for *FMR1* mutations or Rett syndrome, please refer to AHS-M2028-Genetic Testing for *FMR1* Mutations and AHS-M2088-Genetic Testing for Rett Syndrome, respectively.

Policy

Application of coverage criteria is dependent upon an individual’s benefit coverage at the time of the request.

For individuals less than 18 years of age who have had a physical examination suggestive of syndromic developmental delay or developmental delay due to a metabolic disorder (e.g., dysmorphism, growth parameters [including head circumference], skin examination), targeted genetic testing **may be reimbursed**.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual’s illness.

For the diagnosis of autism spectrum disorder (ASD) or non-syndromic developmental delay, all other testing outside of chromosomal microarray, whole exome sequencing, or whole genome sequencing or genetic testing for fragile X syndrome or Rett syndrome may not be reimbursed.

Coding

CPT	Code Description
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2
81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2
0063U	Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder Proprietary test: NPDX ASD ADM Panel I Lab/Manufacturer: Stemina Biomarker Discovery, Inc



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0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis Proprietary test: Clarifi™ Lab/Manufacturer: Quadrant Biosciences, Inc
0263U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 16 central carbon metabolites (ie, α-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, succinate, carnitine, citrate, fumarate, hypoxanthine, inosine, malate, S-sulfocysteine, taurine, urate, and xanthine), liquid chromatography tandem mass spectrometry (LC-MS/MS), plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD) Proprietary test: NPDX ASD and Central Carbon Energy Metabolism Lab/Manufacturer: Stemina Biomarker Discovery, Inc
0322U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 14 acyl carnitines and microbiome-derived metabolites, liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma, results reported as negative or positive for risk of metabolic subtypes associated with ASD Proprietary test: NPDX ASD Test Panel III Lab/Manufacturer: Stemina Biomarker Discovery d/b/a NeuroPointDX

References and Resources

Avalon Medical Policy AHS – M2176 – Testing for Autism Spectrum Disorder and Developmental Delay
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Related Documents

Policy Number	Policy Title
AHS-M2032	Whole Genome and Whole Exome Sequencing
AHS-M2033	Chromosomal Microarray
AHS-M2028	Genetic Testing for <i>FMR1</i> Mutations
AHS-M2088	Genetic Testing for Rett Syndrome
AHS-M2070	Genetic Testing for CHARGE Syndrome
AHS-M2075	Genetic Testing for Epilepsy

Revision History

Version	Date	Summary of Revisions
001	06/01/2025	Initial version