Partners

Make the Call!

Autism Evaluations + Role of the SLP

Connie Bracy, MS, CCC-SLP

Natalie Welcher, MS, CCC-SLP

Disclosures

- We have no financial interests to disclose.
- Natalie serves as ArkSHA Board Secretary and is an ArkSHA committee member

University of Arkansas - Partners

- *University Centers for Excellence in Developmental Disabilities (UCEDD) for Arkansas*
- Vision: Inclusion of people with disabilities in community life.
- We collaborate with community partners to promote disability access and inclusion through training, technical assistance, resource development and dissemination, and research.

Our Project

- Prevention Pilot Program for Children and Families
  - Prevention Pilot Program for Children & Families – University of Arkansas Partners
  - The Children and Family Support Pilots includes three programs designed to strategically prevent crisis by educating, supporting, and stabilizing Arkansas' most vulnerable children.
  - PSSP, FiTT, and CSAC
    - SPICE Model
    - Statewide Practice of Interdisciplinary Clinical Evaluation (SPICE) – University of Arkansas Partners

Other Projects at Partners

- Arkansas Autism Partnership (AAP)
  - Arkansas Autism Partnership (AAP) – University of Arkansas Partners
- Arkansas Autism Resource and Outreach Center (AAROC)
  - aaroc.org
- Positive Behavior Support (PBS) Training
  - Positive Behavior Support Training – University of Arkansas Partners
- Early Childhood Education Initiatives
  - *Website under construction*

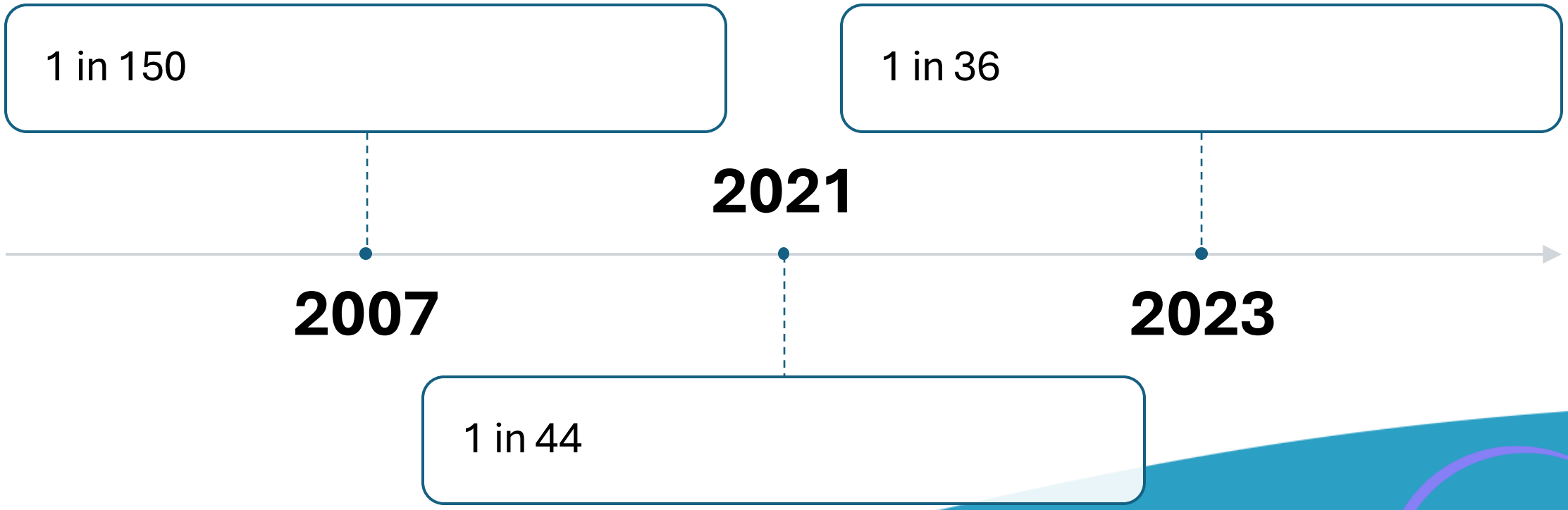
Objectives

1. Identify the professionals that can conduct autism evaluations and provide an individual with a medical diagnosis of autism spectrum disorder based on Arkansas Medicaid guidelines
2. Knowledge of Arkansas Medicaid billing codes available to speech-language pathologists to complete autism evaluations
3. Identify diagnostic tools and procedures that can be used to conduct an autism evaluation
4. Identify resources that will assist them in report writing when conducting an autism evaluation

How common is autism?

