

## **Frequently Asked Questions (FAQ): Diagnosing Autism Spectrum Disorder (ASD) by Primary Care Pediatricians**

1. Does AAP support the diagnosis of ASD by primary care pediatricians?

Yes. The AAP has long supported the ability of primary care pediatricians to diagnose ASD and for payers to recognize and accept these diagnoses. Most recently in 2020, the AAP released an updated clinical report entitled [\*Identification, Evaluation, and Management of Children With Autism Spectrum Disorder \(ASD\)\*](#). This policy represents guidance for clinicians in rendering care on all facets of ASD evaluation and care. Included in this AAP policy is the affirmation that general pediatricians can make a clinical diagnosis of ASD, which avails children timely access to evidence-based interventions.

2. Why is AAP issuing an all-payer letter urging payers to adopt policies allowing general pediatricians to make a clinical diagnosis of ASD?

Primary care pediatricians obtain an unlimited license to practice medicine, and diagnosing and making support/service<sup>1</sup> recommendations for ASD is within their scope of practice, training, and expertise. However, some payers set policies to accept an ASD diagnosis only from developmental behavioral pediatricians or other subspecialists. This has the effect of limiting medically necessary supports and services for children with ASD, until they are able to obtain such a subspecialist diagnosis. These payer policies are unnecessary and should be discontinued.

Autism diagnosis by primary care pediatricians may help improve disparities in access to needed supports and services, as well as alleviate long wait lists associated with subspecialty shortages. To be clear, developmental behavioral pediatricians and other subspecialists play a critical role for children with ASD, and greater access to them is needed and a goal of the AAP. However, diagnosis of ASD is well within the scope of practice for a primary care pediatrician. In cases where the primary care pediatrician determines additional expertise is warranted, a consultation or referral to a subspecialist can be made. As always, clinical decisions should be left to the expertise of pediatricians and pediatric subspecialists, and not driven by payer policy.

3. Should additional training be required by payers for primary care pediatricians to diagnose ASD?

No. Primary care pediatricians who understand the ASD diagnostic criteria, including the core characteristics as outlined in the Diagnostic and Statistical Manual – 5th Edition, Text Revision (DSM-5 -TR) can make a diagnosis of ASD. Payers should accept this diagnosis for purposes of connecting families, caregivers, and children to supports and services that the pediatrician determines are medically necessary to treat the patient.

4. Do all children with a diagnosis of ASD receive the same services?

No. Intervention plans for children with ASD can comprise a range of medically necessary supports and services. These can include clinical referrals for services such as speech therapy, occupational therapy, applied behavior analysis (ABA), and counseling; educational referrals for early intervention, early childhood, or special education services; and community referrals for support groups or state

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<sup>1</sup> Note: Payers frequently use the terms “treatment” and “interventions;” however and in alignment with preferred nomenclature across the autistic community, the term “supports and services” is used here to describe a range of common evidence-based and informed therapies, interventions, and support approaches for children on the autism spectrum.

programs. As always, medically necessary supports/service recommendations are tailored to the needs of the individual child and their condition.

5. Are there other payer considerations for diagnosing ASD in the primary care pediatric setting?

Yes. Payers should remove payment barriers for standardized screenings, diagnostic assessments, and tests for ASD. This includes removing requirements for specific diagnostic tools and providing adequate coverage for the identification of potential genetic etiology. In addition, payers should remove payment barriers to ongoing intervention, including removing requirements around repeated diagnostic evaluations.

6. Are there resources to help pediatricians better understand the nuances of making a diagnosis of ASD in the primary care setting?

Yes. The AAP has many resources available, including factors to consider in the ASD diagnosis, evaluation and practice workflow considerations, billing, and other related resources at:

<https://www.aap.org/en/patient-care/autism/autism-diagnosis-in-primary-care/>