Autism Care Demonstration Provider Guide

TRIWEST HEALTHCARE ALLIANCE®

TRICARE®

Autism Care Demonstration

TRICARE's Autism Care Demonstration allows TRICARE eligible beneficiaries diagnosed with Autism Spectrum Disorder to receive Applied Behavior Analysis services.

Eligibility and Diagnostic Criteria

Overview

TRICARE beneficiaries must meet certain eligibility requirements before receiving services under the ACD. Beneficiaries must:

- Be enrolled in a TRICARE health plan.
- Receive a definitive diagnosis of ASD by a TRICARE-authorized ASD diagnosing provider.
- Register for the Extended Care Health Option (active duty family members only).
- Enroll in the Exceptional Family Member Program, as required by their service branch (active duty service members only).

TriWest has outreach coordinators that will assist for up to 180 calendar days to meet eligibility requirements.

Autism Care Demonstration Enrollment Criteria

Diagnosis of Autism Spectrum Disorder

Eligible beneficiaries must have a definitive diagnosis of ASD from a TRICARE-authorized ASD diagnosing provider.

The diagnostic evaluation is covered under the TRICARE basic benefit.

If a beneficiary has not previously received Applied Behavior Analysis services and their initial diagnosis of ASD was made over two years ago, an updated evaluation is necessary. This evaluation must include the relevant diagnostic criteria. The purpose is to assess the current level of support that the individual may need.

Adult beneficiaries participating in the ACD who age out of the diagnosing provider's pediatric scope of practice may only be diagnosed and referred by a clinical psychologist.

Beneficiaries diagnosed with ASD at age 8 or older who are requesting ABA services must first undergo an evaluation by a specialized ASD-diagnosing provider. This evaluation must meet all the requirements listed below as part of the referral for ABA services.

The following TRICARE-authorized providers can diagnose and submit referrals:

Note: *The PCM may refer the beneficiary to a specialized ASD diagnosing provider for additional evaluation or diagnosis. Co-signature from an approved ASD diagnosing provider is required when a criteria is completed by non-approved ASD diagnosing providers as defined above.*

PCMs	Specialized ASD Diagnosing Providers
Pediatricians	Physicians board-certified or board-eligible in: • Developmental behavioral pediatrics • Neurodevelopmental pediatrics
Pediatric family medicine physicians	Pediatric neurology or psychiatry Doctoral-level clinical psychologists
Pediatric nurse practitioners	Specific board-certified doctors of nursing practice who meet certain criteria

Definitive Diagnosis Requirements

Providers must submit the following for enrollment:

1. Diagnostic Evaluation: A document indicating an ASD diagnosis by a TRICARE-authorized PCM or specialized ASD diagnosing provider.
2. Date of Initial ASD Diagnosis: Include month, day, and year of diagnosis.
3. Complete TriWest Diagnostic Statistical Manual of Mental Disorders, Fifth Edition, Text Revision Criteria for Autism Spectrum Disorder Checklist (included in this document):
   This checklist identifies the level of support required based on DSM-5 criteria. Only TRICARE-authorized providers can complete this form, not ABA providers. The provider completing the checklist does not need to be the same one who made the initial diagnosis.
4. Results of a Validated Assessment Tool:
   - ***Note:*** *This is a one-time requirement and is not required for the two-year referral cycle.*
5. Diagnosing provider completes one of the following approved VATs:
   - Screening Tool for Autism in Toddlers and Young Children
   - Autism Diagnostic Observation Schedule, Second Edition
   - Autism Diagnostic Interview – Revised
   - Childhood Autism Rating Scale, Second Edition
   - Gilliam Autism Rating Scale, Third Edition, with additional documentation.
6. Exceptional Family Member Program enrollment for active duty service members: Active duty service members must enroll in the service branch's EFMP. To learn more about EFMP, visit MilitaryOne Source EMFP and Me. To find the service branch's EFMP representative, visit the U.S. Military Installations web page.

7. Extended Care Health Option registration for active duty family members. Active duty family members must register in ECHO to participate in the ACD. ECHO entitles beneficiaries to additional benefits with an annual $36,000 cap. TriWest may grant provisional, 90-day eligibility status while completing the registration process to receive ECHO and ACD benefits. If proof of EFMP enrollment is not complete within 90 days, beneficiaries are disenrolled from ECHO and lose ABA service eligibility. ECHO benefits include:
    - Durable medical equipment, which does not otherwise qualify for coverage under the TRICARE Basic Program.
    - Equipment adaptation for ECHO durable medical equipment items.
    - Equipment maintenance for ECHO durable medical equipment items.
    - Personal incontinence supplies (diapers only) for over age 3.
    - Home Health Care, with qualifying skilled need(s).
    - Respite Care, up to 16 hours per month for non-skilled needs.

Benefits and Costs

Benefit Limitations

- There are no age or duration limits for services.
- Services are based on clinical necessity.
- ABA services are authorized for six months at a time.

Cost Information

Deductibles, copayments, and cost-shares depend on the TRICARE plan type.

- Costs-shares are based on specialty outpatient services under office visit rates.
- There is no annual cap for ABA services.
- One copayment covers all ABA services on the same day.
- ABA services deductibles and copayments are separate from the ECHO cost-sharing.
- Reimbursement rates are updated annually and vary by location.
- Providers can't bill TRICARE beneficiaries more than 100% of these rates.
- Network providers cannot bill beneficiaries for care that is not covered unless the beneficiary has been informed in advance and has agreed in writing to pay for that specific non-covered care.

Autism Services Navigators

What is an Autism Services Navigator?

Autism services navigators work with families to guide them through:

- Organizing and supporting care
- Exploring personalized options, services, and local resources
- Creating a comprehensive care plan
- Helping with transitioning of documents during a permanent change of station or other move
- EFMP enrollment and ECHO registration

Autism services navigators act as health advocates; they don't review treatment plans for necessity or decide TRICARE coverage.

What licensing or certification requirements must an autism services navigator meet?

An autism services navigator must have a current license or certification as a:

- Registered nurse
- Clinical psychologist
- Licensed clinical social worker
- Other licensed mental health professional

Who is eligible to receive the services of an autism services navigator?

As of January 1, 2025, **all** beneficiaries participating in the ACD will receive an autism services navigator once they have met enrollment criteria. Autism services navigators are assigned automatically to beneficiaries and don't require families to take any additional action.

If an eligible beneficiary or family chooses not to use an autism services navigator, they lose access to the ACD program and will not be eligible to receive ABA services.

What is the process for being assigned an autism services navigator?

Beneficiaries are informed about autism services navigators during the ACD enrollment process. This process helps ACD participants learn about the program's requirements, what an autism services navigator does, and how to get care once they're enrolled.

The autism services navigator will contact the family to:

- Explain the role of an autism services navigator
- Describe what the beneficiary and family can anticipate regarding care coordination
- Begin developing the beneficiary's comprehensive care plan

How does the autism services navigator coordinate care?

Autism services navigators act as a main contact for a beneficiary or their family, as well as other health care providers and military health care facilities, if needed.

Their coordination includes:

- ABA services
- Other medical services (like physical therapy or occupational therapy)
- ECHO services
- Medical Team Conferences

How does the autism services navigator promote continuity of care?

The autism services navigator helps minimize interruption in ABA services and other treatment during significant events, like moving.