National and state-level prevalence rates

First, let's take a look back...



Current Prevalence

Community Report on Autism 2025 (data collected in 2022)

- National
  - 1 in 31 children (8 years of age)
- Arkansas
  - 1 in 41 children (4 years of age)
    - Black children (33.3%) more likely to be identified than white children (21.1%)
  - 1 in 34 children (8 years of age)
    - Asian or Pacific Island children (51.2%) 2x as likely to be identified as White (29%) and multi-racial children(24.7%)

Arkansas is part of the ADDM network

Autism & Developmental Disabilities Monitoring Network (ADDM)

- CDC funded program
- Data collection began in 2000
- 16 sites included
- Arkansas is one

What is Autism?

- Social Communication Disorder
- Neurodevelopmental Disorder

- **NOT** a behavioral health disorder
  - Often misdiagnosed as oppositional defiant disorder (ODD) or disruptive mood dysregulation disorder (DMDD)

DSM-V Criteria

Autism Spectrum Disorder (F84.0)

DSM-V Criteria for ASD

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive, see text):

- 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.
- 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.
- 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.

DSM-V Criteria for ASD

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):

- **Stereotyped or repetitive motor movements, use of objects, or speech** (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
- **Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior** (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat food every day).
- **Highly restricted, fixated interests** that are abnormal in intensity or focus (e.g, strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interest).
- **Hyper- or hypo reactivity to sensory input or unusual interests in sensory aspects of the environment** (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

DSM-V Criteria for ASD

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities or may be masked by learned strategies in later life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

Specify support, impairments, etc.

Specify current severity based on social communication impairments and restricted, repetitive patterns of behavior (see Table 2 in DSM-V)

- **Requiring very substantial support**
  Requiring substantial support
  Requiring support

Specify if:

- **With or without accompanying intellectual impairment**
  With or without accompanying language impairment

Specify if:

- **Associated with a known genetic or medical condition or environmental factor**

Specify if:

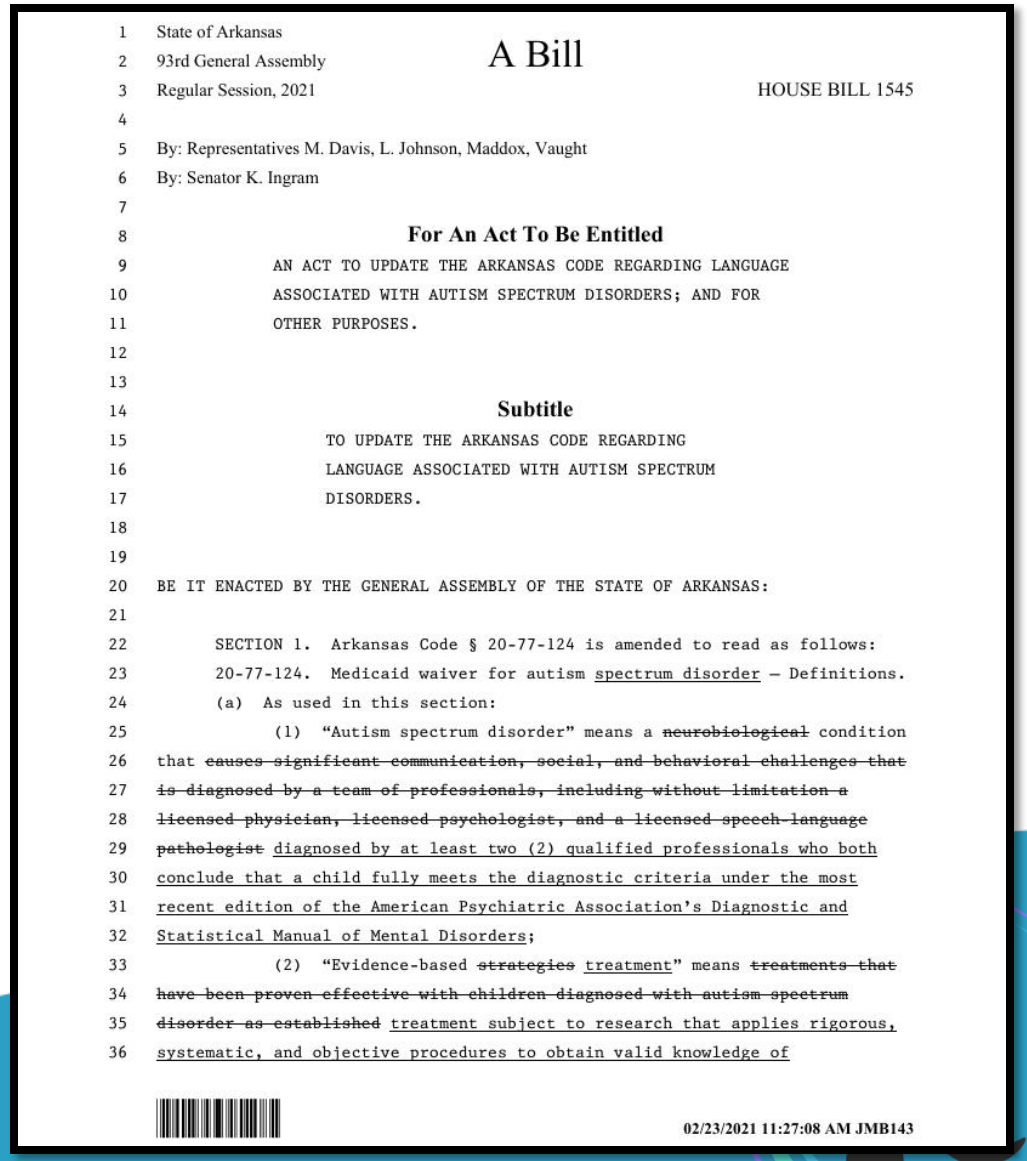
- **With catatonia** (refer to the criteria for catatonia associated with another mental disorder, p. 135, for definition)

