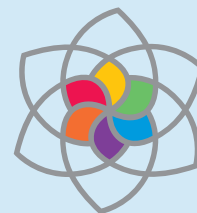


What is an Autism Diagnosis (Dx) Report?



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5 Core Components of an Autism Dx Report for Insurance Acceptance:

1 A Full Comprehensive Dx Report

Most insurance companies require a complete diagnostic report that includes all necessary components in a structured format.

2 At Least 2 Autism-Specific Testing Tools with Test Scores

The report should include at least 2 standardized autism assessments (e.g., ADOS-2, CARS, GARS, ADI-R, DSM-5 Checklist, Vineland, etc.).

Note: Screening tools such as the M-CHAT are used for early detection but do not replace a full evaluation.

3 The Diagnosis Must Clearly State Autism

The report may list multiple diagnoses, but "Autism Spectrum Disorder" must be explicitly stated for insurance approval of ABA therapy.

4 A Recommendation for ABA Therapy

A recommendation for ABA must be included in your Dx report. If ABA therapy is not recommended within the initial report, additional documentation may be required, which may delay the approval process.

Note: Coverage may vary by insurance provider.

5 Signed by an Approved Medical Professional

The final report must be signed by a qualified provider such as an MD, Psy.D, or Ph.D. While multiple practitioners may contribute to the report, the final signature is typically from a developmental pediatrician, neuropsychologist, psychologist, or neurologist.

The Anatomy of an Autism Dx Report

The Reason

The provider will describe why the individual was seen for the evaluation including symptoms and concerns.

History

A thorough medical and developmental history should be considered during this process and the evaluator will summarize history.

Recommendations

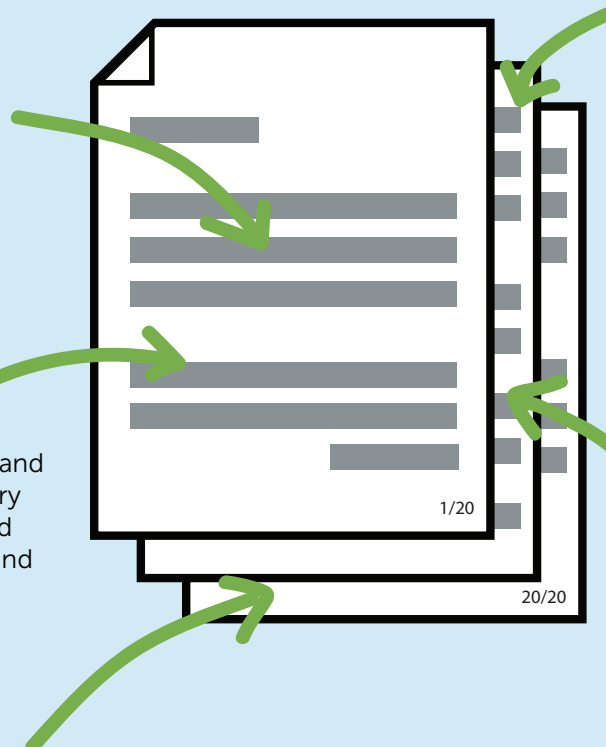
This section will provide next steps for parent to take. There are often recommendations to seek different therapies (ABA, speech therapy, occupational therapy, etc.), accessing school district programs, recommendations for any future appointments, etc. These recommendations may be super specific listing names, phone numbers, addresses or may be vague and require you to do some homework in your spare time. Don't be afraid to ask for more specific information!

Tools Used & Results

Each assessment tool will have their own section where the evaluator will describe the results. These results are usually represented as numbers on a scale and where those numbers fall on the scale help determine an accurate diagnosis. Because the evaluator will be using many different tools during the appointment, this is often the lengthiest portion of the report.

Findings

This is where the evaluator will outline their conclusions and will put down any diagnoses. They may or may not also include the diagnosis code (for autism it is F84.0).



ADDITIONAL ITEMS TO CONSIDER:

- **Recent Reports Are Preferred.** Most providers prefer reports within 3 years, though insurance requirements vary.
- **Doctor's Referral May Be Needed.** Especially for Medicaid, a referral can help streamline approval.