For at least one month before and one month after moving to a different TRICARE region , the family will have two autism services navigators. One will be for the outgoing TRICARE region and one will be for the new region. They will work together to ensure a smooth transition. The autism services navigator in the outgoing TRICARE region will send all ACD-related documents to the autism services navigator in the new TRICARE region. The autism services navigator in the new TRICARE region will work with the family to check that all information is complete and that the beneficiary continues to meet ACD program requirements.

If the family is moving **to** overseas, the autism services navigator will continue to support them during the move overseas.

If the family is moving **from** overseas, they can request care management support, but it may not be an autism services navigator.

Comprehensive Care Plans

The autism services navigator and the family will create a detailed Comprehensive Care Plan that meets the beneficiary's and family's specific needs. The Comprehensive Care Plan works alongside, not instead of, treatment plans made by ABA providers. According to TRICARE rules, the initial Comprehensive Care Plan must be finished within 90 days of an autism services navigator's assignment.

As providers, you play a crucial role in helping parents or caregivers understand the Comprehensive Care Plan requirement. If a Comprehensive Care Plan isn't turned in on time, the active ABA authorization related to it is canceled. This could lead to delays or gaps in care, which could negatively affect the beneficiary, their family, and any ABA providers working with them. To help explain and meet Comprehensive Care Plan requirements, here are some questions and answers you can share with your patients.

What are the requirements of a Comprehensive Care Plan?

A Comprehensive Care Plan needs to be completed within 90 days of assigning an autism services navigator to the family, and it should be updated every six months. The autism services navigator will inform the beneficiary's parents or caregivers, PCM, and referring provider once the Comprehensive Care Plan is ready. They will also share the Comprehensive Care Plan with these providers before the beneficiary starts ABA services under the ACD.

Comprehensive Care Plans include:

- Care and services for diagnosing ASD
- Timelines for transitions (such as a permanent change of station)
- Discharge and transition planning
- Results from outcome measures

Who must complete a Comprehensive Care Plan?

All beneficiaries enrolled in the ACD will be assigned an autism services navigator and must complete Comprehensive Care Plans with their assigned autism services navigator.

Are a Comprehensive Care Plan and a treatment plan the same thing?

Comprehensive Care Plans are separate from treatment plans developed by ABA providers. They are used together to ensure beneficiaries get comprehensive services and support.

When is a Comprehensive Care Plan due?

Once a beneficiary is assigned an autism services navigator, the beneficiary's initial Comprehensive Care Plan must be completed within 90 days. After the initial Comprehensive Care Plan completion date, updates and reviews will be due every six months and must be current before every ABA Treatment authorization is approved.

What happens if an initial Comprehensive Care Plan or an update is not completed on time?

If the beneficiary has an active ABA authorization, then ABA services will stop until the Comprehensive Care Plan is complete. If there is no active ABA authorization, then the beneficiary can't receive ABA services until the Comprehensive Care Plan is complete. The Comprehensive Care Plan must be updated every six months to continue ABA services.

How can an ABA provider help with a Comprehensive Care Plan?

To prevent any interruptions in care, you can support timely submissions.

- Ask the family about the Comprehensive Care Plan's progress during the initial assessment or treatment phase.
- Remind them about the 90-day deadline for completing the initial Comprehensive Care Plan and the six-month update requirements.
- Encourage beneficiaries to reach out to their autism services navigator if they have Comprehensive Care Plan-related questions.

Note: *Providers on a beneficiary's care team will receive the initial Comprehensive Care Plan for review via Availity, the provider portal.*

Referrals for ABA Services

Referral Requirements

TRICARE's Autism Care Demonstration covers Applied Behavior Analysis services for TRICARE-eligible beneficiaries diagnosed with autism. The beneficiary must meet eligibility requirements to get ABA services and must submit a referral for ABA services. A complete referral includes the items below.

1. ABA Referral: A document indicating an autism diagnosis, including the date of initial diagnosis (month, day, and year).
2. Diagnostic Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) Checklist for Autism Spectrum Disorder: This checklist will show you how much support the beneficiary needs. ABA providers can't complete this form.
3. Results of a Validated Assessment Tool: The ASD diagnosing provider must complete an approved Validated Assessment Tool.

Two-Year Referral Cycle

Referrals for ABA services under the ACD last for two years. TriWest strongly encourages families to seek a new referral from their ASD diagnosing provider before the current referral expires. TriWest will accept new referrals within six months of the expiration of the existing referral. In addition to a new referral, applicable outcome measures and the Diagnostic Statistical Manual of Mental Disorders Fifth Edition, Text Revision Criteria for Autism Spectrum Disorder Checklist is required. A diagnostic evaluation and VAT are one-time requirements and are not required for the two-year referral cycle.

Active Provider Placement

Once the beneficiary has enrolled in the ACD, an ABA provider who can offer services within TRICARE's access-to-care standards will be identified. This process is completed within 15 business days from verifying the referral. Beneficiaries will be notified once the process has started. The process for finding an active provider includes:

1. Checking if the provider meets TRICARE's access to care standards for initial assessments and treatment.
2. Using an ACD Provider Steerage Model to pick the best provider if more than one meets the criteria.

A parent or caregiver can request specific providers, service locations, and appointment times. If parents specify a provider, location, or service time preference, then access-to-care cannot be guaranteed. This must be documented.

When assigning providers:

1. ABA providers are contacted to see if they can provide an initial assessment and treatment within access-to-care standards.
2. The beneficiary or their parent/caregiver will be asked about their preferences for a provider.
3. Ultimately, a provider who meets access-to-care standards will be selected.
4. The initial assessment will be authorized to an ABA provider group. The assessment must start within 28 days from the referral verification date. Once started, the provider has 14 calendar days to complete the assessment. The start date of the approved initial assessment will match the referral verification date so providers can track the 28 days accurately.
5. Beneficiaries who prefer specific appointment times or locations for direct services (like afternoons or center-based) may start with parent/caregiver training until their preferences can be accommodated. During this time, the ABA provider can support the family using approved parent training codes until the beneficiary can get their full hours at their preferred times and places.

Note: *This process only applies for the initial assessment.*

Steerage Model

The ACD Provider Steerage Model ranks ABA providers according to access-to-care standards and other quality measures that benefit TRICARE beneficiaries. It uses four quality measures:

1. Measure one checks if the provider meets TRICARE's access-to-care standards for initial assessments.
2. Measure two checks if the provider meets TRICARE's access-to-care standards for treatment.
3. Measure three checks the average number of days from the treatment authorization start date (service from date on authorization) to the first parent training session (CPT 97156 and 97157).
4. Measure four checks the percentage of time a compliant treatment plan is submitted the first time for ABA authorizations.

Note: *If a parent requests a specific provider and waives access-to-care standards, that provider's steerage model ranking won't be affected.*

Outcome Measures

Overview

All beneficiaries need complete and valid outcome measure scores for ABA services requests to be approved.

Outcome measures help providers create treatment plans and check for progress. Under the ACD, TRICARE requires the following outcome measures based on age:

- **Pervasive Developmental Disorder Behavior Inventory:** For ages 2 to 18.5 years (can accept as early as 1.5 years)
- **Vineland Adaptive Behavior Scales, Third Edition:** For ages 0 to 90 years
- **Social Responsiveness Scale:** For ages 2.5 to 99 years

Additional measures are required to assess parent stress, as this can affect a child's symptoms. They are not used to develop treatment plans or evaluate patient improvements. These measures are:

- Parenting Stress Index, Fourth Edition Short Form: For ages 0 to 12 years and 11 months
- Stress Index for Parents of Adolescents: For ages 11 to 19 years and 11 months For ages 11 to 12 years and 11 months, either PSI-4-SF or SIPA is acceptable.