Act 656

Medical Diagnosis of Autism

Who can diagnose?

- **Act 656 in 2021** modified the language for an autism diagnosis
- "by **at least 2** qualified professionals who both conclude that a child fully meets the diagnostic criteria in the DSM"
- Qualified professionals only include:
  - licensed physician
  - licensed psychologist
  - **licensed speech-language pathologist**



State of Arkansas
93rd General Assembly
Regular Session, 2021

A Bill

HOUSE BILL 1545

By: Representatives M. Davis, L. Johnson, Maddox, Vaught
By: Senator K. Ingram

For An Act To Be Entitled

AN ACT TO UPDATE THE ARKANSAS CODE REGARDING LANGUAGE ASSOCIATED WITH AUTISM SPECTRUM DISORDERS; AND FOR OTHER PURPOSES.

Subtitle

TO UPDATE THE ARKANSAS CODE REGARDING LANGUAGE ASSOCIATED WITH AUTISM SPECTRUM DISORDERS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code § 20-77-124 is amended to read as follows:

20-77-124. Medicaid waiver for autism spectrum disorder — Definitions.

(a) As used in this section:

(1) "Autism spectrum disorder" means a ~~neurobiological~~ condition that ~~causes significant communication, social, and behavioral challenges that is diagnosed by a team of professionals, including without limitation a licensed physician, licensed psychologist, and a licensed speech-language pathologist~~ diagnosed by at least two (2) qualified professionals who both conclude that a child fully meets the diagnostic criteria under the most recent edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders;

(2) "Evidence-based ~~strategies~~ treatment" means ~~treatments that have been proven effective with children diagnosed with autism spectrum disorder as established~~ treatment subject to research that applies rigorous, systematic, and objective procedures to obtain valid knowledge of

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If you are a school-based SLP...

Have you been part of the evaluation team before?

Educational Classification

IDEA Part B (3-21 year olds)- Autism category - Educational Classification

- Eligibility Criteria & Program Guidelines (ADE, SPED)
- Required Evaluation Data:
  - Social history
  - Individual intelligence (1 required)
  - Individual achievement (1 required)
  - Adaptive behavior (1 required)
  - Communication (receptive and expressive required)
  - Other:
    - Observation (required)
    - Medical (required) (physical exam; specialized, if needed)

Billing Codes

Have you heard?

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Jennifer Brezée, Director
Division of Developmental Disabilities Services
P.O. Box 1437, Slot N501, Little Rock, AR 72203-1437
P: 501.371.2958 F: 501.682.8380 TDD: 501.682.1332

June 1, 2025

RE: Autism Spectrum Disorder Diagnosis Coding for Speech-Language Pathologists

Attention Speech-Language Pathologists,

Arkansas Code Annotated 20-77-124 lists speech-language pathologists as one of the three (3) types of "qualified professionals" permitted to diagnose a child with autism spectrum disorder (ASD) for purposes of Arkansas Medicaid.

