# Autism Diagnosis: Criteria, Process and Costs

Diagnosis of Autism Spectrum Disorder (ASD) requires differential determination as to whether the child or adult is on the autism spectrum, or if the observed behaviours are the result of a medical or other condition. A structured approach is used to determine the difference.  Prior medical history and recent assessments are taken into account and only tests that are necessary for diagnosis are used. A diagnosis of ASD is made in accordance with the 2023 best practice guidelines from the Autism Cooperative Research Centre (Autism CRC) in Australia for diagnosing autism  which emphasises a thorough, multidisciplinary assessment approach.  Psychologists at the clinic contribute to this approach. *For NDIS access, Centrelink, or school-funding purposes, a multidisciplinary assessment may be required. The clinic can advise on whether a single-practitioner or multidisciplinary assessment is most appropriate for your specific needs.*

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## DSM-5-TR Criteria for Autism

The DSM-5-TR (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision) outlines the criteria for an Autism Spectrum Disorder (ASD) diagnosis as follows:

**A: Persistent deficits in social communication and social interaction across multiple contexts. This includes:**

- Deficits in social-emotional reciprocity (e.g., abnormal social approach, failure of normal back-and-forth conversation)
- Deficits in non-verbal communicative behaviours (e.g., poor eye contact, body language, understanding and use of gestures).
- Deficits in developing, maintaining, and understanding relationships (e.g., difficulties adjusting behaviour to suit various social contexts, difficulties making friends)

**B: Restricted, repetitive patterns of behaviour, interests, or activities, with at least two of the following:**

- Stereotyped or repetitive motor movements, use of objects, or speech
- Insistence on sameness, inflexible adherence to routines, or ritualised patterns of verbal or non-verbal behaviour
- Highly restricted, fixated interests that are abnormal in intensity or focus
- Hyper or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment

**C: Symptoms must be present in the early developmental period**

- symptoms may not become fully manifest until social demands exceed limited capacities, or may be masked by learnt strategies.

**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 or global developmental delay. ASD and intellectual disability frequently co-occur, but for a comorbid diagnosis, social communication should be below that expected for general developmental level.

## Developmental and Clinical History

Assessment requires consideration of all relevant sources of information such as:

- Previous reports and assessments if any
- Parental and school reports
- The Autism Diagnostic Interview (ADI-R) (a parental interview used to examine early developmental history and current behavioural functioning).
- The Childhood Autism Raring Scale (CARS-2) (interview of parents and observations of the child) or
- The Autism Diagnostic Observation Schedule (ADOS): This is a structured observational assessment, in which observations are made of the child in a clinic setting.
- The VINELAND 3, (A functional questionnaire for parents assessing adaptive behaviours (e.g., learning, dressing, eating etc.).
- The guidelines stress the importance of considering co-occurring conditions (mental health, intellectual disability) that can affect presentation.  Other online assessments are therefore also used for screening for these.
- The PEDI-CAT: Assessment of Capacity to function day to day  (mostly needed for NDIS access)
- WHODAS: World Health Organisation disability Assessment Schedule. (mostly )




## The Autism Diagnostic Interview-Revised (ADI-R)

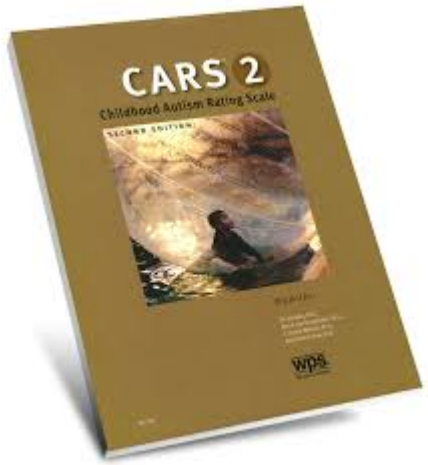
The Autism Diagnostic Interview-Revised (ADI-R**)** is a structured interview, conducted by a psychologist, with the parents or other adult related to the individual who has been referred for an ASD evaluation. The interview, which has been used by

researchers and clinicians for decades, is a diagnostic tool from people aged 18 months and older. It measures behaviour in the areas of reciprocal social interaction, communication and language, and repetitive/restrictive patterns of behaviour.

The ADI-R covers an individual's entire developmental history and is usually conducted online, by a psychologist. It generally takes around 2 hours. Parents/caregivers are asked 93 questions that examine the following past and current behavioural areas.

- 1) Social communication
- 2) social development and play
- 3) repetitive and restricted behaviour
- 4) general behavioural issues.

Since the ADI-R is a semi-structured interview, the questions are open-ended in nature. This enables the investigator to obtain all the information required to determine a valid rating for each behaviour. Due to its fluidity, parents and caretakers usually feel comfortable when taking part in this interview. Some people find that participation helps their understanding of ASD and the factors that lead to a diagnosis.