For ages older than 12 years and 11 months, only SIPA is acceptable.

PSI-4-SF and SIPA must be completed before initial treatment can be approved, and then completed again every six months. Providers should submit only the scores, not questions or detailed protocols.

Providers need to send either the fully published print report or a clearly written hand-scored protocol and summary score sheet(s) for the PDDBI. They must label which one is the Parent Form and which is the Teacher Form.

If a provider scores the PDDBI manually, include all scoring-related documents in the submission.

The PDDBI must also include the name of the person answering and their relationship to the patient. The ABA supervisor must complete the Teacher Form of the PDDBI.

Outcome Measure	Prior to ABA services	Every 6 Months	Every Year	Performed By
PDDBI Parent Form	X	X		Treating ABA supervisor
PDDBI Teacher Form		X		Treating ABA supervisor
Vineland-3	X		X	TRICARE authorized ASD diagnosing providers or, when authorized, ABA supervisor
SRS-2	X		X	TRICARE authorized ASD diagnosing providers or, when authorized, ABA supervisor
PSI-4-SF (age based)	X	X		TRICARE authorized ASD diagnosing providers or, when authorized, ABA supervisor
SIPA (age based)	X	X		TRICARE authorized ASD diagnosing providers or, when authorized, ABA supervisor

Performing Provider

Outcome measures can be performed by TRICARE-authorized ASD diagnosing providers or, when authorized, ABA providers. If an ABA provider can't complete the outcome measures, then TriWest will help the beneficiary find a provider who can.

Authorizations for outcome measures

Outcome measures can be directly authorized to ABA providers without needing a referral from the ASD diagnosing provider. While ABA providers must administer the PDDBI, other network ABA providers may complete the Vineland-3, SRS-2, and PSI-4-SF/SIPA to meet care standards.

The PDDBI will be part of initial assessments and treatment authorizations handled by the treating ABA supervisor. The ABA supervisor must complete the PDDBI Parent Form with the parent/caregiver and the PDDBI Teacher Form when needed.

There are separate authorizations for ABA providers for the Vineland-3, SRS-2, and PSI-4-SF/SIPA to avoid overlapping with the reassessment/PDDBI units, all under CPT code 97151.

ABA providers wanting to complete all outcome measures for their TRICARE patients should request authorization through a treatment plan update. Requests made outside this update will be canceled. These providers must complete the Vineland-3, SRS-2, and PSI-4-SF/SIPA, as these measures will not be split between multiple providers.

Requirements

The Vineland-3 and SRS-2 need to be complete before treatment starts and then annually thereafter. The PSI-4-SF or SIPA needs to be complete before treatment starts and every six months thereafter. The PDDBI Parent Form must be filled out before treatment starts and every six months thereafter. The PDDBI Teacher Form (completed by the treating ABA supervisor) is required with the first reassessment and every six months thereafter.

Required Outcome Measures Intervals

For new beneficiaries, outcome measures (Vineland-3, SRS-2, PSI-4-SF/SIPA) may be completed up to one year before treatment starts.

Outcome measure renewals must be complete within 90 days of their due date. If the outcome measure is done more than 90 days from due date, they are not accepted, they will be canceled, and the measure must be repeated within the prescribed time frame. Additional payment for repeated measures will not be approved.

ABA treatment requests cannot be authorized until all required outcome measures are completed and valid scores are received.

New beneficiaries will start on a one-year cycle for the Vineland-3 and SRS-2.

Future renewal periods will be based on the date the outcome measures are received. This means each outcome measure may have its own chronological timeline.

Submitting Results

Providers need to include the full report or the hand-scored sheets and summary score sheets when submitting outcome measure results.

Note: *Embedding these results in treatment plans or other clinical documents is not acceptable.*

ABA Providers, military hospitals or primary care manager clinics should submit Outcome Measures with the authorization request via the secure provider portal on Availity.

Authorizations

Overview

Prior approval is needed for ABA services for all beneficiaries, even if they have other health insurance.

Submitting a request does not guarantee authorization.

TriWest will complete reviews within five business days of receipt. If TriWest needs more documents, we will notify the ABA provider. If the requested information is not received within 10 calendar days, the request will be canceled until the information is received. TriWest will notify the beneficiary and the ABA provider if services are approved.

Initial Assessment Authorization

Once the beneficiary meets ACD enrollment criteria, TriWest will issue an authorization for an initial ABA assessment.

Initial Assessment Requirements

An authorized ABA supervisor (or an assistant behavior analyst, if delegated) must conduct the initial assessment to develop the treatment plan. This assessment must start within 28 days of authorization approval, in accordance with the TRICARE access-to-care standard, and be completed within 14 days from the first service date.

All units billed for the assessment must fall within this 14-day window.

The initial assessment must include direct service with the beneficiary and may also use additional indirect methods to complete the treatment plan and recommendations. The assessment must include:

- Direct observation, measurement, and recording of behavior
- Background information including, but not limited to:
  - Diagnosis with diagnosing physician and severity level
  - Medical co-morbidities (to include over-the-counter medications)
  - Family history
  - Number of hours receiving other support services such as occupational therapy, physical therapy, and speech-language pathology
  - Documentation of the age of the child and year of the initial ASD diagnosis
  - How long the beneficiary has been receiving ABA services
- Functional assessment
- Data from parent/caregiver interviews and parent report rating scales
- A treatment plan that meets all requirements outlined in the TRICARE Operations Manual, Chapter 18, Section 3
- Results of the PDDBI Parent Form.

Access-to-Care Standards: Initial Assessment

After receiving authorization to start the initial assessment, ABA providers must report the first date of service for the assessment (CPT® code 97151) within 28 days from the date the referral was verified.

ABA providers must ensure that the first date of service is within 28 days of the "service from date" on the initial assessment authorization.

Request for Initial ABA Services Treatment Authorization

After an initial ABA assessment, if clinically necessary, a request for ABA services may be requested, including the following information and documentation.

Treatment Plans

Treatment plans should have the following main sections:

- Identifying Information
- Reason for Referral
- Background Information
- Summary of Assessment Activities (when applicable)
- Goals
- Summary and Explanation of Progress
- Recommendations and Units
- Discharge Planning and Criteria
- Signatures

Treatment plans must include:

- Recommendations for monthly parent/caregiver training hours, submitted as units.
- Parent/caregiver goals.
- The location of service for each requested CPT code (e.g., home, clinic/center, school, specifically defined community location such as parks or grocery stores, or daycare).
- Indication of whether a sole or tiered delivery model will be used.

Outcome Measures

All beneficiaries must have valid outcome measure scores to receive treatment. Providers only need to submit scores of each outcome measure, not the questions or calculations.

ABA Providers submit the outcome measures they have been authorized to complete. Please see intervals above for when the outcome measures are required to be submitted with authorization requests:

- PDDBI (Parent/Teacher Forms, if applicable)
- Vineland Adaptive Behavior Scales, Third Edition
- Social Responsiveness Scale, Second Edition
- Parenting Stress Index, Fourth Edition Short Form or the Stress Index for Parents of Adolescents

Providers must send the complete print report from the publisher or clearly written hand-scored protocol and summary score sheet(s). Reports should not be embedded within the treatment plan. Should the outcome measure edition update, the new outcome measure edition will be required within one year of its release.