The evaluation procedure codes currently available to speech-language pathologists through the Arkansas Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program (92521-92524) are not appropriate for performing the separate and distinct evaluation required to diagnose ASD.

As a result, Arkansas Medicaid has implemented the following new procedure code/modifier combinations under the Diagnostic and Evaluation Services Medicaid manual for speech-language pathologists to bill when conducting an evaluation to determine a child's formal ASD diagnosis.

State Specific Description	Proc Code	Mod	Effective Date	POS	Age	Max Fee
Comprehensive Autism Evaluation, First Hour	96112	U6	7/1/2025	11, 12, 52, 56, 99	18 months - 20 years	$108.00
Comprehensive Autism Evaluation, Addtl. 30 mins	96113	U6	7/1/2025	11, 12, 52, 56, 99	18 months - 20 years	$54.00

An Arkansas Medicaid enrolled speech-language pathologist can use these codes to bill Medicaid for an ASD evaluation performed on or after July 1, 2025.

Please do not hesitate to contact me with any questions at Jennifer.Brezee@dhs.arkansas.gov .

Respectfully,

Jennifer Brezée, Director
Division of Developmental Disabilities Services

CPT 96112/96113

CPT Code for SLPs – Autism Evaluation

Effective July 1st, 2025

Medicaid billable code for children 18 months – 20 years

- 96112-U6 – Comprehensive Autism Evaluation, First Hour
- 96113-U6 – Comprehensive Autism Evaluation, Additional 30 minutes

Finalized accepted assessment list has not been published as of July 2026 but is planned to be upon the next manual update.

Diagnostic Tools

What to use to make the call

Recent Memo to PCPs

Jennifer Brezée, Director
Division of Developmental Disabilities Services
P.O. Box 1437, Slot N501, Little Rock, AR 72203-1437
P: 501.371.2958 F: 501.682.8380

MEMORANDUM

TO: Arkansas Medicaid Enrolled Primary Care Providers
FROM: Jennifer Brezée, Director
DATE: May 27, 2026
SUBJECT: Autism Spectrum Disorder Diagnosis Requirements

The Division of Developmental Disabilities Services (DDS) has received several inquiries from primary care providers (PCP) concerning children receiving an autism spectrum disorder (ASD) diagnostic evaluation and diagnosis from another provider. The common theme of these inquiries is that the licensed physician PCP has been asked by a parent, service provider, or the other diagnosing qualified professional to act as the 2nd qualified professional that Arkansas Medicaid requires for a valid ASD diagnosis.

An ASD diagnosis must be established by two (2) "qualified professionals," operating within their clinical scope of practice, in accordance with Arkansas Code § 20-77-124, for a beneficiary to qualify for the Autism waiver or applied behavior analysis therapy. The statute lists a licensed physician as one of the types of "qualified professional." The ASD diagnosis of each qualified professional must be demonstrated in one of the following two ways:

1. The administration of one or more properly administered ASD evaluation instruments, such as the Child Autism Rating Scale (CARS) or Autism Diagnostic Observation Schedule (ADOS-2); **AND**

   The qualified professional's signed and dated conclusion that based upon review of the results of the properly administered ASD evaluation(s) the child meets the diagnostic criteria for ASD under the most recent edition of the American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM); **OR**

2. The qualified professional conducting their own diagnostic evaluation and analyzing the collected data against the ASD diagnostic criteria under the DSM resulting in their determination of an ASD diagnosis.

A licensed physician PCP is always encouraged, to perform their own diagnostic evaluation prior to issuing an ASD diagnosis. No PCP should ever feel pressured or compelled to issue an ASD diagnosis or rely on another qualified professional's diagnostic evaluation instead of their own in conjunction with an ASD diagnosis. If a PCP is not comfortable conducting their own ASD diagnostic evaluation or diagnosis, the PCP should refer the child to another qualified professional for purposes of an ASD evaluation and diagnosis.