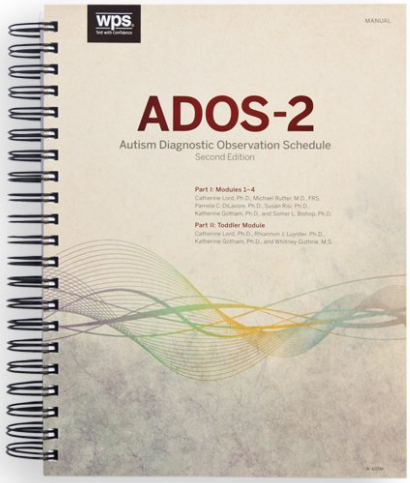

## ervations

## Childhood Autism Rating Scale (CARS 2).

Information is obtained about the child's behaviour using standardised rating scales such as the Childhood Autism Rating Scale (CARS 2 ). The CARS 2 is a15-item behaviour rating scale which helps identify children with ASD, distinguishing them

from other developmentally handicapped children. The CARS can distinguish mild, moderate,and severe ASD.

The CARS was developed over 15 years and includes items drawn from five prominent systems for diagnosing ASD. Each item covers a particular characteristic, ability, or behaviour. After observing the child and examining the relevant information provided by the child's parents, a psychologist at BNC rates the child on each item. Using a 7-point scale, the psychologist indicates the degree to which the




of a typically developing child of the same age.

**Autism Diagnostic Observation**

## Schedule (ADOS-2)

The **ADOS-2** is used to evaluate people who have been referred for an ASD assessment from toddlers to adults, whether verbal or non-verbal. Like the ADI-R, the ADOS is a semi-structured assessment. However, unlike the ADI-R, client is present. The child engages, in-clinic, in a variety of activities whilst a psychologist observes their social and communicative behaviours.

The activities provide an relatively normal context in which natural interactions can occur. The ADOS consists of four modules, each 35 to 40 minutes in duration. Depending on their age, the person may complete just one module related to their expressive language level.

Since it offers standardised materials and ratings, the ADOS 2 is a measure of ASD that is unaffected by language level. It can be used across populations and is a cost-

effective addition that works with clients with developmental disorders.

## How Long Does an Autism assessment and Diagnosis Take?

Typically 4-6 weeks. However, the actual time taken will depend on the availability and responsiveness of teachers, parents, care givers and partners, Once all the information is gathered, the report is scheduled to be written; it takes around 6 hours to collate and write and is in turn dependent on time constraints of the psychologist. E.g. number of sessions required and reporting time.

## How much does an autism assessment cost?

Depending on complexity an ASD assessment at BNC costs between $3000-$3700.

## Are there Medicare Rebates for Autism Assessment

Yes! Families in Australia who have a child with Autism Spectrum Disorder (ASD) can access a range of Medicare-funded assessments and therapies both before and after a formal diagnosis. Here's how it generally works:

### Pre-Diagnosis: Assessments

Before a formal diagnosis, Medicare offers rebates for autism assessments under the Complex Neurodevelopmental Disorder (CND) items for children and young people under the age of 25. This includes up to 8 sessions with allied health professionals (such as psychologists, speech pathologists, or occupational therapists) to assist with the assessment and diagnosis process. These sessions can be accessed upon referral from a GP, paediatrician, or psychiatrist (Autism Australia, Services Australia, Health.gov.au).

The assessment process typically involves a comprehensive needs assessment and a diagnostic evaluation (Raising Children Network). If the child is under 25, families can

claim a partial Medicare rebate on the fees charged for these assessments (Aspect Australia).

## Post-Diagnosis: Therapy Entitlements

Once a child receives a formal diagnosis of ASD, further Medicare rebates are available for therapy services. A child under 25 can access up to 20 sessions of therapy with allied health professionals (including psychologists, speech pathologists, and occupational therapists) for early intervention. These sessions must be referred and managed by a paediatrician or psychiatrist (Paediatrics Online).

In addition to CND items, children may also be eligible for Mental Health Care Plans (MHCP), which provide rebates for up to 10 sessions per calendar year with a psychologist or other mental health professional (Amaze). Chronic Disease Management Plans can also help families access rebates for allied health services if the child has complex care needs (Autism Australia).

## NDIS and Other Supports

Beyond Medicare, many children with a diagnosis of ASD are eligible for support through the National Disability Insurance Scheme (NDIS), which can fund a broader range of therapies, supports, and equipment tailored to the child's needs (NDIS, Autism Australia: NDIS).

## Summary Table

| Stage | Medicare Entitlement | Reference |
|---|---|---|
| Pre-Diagnosis | Up to 8 allied health assessment sessions (with referral) | Autism Australia, Health.gov.au |
| Post-Diagnosis | Up to 20 therapy sessions (allied health, with paediatrician/psychiatrist referral) | Paediatrics Online |
| Post-Diagnosis | Up to 10 therapy sessions via Mental Health Care Plan (per calendar year) | Amaze |
| Any Time | NDIS funding for eligible families | NDIS |

For more details and the latest updates, always check official government or autism advocacy websites, as changes in item numbers and eligibility can occur.

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