Individualized Education Program

If clinically indicated, ABA services can be temporarily approved for the school setting. ABA within the school must be rendered by the ABA supervisor utilizing CPT code 97153.

When requesting services in the school setting, an Individualized Education Program must be submitted with the treatment plan. The treatment plan should include specific goals for the school setting. Goals must target the core symptoms of ASD. ABA supervisors cannot provide services that are already detailed in the Individualized Education Program.

Recommended Units

Recommended units should be clinically indicated and reflect the number of eligible CPT code units needed to achieve the desired treatment outcomes based on clinical necessity. Authorization requests should reflect the number of units recommended for the specific beneficiary and their family.

These requests must be based on the following:

- Symptom domains and levels of support required according to DSM-5 criteria
- Outcome measure results (for treatment plan updates)
- The beneficiary's ability to actively participate in ABA services

Recommendations and requests for treatment authorization must be submitted as units and will not be accepted in other formats (e.g., hours) for each relevant TRICARE-approved Adaptive Behavior Services CPT code.

Discharge Plan

A discharge plan should be created during the initial assessment and included in all treatment plans. This plan, developed by the ABA provider and the beneficiary, should include short- and long-term goals to:

- Generalize mastered skills
- Teach new skills in the natural environment
- Outline steps for transitioning care to the family once ABA services are no longer needed

Clinical Necessity Reviews

Treatment authorization requests are reviewed to check for clinical necessity and ensure minimum requirements for parent engagement are met before deciding on coverage.

Providers must have an approved treatment authorization before providing reimbursable ABA services. Only provide reimbursable ABA services with an approved authorization.

If authorization is pending or canceled due to missing documents or an incomplete review, including consultation with an ABA supervisor or updating a treatment plan, it will be re-issued once all necessary information is provided.

Access-to-Care Standards: First Treatment

The contractor shall ensure that the beneficiary shall begin ABA treatment services within 28 calendar days from the completed ABA assessment date.

The first session of parent/caregiver training using CPT codes 97156 or 97157 must take place within 30 days of the start of each treatment authorization.

Providers are encouraged to submit treatment requests promptly after the assessment to reduce the time between the end of the assessment period and the approval to start treatment. Pre-authorization is required, and authorizations cannot be backdated.

Reassessment and Treatment Plan Update

To continue providing care, ABA providers must complete and submit reassessment and treatment plan updates every six months.

If a beneficiary needs to continue treatment, their provider must request reauthorization through the portal before the current authorization ends. This can be done up to 60 calendar days in advance, but no later than 30 days before the expiration of the current authorization. Treatment plan submissions in less than 30 days from the end of the current authorization may risk timely approval for continuous care.

The updated treatment plan must follow the same structure as the initial plan. It should also list new behaviors to work on, goals, and any changes based on the six-month assessment using measures like PDDBI and other outcomes. It should also explain barriers if there hasn't been progress, such as scores not improving or staying the same, goals for parent/caregiver training, generalizing skills, and discharge planning.

The ABA supervisor should update the behavior plan when needed and show progress in graphs or summaries for goals. This includes tracking skills learned or reducing problem behaviors.

Updates to the treatment plan should also show how many parent/caregiver training sessions happened during the current authorization period. If the update is done within 60 to 30 days before the authorization ends and not all six sessions happened, it should say how many are planned to meet that requirement before the period ends.

Parent/Caregiver Training and Goals

A strong ABA program involves parents and caregivers. They learn ABA methods to help teach new skills and make sure those skills are used outside of ABA sessions.

Including parent/caregiver training in the treatment plan helps ABA providers support families beyond session times. In each new treatment request, the plan should include details about how parents/caregivers will be trained and involved in the ABA program. They'll learn ABA techniques, take part in sessions at different locations (like home or a center), practice skills, and handle behaviors in different situations. ABA providers play a crucial role in training families to manage the diagnosis effectively even when sessions aren't happening, which is important for long-term success.

As direct ABA services begin, involving parents/caregivers ensures ABA principles are integrated throughout the beneficiary's day. It is important that family members or caregivers learn to apply the same treatment protocols learned by the child in ABA services to reduce maladaptive behaviors and reinforce appropriate behavior outside of ABA services.

It is expected that as families become more capable of providing treatment protocols or as beneficiary symptoms improve, the amount of one-on-one ABA services provided by an ABA provider will decrease. It is expected that the family and/or guardian will actively participate in Parent/Caregiver Training. The beneficiary is not required to be present for the parent/caregiver sessions. However, presence of the beneficiary is encouraged. A minimum of six parent/caregiver sessions are required every six months.

TriWest can deny reauthorization of ABA services if this requirement is not met for two consecutive reauthorization periods. The first session shall be within the first 30 calendar days of authorization of ABA services. Parent/caregiver sessions may be conducted via Telehealth only after the first six-month authorization period per authorized provider and must adhere to State laws governing Telehealth services.

Request for Treatment Reauthorization/Recommended Units

If a beneficiary needs more ABA services, the treatment plan must say how many units are recommended for each CPT code and where they will happen.

The recommendations for each treatment should be in units, not hours. These units should be based on data and the person's progress.

The treatment plan should also include how much parent/caregiver training will happen each month, also in units. The first session of this training should be done within 30 days of starting treatment. If a parent/caregiver can't take part, the plan should explain why and what's being done to fix it.

Discharge, Termination, and Provider Changes

Discharge planning is an important part of any intervention services and should be discussed during each reassessment. Discharge occurs when ABA services are no longer needed.

The ABA provider and the caregiver work together to create a discharge plan. This plan outlines short- and long-term goals, such as mastering skills, learning new skills in real-life situations, and preparing for managing without ABA services.

When a beneficiary is ready to stop ABA services, the provider may suggest reducing the frequency and intensity of sessions while increasing parent/caregiver training. They can also request training-only authorizations during this transition.

Providers must give 45 days' notice before terminating services entirely. Discharge reports should be submitted at the end of treatment.

Clinical Necessity Reviews

Referral Cycle Check

After getting a reauthorization request, the referral's due date is compared with the next reauthorization start date. If the referral has expired by then, the beneficiary will be asked to get a new referral before approving the request. It is recommended to get the updated referral no more than 6 months in advance of the expiring referral.

The referral is valid for two years regardless of any changes to physical location. A second opinion, or change in provider, can also be requested as long as it is within two years of the current referral.

Diagnostic Statistical Manual of Mental Disorders, Fifth Edition, Text Revision Criteria for Autism Spectrum Disorder Checklist Check

The Diagnostic Statistical Manual of Mental Disorders, Fifth Edition, Text Revision Criteria for Autism Spectrum Disorder Checklist needs to be filled out when enrolling in the ACD and every two years afterward. This checklist shows how much support a person needs based on DSM-5 criteria. Only approved TRICARE providers by can complete this form, not ABA providers.