Jennifer Brezée, Director
Division of Developmental Disabilities Services

Abb. DSM-5 Dx Criteria for Autism

QUICK REVIEW

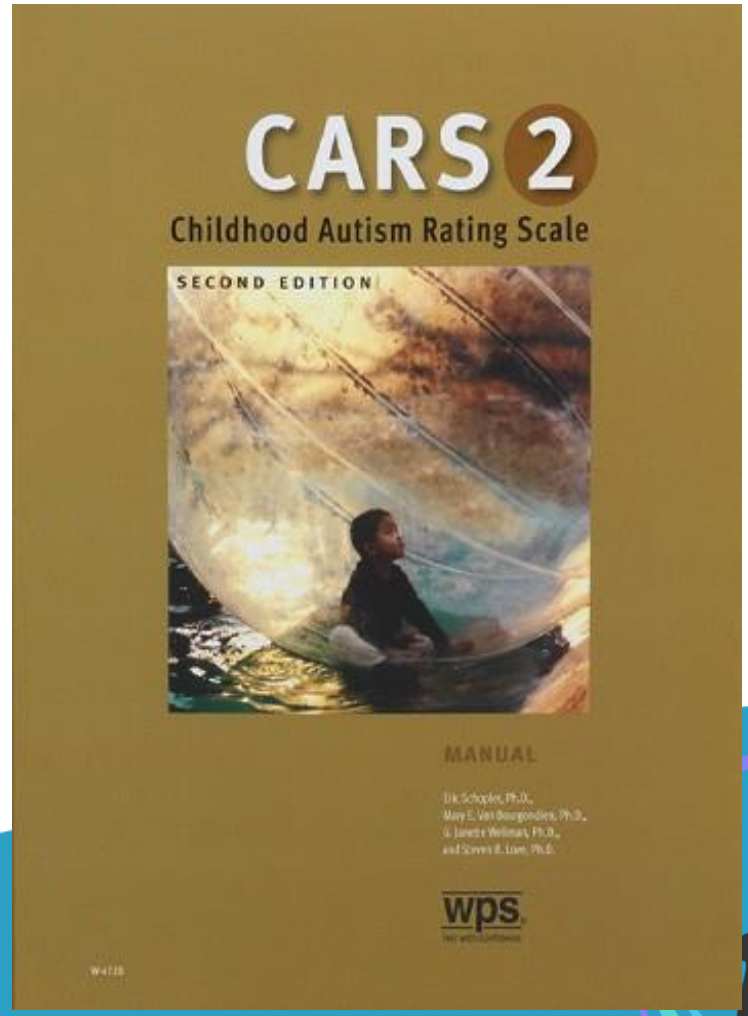
- Child must have persistent deficits in **each of three areas of social communication and interaction**
  - Deficits in social-emotional reciprocity
  - Deficits in nonverbal communicative behaviors used for social interaction
  - Deficits in developing, maintaining, and understanding relationships
- AND **at least two of four types of restricted, repetitive behaviors**
  - Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment
  - Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior
  - Highly restricted, fixated interests that are abnormal in intensity or focus
  - Stereotyped or repetitive motor movements, use of objects, or speech

