



Community Behavioral Health: Provider Notification Guidelines for Psychological Diagnosis of Autism Spectrum Disorder Outside of Specialized Centers October 4, 2017

Psychologists who meet requirements for conducting comprehensive biopsychosocial evaluations (CBE) and comprehensive biopsychosocial re-evaluations (CBR) may choose to assess for autism spectrum disorder (ASD) rather than refer to a specialty center. These psychologists can diagnose the disorder in most instances, provided the appropriate diagnostic methods and tools are used and interpreted accurately. The diagnosis of ASD involves the domains covered in all CBEs/CBRs, including comprehensive developmental, educational, behavioral, medical, and family histories, and mental status examination. In addition, the evaluation should include the use of one or more appropriate structured tools that will identify the social communication and restrictive, repetitive behavior patterns that are the hallmarks of an ASD diagnosis. It is expected that a diagnosis, including structured tools, can be accomplished within the allotted billable time for CBEs and CBRs. When providing an ASD diagnosis, severity levels for social communication and restricted repetitive behaviors, and whether there is language or intellectual impairment, should be included in the diagnosis.

Examples of tools that can be considered:

- Child Autism Rating Scale-2nd Edition (CARS-2)
- Gilliam Autism Rating Scale-3rd Edition (GARS-3)
- Autism Diagnostic Rating Schedule-2nd Edition (ADOS-2)
- Autism Diagnostic Interview Revised (ADI-R)

Direct observations of behavior during the evaluation and in other settings should also be referenced to support an ASD diagnosis. When indicated, a functional behavior assessment (FBA) should be used to obtain descriptions and analyses of relevant social communication and restricted repetitive behaviors that help to distinguish behaviors related to ASD from those that may reflect other diagnoses. Results of prior psycho-educational testing and/or speech and language evaluation should be obtained with consent from the family and integrated into the formulation.

When the diagnosis of ASD can be neither confirmed nor ruled out as a result of the initial CBE, it is expected that a plan will be in place to obtain diagnostic clarification within the ensuing 180-day authorization period. If ASD is suspected but cannot be confirmed during the CBE, consideration for ASD-specific treatment recommendations during the initial treatment period may be supported in the formulation.

Referral to a specialty ASD center may be needed to clarify the diagnosis in some cases, including when: ASD is suspected but the presentation is not typical, different evaluators have provided conflicting diagnoses, or the evaluator does not believe he or she has the training and expertise to diagnose ASD.

Please direct questions regarding this Notification to Dr. Anne Deaner at anne.deaner@phila.gov.