Administrative Document Review

Before the clinical necessity review begins, the following items are verified:

- TRICARE eligibility for the patient
- ACD eligibility
  - ***Note:*** *Requests that don't meet ACD program eligibility or don't include outcome measures will be canceled until eligibility requirements are met.*
- A valid referral for ABA services, along with a completed Diagnostic Statistical Manual of Mental Disorders, Fifth Edition, Text Revision Criteria for Autism Spectrum Disorder Checklist on file
- A complete treatment plan that meets TRICARE requirements. This plan should cover all necessary sections, specify where services will be provided, and be signed by the parent/caregiver and ABA supervisor.
  - ***Note:*** *The ABA supervisor must submit an updated treatment plan for clinical necessity review between 30 and 60 days before the current authorization expires.*
- Outcome measure scores, including who responded and their relationship to the beneficiary
- An Individualized Education Program if treatment is planned for the school setting
- A comprehensive care plan if needed

Clinical Necessity Review

During clinical necessity reviews, the clinical reviewers carefully analyze the treatment plan, including:

- Assessment results
- Recommended goals
- Parent/caregiver training goals
- Outcome measure scores
- Treatment dose recommendations

Reviewers also make sure treatment plans match the appropriate level of care for beneficiaries. They consider factors such as:

- The level of support needed
- Treatment effectiveness
- Dose response (how often and for how long)
- Duration of services and discharge planning
- Any other services provided

The clinical reviewers will also analyze the treatment plans for any missing elements or exclusions, and recommend changes based on evidence-based practices.

After the clinical necessity review, the clinical reviewer will either decide on coverage, ask for more information, or arrange a clinical consultation with the ABA supervisor.

Clinical Consultation and/or Additional Documentation

Reviewers may need to consult with the treating ABA supervisor about:

- Clinical necessity
- Exclusions
- Other complex issues that need discussion

If the treatment plan needs modifications, providers will receive a list of the necessary changes and how to resubmit the updated plan. Providers have up to 10 calendar days to submit the updated treatment plan. A second clinical necessity review will then take place on the newly submitted, modified treatment plan. Again, the clinical reviewer will either decide on coverage, ask for more information, or arrange a clinical consultation with the ABA supervisor.

Authorization Changes

ABA providers and beneficiaries can request changes to current authorizations.

Unit Modifications

To change the number of approved units, providers need to submit a new request for ongoing services.

The new request should include an updated treatment plan that clearly states it's a unit modification request and explains clinical rationale supporting why the change is needed. This should also include any changes to the beneficiary's goals. For example, an ABA provider might need to update progress summaries or revise previously approved goals. It should also specify the number of units requested for all CPT codes. Make sure the requested units match what's written in the treatment plan.

Unit modifications may be approved if there's a significant change in the beneficiary's clinical status that requires changes to the treatment plan and recommended units, location of services, or goals. This could include changes in:

- Available hours for receiving services
- Behavior management needs
- Learning progress
- Modifications needed to keep making progress
- Training needed for parents/caregivers
- Program complexity
- Skill generalization
- Family involvement and availability
- Change in location of services needed

Second Opinions

The second opinion assessment follows the same rules and requirements as the first assessment, including the referral process, access standards, treatment plan, outcome measures, and overall process. Second opinion authorizations don't need a new referral if they take place within the two-year time frame. Please note that only one provider can give treatment at a time, and only one treatment authorization approval may be active at one time.

If the family decides to pursue services with second opinion provider's recommendations, the first provider's authorization will end just before the second provider's authorization starts. Families should notify the current provider about a desired change in providers and when they intend to hold the final treatment session. The first provider should submit a discharge report.

Provider Types and Requirements

Overview

To become a provider for the ACD program you must meet specific education and certification standards. These requirements are detailed in the TRICARE Operations Manual, Chapter 18, Section 3.

Provider Types

Under the ACD, TRICARE-approved ABA supervisors provide ABA services to TRICARE beneficiaries. These supervisors include Board Certified Behavior Analysts® (BCBA®), BCBA – Doctoral® (BCBA-D®), licensed behavior analysts (LBA), or clinical psychologists.

In the tiered-delivery model of ACD, the authorized ABA supervisor is assisted by:

- Board Certified Assistant Behavior Analysts® (BCaBA®)
- Qualified Autism Service Practitioner – Supervisors (QASP-S®)
- Licensed assistant behavior analysts (LABA)
- Behavior technicians (BT), such as Registered Behavior Technicians® (RBT®), Applied Behavior Analysis Technicians® (ABAT®), Board Certified Autism Technicians (BCAT), or state-certified BTs where applicable.

Supervisors and Assistants providing ABA services must maintain any licenses or certifications required by their respective state licensing board. Similarly, BTs providing services must be certified as per their state's requirements, as applicable.

Credentialing versus Certification

TRICARE-authorized ABA providers certified as BCBAs, BCBA-Ds, LBAs, BCaBAs, QASPs, and LABAs must go through a credentialing process with TriWest. When submitting rosters, ABA providers must include copies of criminal background checks and current basic life support (BLS)/cardiopulmonary resuscitation (CPR) certifications.

BTs must go through a certified process to participate as well. When adding BTs for certification, ABA providers will need to submit the BT's criminal history background checks and current BLS/CPR documentation. BT certification takes up to 10 days once the completed request is received.

Proof of Certification Requirements for Non-Network Providers

Non-network providers must submit proof that they have completed BLS, CPR or BT certification.

ABA Service Settings/Locations

Settings

Home

- Definition: Beneficiary's residence
- Eligible provider types: All ABA provider types that are authorized in the beneficiary's treatment plan
- Place of service code: 12

Clinics/Centers

- Definition: Outpatient clinic or center where beneficiaries receive ABA services
- Eligible provider types: All ABA provider types that are authorized in the beneficiary's treatment plan
- Place of service code: 11
- Details: Travel to and from a clinic/center cannot be reimbursed by TRICARE.

Daycare (Non-Preschool)

- Definition: Daycare centers, child development centers, after-school programs, adult care settings
- Eligible provider types: All ABA provider types that are authorized in the beneficiary's treatment plan
- Place of service code: 99
- Details: A non-preschool daycare can be an approved place for ABA services if therapy is actively addressing the core symptoms of ASD. The ABA provider cannot act as a support aide or observer during routine activities (such as lunch, group activities, arts and crafts, etc.). The treatment plan must explain why a home or center setting can't be used and how caregivers are involved.

School Settings

- Definition: Preschool, public school, private school, or homeschool
- Eligible provider types: ABA supervisors providing active delivery of ABA services that are authorized in the beneficiary's treatment plan
- Place of service code: 03
- Details: ABA supervisors may provide ABA services focused on core ASD symptoms at school using CPT code 97153. These services are specific, short-term, and follow the ACD guidelines. All ACD exclusions in the TRICARE Operations Manual, Chapter 18, Section 3, also apply in the school setting.

- A current Individualized Education Program is needed if ABA services are requested for a public or private school setting under CPT code 97153. ABA providers can't duplicate services that are already covered in the Individualized Education Program.
- In treatment plan recommendations, ABA providers must separate the hours spent by the ABA supervisor at school from the hours spent by behavior technicians or assistant behavior analysts at home or clinics. The plan must also specify which treatment goals will be addressed in the school setting, the expected duration of the treatment in this setting, and any planned gradual reduction from the school environment. ABA services at school should be short-term.
- For children who are homeschooled, ABA services must be provided outside of homeschooling hours, with no overlap.
- ABA supervisors should not target academic or educational goals in any setting, including schools. ABA Supervisors in the school setting are not allowed to replace academic support, act as 1:1 aides, or address academic and vocational needs.