Autism Measure

CARS-2

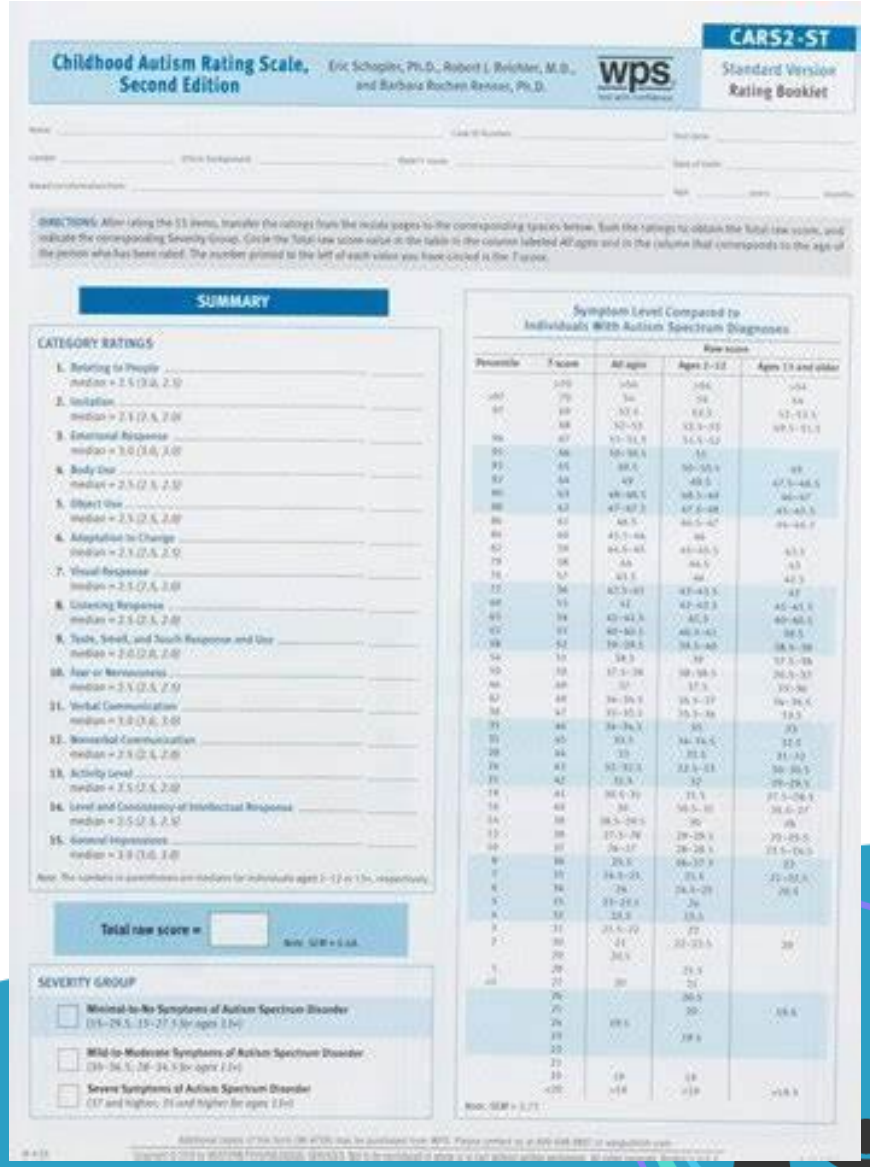
Childhood Autism Rating Scales, Second Edition (CARS-2)

- "...**identify** children with **autism** and determine symptom severity through quantifiable ratings based on direct observation"
- 15-item rating scales
  - Standard Version
  - High-Functioning Version
- Unscored Parent/Caregiver Questionnaire
- **Ages 2 and up**



CARS-2 Category Ratings

- Each category = test question
- Rating scale
  - 1-4
  - .5 increments
- Each category box has space for observation notes
- Criteria is defined for each score when rating the child

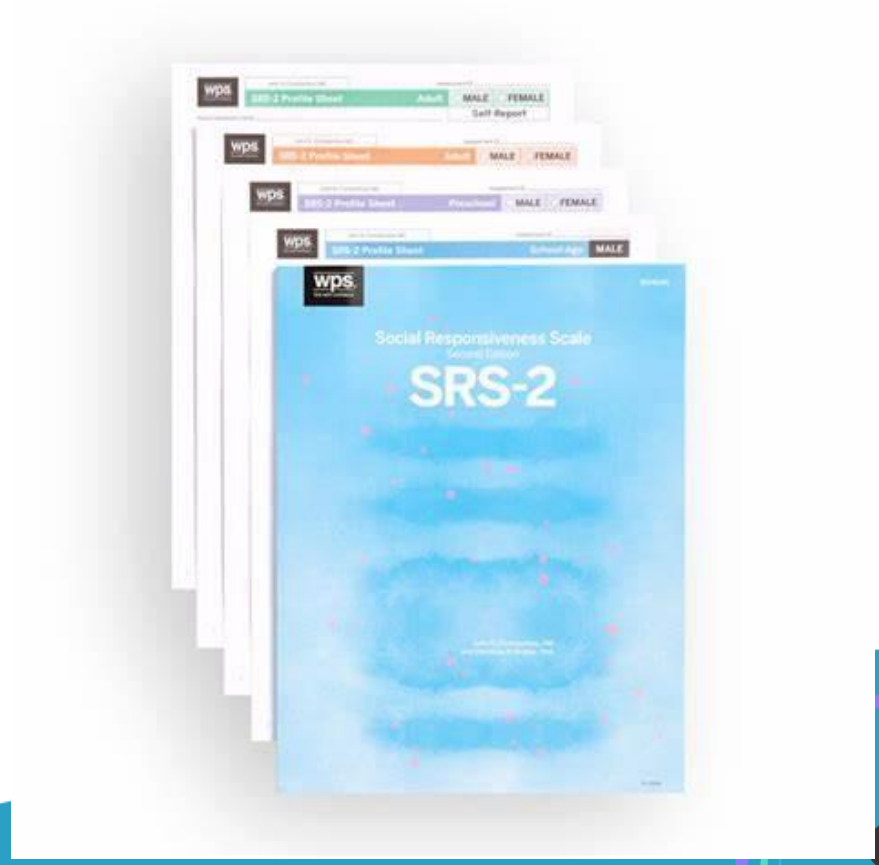


Social Communication Measure

SRS-2

Social Responsiveness Scale, Second Edition (SRS-2)

