



DSM-5-TR CHECKLIST FOR AUTISM SPECTRUM DISORDER

First and Last Name of Beneficiary:	Date of Birth (MM/DD/YYYY):	Sponsor DBN/ID #: (XXXXXXXXXX-XX):
-------------------------------------	-----------------------------	------------------------------------

Note: The DBN (Department of Defense Benefit Number) is an 11-digit number found on back of Sponsor's ID card.

	Autism Spectrum Disorder	
<p>Note: If the individual has a well-established DSM-IV diagnosis of autistic disorder, Asperger's disorder, or pervasive developmental disorder not otherwise specified (PPD-NOS), please check this box, then complete the checklist below to evaluate the previous diagnosis to Autism Spectrum Disorder.</p>		
<p>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), all 3 must be present:</p>	Present	Not Present
<p>1. 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.</p>		
<p>2. 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.</p>		
<p>3. 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.</p>		
<p>Severity is based on social communication impairments (check only one). Refer to DSM-5-TR page 58, Table 2, Severity levels for autism spectrum disorder.</p>	Requiring Support Requiring Substantial Support Requiring Very Substantial Support	
<p>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):</p>	Present	Not Present
<p>1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).</p>		
<p>2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal 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).</p>		
<p>3. 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).</p>		



DSM-5-TR CHECKLIST FOR AUTISM SPECTRUM DISORDER

First and Last Name of Beneficiary:	Date of Birth (MM/DD/YYYY):	Sponsor DBN/ID #: (XXXXXXXXXX-XX):
-------------------------------------	-----------------------------	------------------------------------

Note: The DBN (Department of Defense Benefit Number) is an 11-digit number found on back of Sponsor's ID card.

4. Hyper - or hyporeactivity 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).		
Severity is based on restricted repetitive patterns of behavior (check only one). Refer to DSM-5-TR page 58, Table 2, Severity levels for autism spectrum disorder.	Requiring Support	
	Requiring Substantial Support	
	Requiring Very Substantial Support	
	Yes	No
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.		
	Yes	No
Autism Spectrum Disorder criteria met?		
	With	Without
With or without accompanying intellectual impairment?		
With or without accompanying language impairment?		
With catatonia?		

Date of Diagnosis (MM/DD/YYYY):	Provider Name:	Provider Credentials:
Signature		Date (MM/DD/YYYY):
Co-Signature (if applicable)		Date (MM/DD/YYYY):

Please submit this form via secure provider portal on Availity or via fax at 877-875-9037.