Community Settings

- Definition: Any location not part of a home, outpatient ABA center or clinic, or school setting. Community settings can include grocery stores, parks, restaurants, and events such as youth sports or local community activities. Certain community settings are specifically excluded, including medical offices (such as, doctor visits, physical therapy, etc.), participating in sports, or camps.
- Eligible provider types: All ABA provider types (if authorized and as specified in the approved treatment plan)
- Place of service code: 99
- Details: Certain activities are excluded from ABA services, such as sporting events, camps, and medical appointments for the beneficiary or other family members. Some community locations and activities aren't suitable for ABA services sessions because they don't focus on the specific criteria for ASD diagnosis according to the DSM-5. For example, places that teach daily living and job skills are excluded from treatment requests. Travel in a vehicle is also excluded from ABA treatment and billing. These parts of any community-based treatment should not be included in the intervention time.
  - However, ABA services in community settings might be approved in specific situations, such as: when social and communication practice or generalization isn't possible at home or in a clinic.
- Community location exclusions and preauthorization requirements apply to all ABA providers. With preauthorization, any ABA provider can offer services in a community setting using CPT code 97153. If an ABA supervisor or assistant behavior analyst is modifying a program in a community setting, they will use CPT code 97155.
- Family and caregiver support is crucial for helping children use skills learned in therapy in community settings. Families should refer to training goals and follow the guidance of the ABA supervisor or assistant behavior analyst.
- Educational and academic goals are excluded from ABA services in all settings, including community settings. ABA supervisors and assistant behavior analysts cannot target educational, academic, or vocational goals.
- ABA services cannot be provided during other medical appointments, including those of other family members.

Telemedicine

- Definition: The use of secure video conferencing to provide necessary medical and psychological services to beneficiaries at home. Specific technical requirements must be met as listed in the TRICARE Policy Manual and any relevant state requirements. Telehealth can be synchronous (live two-way audio and video) or asynchronous (one-way communication, such as sending medical history). Audio-only services are not allowed under the ACD.
- Eligible provider types: ABA supervisors and assistant behavior analysts can provide services under CPT code 97156 if authorized in the treatment plan.
- Place of service code: Use place of service code 02 or another appropriate code for accurate billing, with GT or 95 modifier for synchronous telehealth. This modifier confirms that the beneficiary or parent was present at an eligible site during the telemedicine session.
- Details:
  - Services billed under CPT codes 99366 and 99368 can be provided via telehealth by ABA supervisors. Behavior technicians cannot provide these services.
  - Telehealth for CPT code 97156 will only be authorized after the initial six-month treatment period is completed.
  - Services under CPT codes 97151, 97153, 97155, 97157. and 97158 cannot be provided via telehealth.

Billing Codes and Claims Requirements

Adaptive Behavior Services Current Procedural Terminology Codes

TRICARE approved adaptive behavior services (ABS) codes are specifically authorized and paid for under the ACD program. They are only for the use of ABA providers.

Sole or Tiered Delivery Model

Sole: Clinical Psychologist, Board Certified Behavior Analyst® (BCBA®) or Board-Certified Behavior Analyst – Doctoral® (BCBA-D®) delivering direct one-on-one services.

- Tiered: Assistant behavior analysts and behavior technicians delivering direct one-on-one services.

Treatment plans must specify whether CPT code 97153 will be delivered under the sole or tiered model, the location of services (for example, home, clinic), and the requested total number of units for each CPT code listed.

Code Descriptions

97151 – Behavior Identification Assessment

- Can be done by authorized ABA supervisors or assistant behavior analysts
- Initial assessments are approved for 32 units per authorization period.
- Reassessments are approved for 24 units per authorization period.
- Approved units also include the administration, scoring, and analysis of the PDDBI.
- Must be completed within 14 days of the first service date
- 15 minutes per unit
- No telehealth.

97151 – Outcome Measures

- Units may be approved under CPT code 97151 for each additional assessment (Vineland-3, SRS-2, PSI-4-SF, SIPA) conducted by the authorized ABA supervisor (not the assistant).
- There will be a separate authorization for these assessments with one unit per measure.
- Include modifier 99 on the claim form for these assessment units.

97153 – Adaptive Behavior Treatment by Protocol

- Performed by authorized ABA supervisors (or delegated to assistant behavior analyst) and BTs
- School setting: Performed by authorized ABA supervisors only.
  - Must be approved through the clinical necessity review process.
  - Services are focused, time-limited, and in accordance with the requirements of the ACD.
- May not exceed 32 units per day or 160 units per week
- 15 minutes per unit
- No telehealth.

97155 – Adaptive Behavior Treatment by Protocol Modification

- Performed by authorized ABA supervisors (or delegated to assistant behavior analyst)
- At least one session per month must be performed by the authorized ABA supervisor and cannot be delegated to an assistant behavior analyst.
- Providers will face a 10% penalty on all ABA claims for a beneficiary's entire six-month authorization period if "97155 rendering" requirements are not met.
  - The 10% percent penalty may be waived if no direct CPT code services were performed within the calendar month.
- Team meetings and Individualized Education Program meetings are not included.
- May not exceed eight units per day
- 15 minutes per unit
- No telehealth.

97156 – Family Adaptive Behavior Treatment Guidance

- Performed by authorized ABA supervisor (or delegated to assistant behavior analyst).
- May not exceed eight units per day.
- 15 minutes per unit.
- ABA providers must render the first session of parent training (CPT codes 97156 or 97157) within 30 calendar days of each treatment authorization.
- Six parent/caregiver sessions every six months (CPT codes 97156 and/or 97157).
- After the first six-month authorization period, may be provided via telehealth if authorized.

97157 – Multiple-Family Group Adaptive Behavior Treatment Guidance

- Performed by ABA supervisor (or delegated to assistant behavior analyst).
- May not exceed six units per day and eight participants per group.
- May only be used in an office/clinic setting.
- 15 minutes per unit.
- ABA providers must perform the first session of parent training (CPT codes 97156 or 97157) within 30 calendar days of each treatment authorization.
- Six parent/caregiver sessions every six months (CPT codes 97156 and/or 97157).
- No telehealth.

97158 Group Adaptive Behavior Treatment by Protocol Modification

- Performed by ABA supervisor (or delegated to assistant behavior analyst).
- May not exceed six units per day and eight participants per group.
- 15 minutes per unit.
- No telehealth.

99366 and 99368 – Medical Team Conference

Each area has a different rate for Non-Physician, Non-Facility services. ABA providers need to check the rates for each area where they provide services to find the correct rate for CPT codes 99366 and 99368.

- Rendered by ABA supervisor.
- At least three qualified health professionals from different specialties who have seen the beneficiary face-to-face within the last 60 days must participate.
- CPT Code 99366: Medical team conference with the beneficiary present.
- CPT Code 99368: Medical team conference without the beneficiary present.
- The Autism Services Navigator must be present for the entire medical team conference for ABA providers to be paid.
- One unit of CPT codes 99366 and 99368 is authorized for every six-month treatment authorization.
- Conferences can be held face-to-face or via telehealth.

What 97155 CPT Code Covers

Services under CPT code 97155 involve adaptive behavior treatment where the authorized ABA supervisor or assistant behavior analyst addresses modifications with the treatment plan, such as evaluating progress, advancing programs, modifying techniques, and testing skills. ABA supervisors must provide at least one visit per month for each beneficiary under CPT code 97155 (program modification).