- "Identifies the presence and severity of **social impairment** within the autism spectrum and differentiates it from other disorders"
- Parent and/or teacher rating scale
  - **Preschool (male, female)**
    - **2.5-4.5 years**
  - **School-age (male, female)**
    - **4-18 years**



Adaptive Behavior

Not required for an autism diagnosis but is required for waiver services.

Oftentimes, school psychologist or psych examiner completes an adaptive behavior/functioning battery during psychoeducational evaluation. Waiver accepts these scores within 1-year of administration.

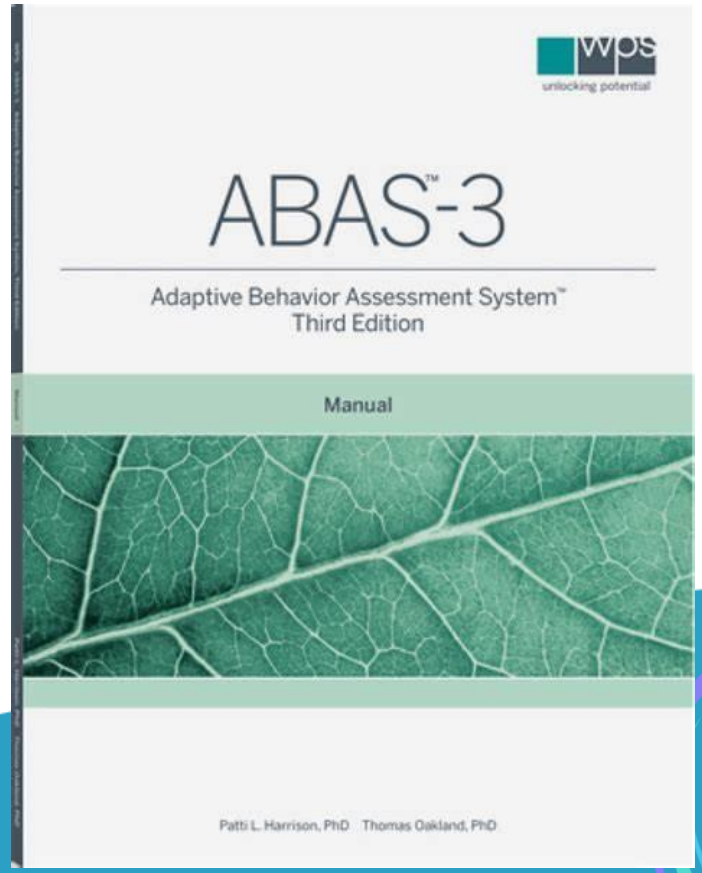
- Vineland-3
- ABAS-3

Vineland Adaptive Behavior Scales | Third Edition

- Languages: English and Spanish
- Ages: Birth-90 years old
- Forms
  - Levels: Comprehensive or domain
  - Formats: Interview or rating by parent/caregiver/teacher
    - 3-21 years old: Teacher Form
    - Birth-90: Interview or parent/caregiver rating form

Applied Behavior Adaptive Scale, 3rd Edition (ABAS-3)

- "Provides a complete assessment of **adaptive skills** across the life span"
- The ABAS-3 includes five rating forms, each for a specific age range and rater:
  - Parent/Primary Caregiver Form (birth–5 years)
  - Parent Form (ages 5–21 years)



Screeners for Autism

- *Social Communication Questionnaire (SCQ)*
- *Checklist for Autism Spectrum Disorder (CASD)*
- *Autism Spectrum Screening Questionnaire (ASSQ)*
- *Modified Checklist for Autism in Toddlers (M-CHAT)*

