MEMORANDUM

El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

☒ STAR

TO: Behavioral Health Providers

FROM: El Paso Health

DATE: **5/15/2026 - Effective Immediately**

RE: **Comprehensive Diagnostic Evaluation for Autism Services**

The comprehensive diagnostic evaluation must include all of the following to support a diagnosis of ASD:

• Diagnostic criteria and symptom severity level according to the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

• A reliable, valid, standardized diagnostic assessment tool or combination of tools, using the most current editions or versions of the tools, as age and clinically appropriate, such as the Autism Diagnostic Observation Schedule, the Autism Diagnostic Interview-Revised (ADI-R), the Childhood Autism Rating Scale, or another validated diagnostic assessment tool, as clinically appropriate.

The diagnostic assessment tool must be indicated for diagnostic purposes by the publisher.

• Screening tools such as the Screening Tool for Autism in Toddlers and Young Children (STAT) or the Modified Checklist for Autism in Toddlers (M-CHAT-R) or M-CHAT Revised with Follow-Up (M-CHAT-R/F) may not replace the use of validated diagnostic assessment tools.

• Documentation of diagnosis must include:

- Age of the child or youth
- Date of the initial ASD diagnosis
- Documentation of any known comorbid behavioral or physical health disorders
- Documentation of trauma history

To be eligible for the ABA services outlined in this section, a diagnosis of ASD complete with diagnostic criteria and symptom severity level from the current DSM must be made or reconfirmed within 3 years of initiation or recertification of ABA services.

To be eligible for ABA services outlined in this section more than 3 years after initial ASD comprehensive diagnosis, a comprehensive re-evaluation of ASD symptom severity levels per

DSM criteria must be made by qualifying diagnostic providers, as listed above. A re-evaluation consists of the same components as an initial comprehensive diagnostic evaluation.

El Paso Health strictly adheres to the Texas Medicaid Provider Procedures Manual (TMPPM), Children's Services Handbook (Section 2.3: Autism Services) for all ABA requests.

If any required component, documentation, or criterion is missing or incomplete**,** the provider will be contacted and additional information will be requested before eligibility can be determined**.**

If you have any questions regarding this communication please contact our Provider Relations team at 915-532-3778 or email us at ProviderServicesDG@elpasohealth.com.