Exclusions to what 97155 CPT Code Covers

While the Behavior Analyst Certification Board (BACB) guidelines and ethics code outlines standards for supervising behavior technicians (BTs) and assistant behavior analysts, this supervision cannot be billed under the ACD. Claims for supervision will be denied or reclaimed.

Weekly Units

The weekly units authorized for CPT code 97153 cannot be rolled over to other weeks. The week is defined as Sunday to Saturday.

Monthly Units

The monthly units authorized for CPT codes 97156, 97157, and 97158 cannot be carried over to other months. The first month starts on the day the services are authorized to begin and ends on the last day of that month. Each following month is based on the calendar month. For example, if the authorization starts on February 10, 2025, the first month is from February 10 to February 28, 2025, and the second month is from March 1 to March 31, 2025..

Units that Cover the Length of the Authorization

Units authorized for the entire authorization period, CPT codes 99366, and 99368, can be used in any month during that period.

Note: *Units for CPT code 97151, which are for treatment reassessment, are meant to be used for preparing the reassessment in the last 60 days of the authorization period and must be used within 14 days of the first instance the service is rendered.*

Medically Unlikely Edits

The Defense Health Agency sets the maximum number of units that can be billed per day for each CPT code. If medically unlikely edits (MUE) are exceeded, the claims are denied.

- ABA providers cannot ask for MUEs to be exceeded before providing care.
- If you exceed an MUE, you can request a claim review after your claim has been processed (you must provide supporting medical documentation).

Claims Information and Billing Tips

Note: *Autism Corporate Services Providers (ACSP) and sole ABA providers are responsible for knowing claims billing requirements and guidelines.*

Taxonomy

All claims must include the Health Insurance Portability and Accountability Act (HIPAA) taxonomy designation for each provider type. These taxonomies include:

- 103K00000X – Behavior analyst for master's level and above
- 106E00000X – Assistant behavior analyst
- 106S00000X – BT
- Other appropriate HIPAA taxonomy based on license/certification

National Provider Identifier

All claims must include the provider's full name and National Provider Identifier (NPI) for processing, for all providers authorized under the ACD (master's level and above, assistant, and BT level).

Providers must have an NPI in place and include it in their application submission. Providers can verify their NPI record by visiting the NPI Registry.

Tax Identification Number

For ACD reimbursements to be processed correctly, the Tax Identification Number (TIN) on ACD authorizations must be current and match the TIN on claims. Incorrect or non-matching TINs can cause denied claims and delayed payments.

Rendering Provider

To ensure claims are processed correctly, list the rendering provider. For all CPT codes, this should be the ABA supervisor, assistant behavior analyst, or BT.

According to TRICARE policy, assistant behavior analysts and BTs are not independent providers and cannot be listed as the billing provider or bill for any ABA services. They are compensated by their authorized ABA supervisors.

Session Times

Include the start and end time of the session for all CPT codes on claims. Use military time format and include a space between the start and end times (i.e., HHMM HHMM). Claims without session times in military format on each line will be rejected and require resubmission.

Document the session start and end times in one of the following locations:

- For an electronic data interchange (EDI) claim: Put the session times in Loop 2400 for each individual line note.
- For XpressClaims: Put the session times in each individual line note.

Unique Lines for Services Billed

TRICARE requires that every session of ABA services be identified as its own unique line on claims submitted. When billing for multiple services performed on the same day by the same provider, you must separate sessions, even if the CPT code is the same. Claims billed with multiple sessions on one line will be rejected and require resubmission.

Incorrect: Line one indicates eight units of CPT code 97153; the line note includes session times of 0800 0900 and 1300 1400.

Correct: Line one indicates four units of CPT code 97153; the line note includes a session time of 0800 0900.

Line two indicates four units of CPT code 97153; the line note includes a session time of 1300 1400.

Modifiers

TRICARE requires the use of specific modifiers to indicate patient presence and/or remote sessions. Adding a note such as “patient not present” does not meet this requirement. Use the following modifiers as applicable:

- GT or 95 – Parent/caregiver remote sessions
- 99 – Use with 97151 to identify outcome measures (Vineland-3, SRS-2, PSI-4-SF/SIPA)

Place of Service Codes

- 02 (Telehealth)
- 03 (School)
- 11 (Office/Clinic)
- 12 (Home)
- 99 (Other) – non-school daycare, community settings

Concurrent Billing

Concurrent billing is not allowed for most ABA codes, except when both the family and the beneficiary are receiving separate services, and the beneficiary is not present in the family session. The medical records should clearly state who attended the session, including all providers, the beneficiary, and parents/caregivers if applicable, along with the location. Claims for concurrent billing without session times (as mentioned above) and information about the beneficiary's presence or absence will be denied.

Include the necessary details in one of these places:

- For EDI claims, include the notes in Loop 2400 for each line item.
- For XpressClaims, include the notes in the individual line item.

Concurrent Billing Modifiers:

CPT Codes	97151	97153	97155	97156	97157	97158
97151	N/A	N/A				
97153	Yes	N/A				
97155	No	No	N/A			
97156	Yes	Yes	Yes	N/A		
97157	Yes	Yes	Yes	No	N/A	
97158	Yes	No	No	Yes	Yes	N/A

97153 and 97155: If CPT codes 97153 and 97155 are billed concurrently, the contractor shall pay the higher rate and deny the other.

97153 and 97156: Concurrent billing is allowed if the behavior technician, assistant behavior analyst, or ABA supervisor is working directly with the beneficiary (97153), while a different ABA supervisor or assistant behavior analyst is conducting parent training (97156), and the beneficiary is not there.

97155 and 97156: Concurrent billing is allowed if the authorized ABA supervisor or assistant behavior analyst is working directly with the beneficiary (97155), with or without the behavior technician, and another ABA supervisor or assistant behavior analyst is doing parent/caregiver training (97156) with the beneficiary not present.

97151 and 97153/97156: Concurrent billing is allowed if the authorized ABA supervisor or assistant behavior analyst is doing an assessment task (like direct time or report writing) under 97151, while another ABA supervisor, assistant behavior analyst, or behavior technician is working on 97153 or 97156. The beneficiary can only be present for one of these codes.

97157 and 97158: Concurrent billing is allowed if the authorized ABA supervisor has assigned 97157 to the assistant behavior analyst, who is leading a parent group, while the authorized ABA supervisor is using 97158 with a group of beneficiaries.

Reimbursement Rates

Reimbursement rates differ depending on location. They are determined by looking at how much commercial and Centers for Medicare & Medicaid Services' ABA rates are.

To see the current rates, go to the Defense Health Agency's Applied Behavior Analysis Maximum Allowed Amounts page.

Balance billing: ABA providers can't charge the beneficiary more than 100% of the rates shown on www.health.mil/rates. The rules about balance billing in the TRICARE Reimbursement Manual do not apply.

Penalties: ABA supervisors must conduct at least one direct session per month for CPT code 97155 and can't delegate this task to an assistant behavior analyst. If this rule is not followed, there is a 10% penalty on all ABA claims for that beneficiary's entire six-month authorization.

Documentation

Overview

ABA providers must keep progress notes (also known as narrative summaries or session notes) that are connected to the goals and objectives in TRICARE beneficiary treatment plans. These notes should support the ABA claims being billed.

Elements

If CPT codes 97153 and 97155 are billed concurrently, the contractor shall pay the higher rate and deny the other.