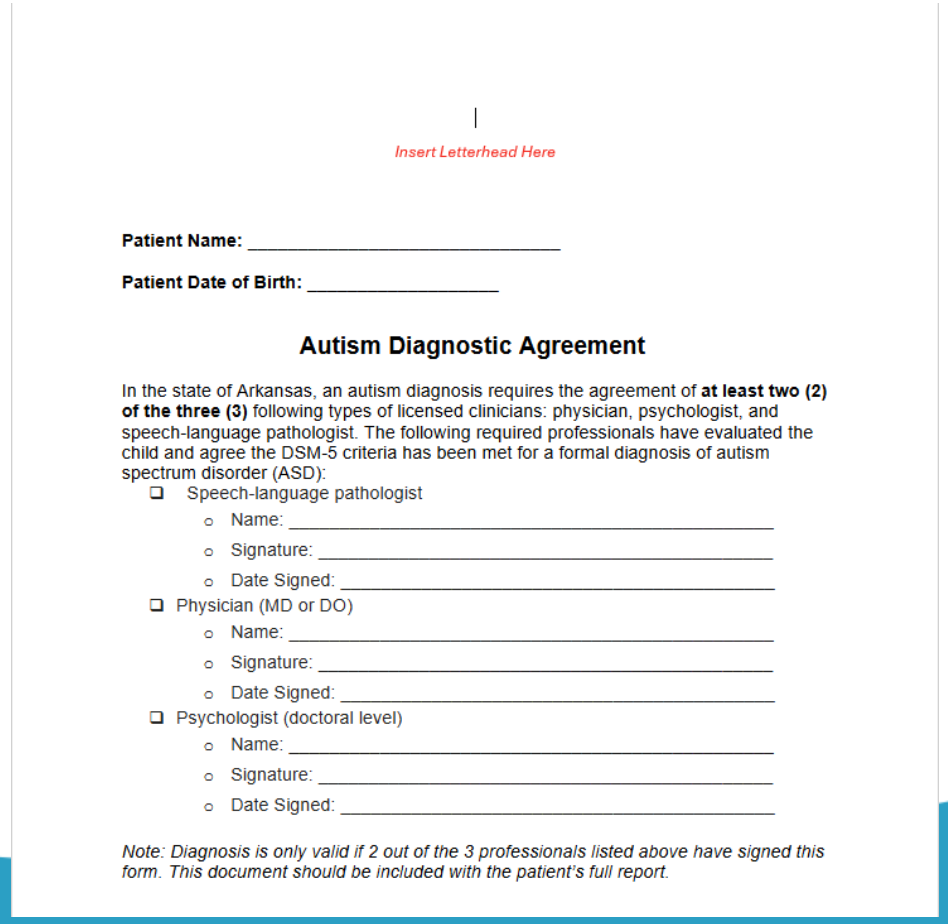
[ASD Screening Tools | AAP Toolkits | American Academy of Pediatrics]

Resources

Report Writing

- Record review (don't reinvent the wheel)
- Vanderbilt Kennedy Center
  - Autism_Evaluation_Template_Diagnosis_Documentation.pdf
- DSM Delineation of Autism Characteristics
  - ASD DSM_Clinician_100813
  - DSM-5(ASD.Guidelines)Feb2013.pdf
- In-depth observation of child with peers
  - Behavior, social communication, sensory, play

Report Writing



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Patient Name: _____

Patient Date of Birth: _____

Autism Diagnostic Agreement

In the state of Arkansas, an autism diagnosis requires the agreement of **at least two (2) of the three (3)** following types of licensed clinicians: physician, psychologist, and speech-language pathologist. The following required professionals have evaluated the child and agree the DSM-5 criteria has been met for a formal diagnosis of autism spectrum disorder (ASD):

- ❑ Speech-language pathologist
  - Name: _____
  - Signature: _____
  - Date Signed: _____
- ❑ Physician (MD or DO)
  - Name: _____
  - Signature: _____
  - Date Signed: _____
- ❑ Psychologist (doctoral level)
  - Name: _____
  - Signature: _____
  - Date Signed: _____

Note: Diagnosis is only valid if 2 out of the 3 professionals listed above have signed this form. This document should be included with the patient's full report.

- Sign-off sheet
- Assessment blurbs
- Assessment score tables

Request via email at nlhenley@uark.edu

Survey

https://forms.gle/rc5Yxz7ak3VAzYyz5

Questions? Contact us!

Natalie Welcher
Speech Language Pathologist

Email:
nlhenley@uark.edu

Connie Bracy
Speech Language Pathologist

Email:
cbracy@uark.edu

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