

Autism Spectrum Disorder/Intellectual Disability Panel Analysis

- I. The use of an autism spectrum disorder / intellectual disability panel is considered **investigational** for all indications.

DEFINITIONS

1. **Autism spectrum disorder** is defined in the DSM V as persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history:
 - a. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
 - b. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
 - c. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.
2. **Intellectual disability** (ID) is defined by the DSM V as an individual with all of the following:
 - a. Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from

experience, confirmed by both clinical assessment and individualized, standardized intelligence testing.

- b. Deficits in adaptive functioning that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community.
- c. Onset of intellectual and adaptive deficits during the developmental period.

REFERENCES

1. Volkmar F, Siegel M, Woodbury-Smith M, et al. Practice parameter for the assessment and treatment of children and adolescents with autism spectrum disorder [published correction appears in J Am Acad Child Adolesc Psychiatry. 2014 Aug;53(8):931]. J Am Acad Child Adolesc Psychiatry. 2014;53(2):237-257. doi:10.1016/j.jaac.2013.10.013
2. Hyman SL, Levy SE, Myers SM; COUNCIL ON CHILDREN WITH DISABILITIES, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS. Identification, Evaluation, and Management of Children With Autism Spectrum Disorder. Pediatrics. 2020;145(1):e20193447. doi:10.1542/peds.2019-3447