Beneficiary's Name

The beneficiary's full name is required. Beneficiary initials or numerical identifiers do not meet the requirement.

Date/Time/Length of Session

The date on the progress note should match the date of the session. (Note: The dated signature requirement is about when the progress note was signed, which might be different from the session date. Both dates need to be included.)

Make sure to document the exact start and end times of each session, including how long each session lasted. When submitting ABA claims, use military time format, but you may use standard (civilian) time format in progress notes. If using standard time, include "a.m." or "p.m."

Service Location

Providers must document the specific place where the services were provided, such as home, clinic/center, daycare (non-preschool), school, community, or through telemedicine. Simply providing GPS coordinates or addresses won't fulfill this requirement.

When billing for multiple services at the same location, make sure to describe where each service took place and who was involved in each session. For example, "The beneficiary (name) and behavior technician (name) were in the living room, while the BCBA (name) and parent (name) were in the kitchen without the beneficiary."

Session Participants

Providers must document the names of people who took part in a session and their relationship to the beneficiary. This includes everyone who actively participated in the session.

Note: Documenting the rendering provider's name or the beneficiary's full name won't fulfill this requirement. You must specifically list the names of all active participants in the session and how they're related to the beneficiary, even if you've mentioned them elsewhere in the progress note.

Provider Details

The progress notes must have the complete name and license or certification of the ABA supervisor, assistant behavior analyst, or behavior technician, along with a dated signature.

Note: *The dated signature should match the date when the progress note was signed, which might not be the same as the session date. Both dates need to be included.*

Name of Authorized ABA Supervisor

If the ABA supervisor isn't the rendering provider, the progress notes still need to include the ABA supervisor's full name. This rule is different from the requirement to list session participants.

Clinical Status

You must document the clinical status in progress notes for sessions where the beneficiary is present, including sessions for treatment modification and parent/caregiver training.

This status can affect how the session goes or the beneficiary's readiness to learn. For instance, their status at the start can impact how ABA principles are applied during the session, like the type of assessments, teaching techniques, environmental changes, and their performance.

Note: *Just listing ASD diagnostic criteria or using checkboxes like "stable" or "unstable" won't meet this requirement.*

Narrative of Session Content

The content summary needs to clearly explain the services given during the session and give examples that match the CPT code used. It should be factual, detailed, and tailored to that specific session.

Descriptions by Current Procedural Terminology Code

CPT code 97151: Document what activities, measures, and observations were done during the assessment.

CPT code 97153: Include the areas focused on in the treatment plan, give examples of what was worked on, and mention progress and any challenges on specific goals. A list of targets or goals with performance data (for example, 80%) does not meet this requirement.

CPT code 97155: Note any changes made to the program during the session, like goals, and share new protocols with the behavior technician. If no changes were made, explain how that was determined.

CPT code 97156: Describe the ABA principles discussed with the parent/caregiver and their progress on their goals. Also, mention any suggestions given to them, how they implemented behavior plans, and how they're applying skills outside of sessions. If the beneficiary was there during training, note what was modeled or done by the parent/caregiver and the feedback given.

CPT code 97157: Explain what ABA principles were covered in group parent/caregiver training, the techniques discussed, what was shown, and any feedback given.

CPT code 97158: Describe the social areas, goals, and behaviors worked on in group sessions.

CPT codes 99366 and 99368: Record each participant's role in the medical conference, what they shared, and any treatment suggestions made afterward.

Identifying ABA Techniques

You can list or check off ABA techniques like discrete trial training, pivotal response treatment, chaining, and prompting. In the progress notes, make sure to point out any changes in how you're teaching during the session.

Narrative of Response to Treatment and Outcome of Treatment/Response to Significant Others

For CPT code 97153, your notes must talk about how the patient responded to treatment in the session. Summarize how well the patient met the goals set in the treatment plan, focusing on areas where they were particularly successful and explaining any challenges they faced.

Highlight any goals they've mastered and if they've started using those skills with other people. Avoid using individual data points, percentages, tally marks, or circled responses. Behavior technicians can note how the patient is progressing in this session or compared to previous sessions.

Narrative of Progress towards Goals

For CPT codes 97153 and 97155, progress notes from an ABA supervisor or assistant behavior analyst should show how the patient has been progressing towards their goals over time. It should also mention any challenges that might be slowing down progress. These notes should include any goals that have been achieved and any steps taken towards completing treatment.

For CPT code 97156, progress notes should focus on how the patient is doing in relation to their parent or caregiver's goals.

When behavior technicians use CPT code 97153, they don't need to track progress over time. However, they can compare the current session with the last one, report on progress towards the individual goal, and discuss any challenges with the ABA supervisor.

All progress notes should use measurable, specific, and personalized language to describe progress.

Common Mistakes

- Missing required elements
  - Location where services were provided
  - Names of all session participants
  - License or certification of the rendering provider
  - Dated signature of the rendering provider
  - Full name of the authorized ABA supervisor
  - Clinical status (for CPT codes 97155 and 97156 if the beneficiary is present)
  - Progress towards goals for CPT code 97155
  - Progress towards parent/caregiver goals for CPT code 97156
  - Lack of details and examples supporting the service provided in the content summary

- Content summary not aligning with the CPT code on the claim
- Progress notes for CPT code 97155 not justifying a change or addition to the protocol, or explaining why no change is needed
- Billing for excluded areas such as academics, daily living activities, vocational training, non-core ASD symptoms, and supervision/training of BTs
- Billing for team meetings, including meetings with school personnel or attendance at Individualized Education Program meetings
- Billing for supervision of behavior technicians and assistant behavior analysts, which is required but not billable under the ACD.

Exclusions

Overview

Services excluded from the ACD won't be reimbursed or authorized. If progress notes show that these excluded services were provided during a session, there might be a recoupment of the claims payment during an audit. More information is available in TRICARE Operations Manual Chapter 18, Section 3.

Key Exclusions by Category

The following services are excluded from billing.

Telehealth

- Asynchronous telehealth services
- CPT code 97156 within the first six-month authorization
- Audio-only telehealth services

Location

- Camps or sporting events
- ABA services while the beneficiary is at another medical appointment, including another family member's appointment
- Behavior technician or assistant behavior analyst services in a school setting
- ABA services in the school setting where the role of the ABA supervisor is as an aide or academic support

Goal Areas

- Goals targeting excluded tasks (activities of daily living, educational goals, vocational skills)
- Goals that are typically targeted through another specialty (for example, motor goals that would better be taught by occupational therapy)
- Goals that address areas not related to core ASD symptoms of communication, social delay, or restricted/repetitive behavior
- Situations where services cannot be actively delivered

Interventions, Targeted Symptoms

- Aversive techniques or restraints
- Any forms of psychotherapy, including, but not limited to cognitive behavior therapy, prolonged exposure, or group psychotherapy

Other Activities

- Supervision or training of behavior technicians
- Emails and phone calls
- Report writing beyond what is included in the assessment code
- Mileage and drive time to and from appointments
- Purchase or creation of office supplies, therapeutic supplies, or stimuli
- Attending Individualized Education Program meetings

Other Exclusions

- Group ABA services billed as one-on-one services.
- ABA treatment goals in schools must be unique and not duplicate what's already in the Individualized Education Program
- Autism schools, unless a clinic setting has a separate Tax Identification Number
- Clinics or agencies owned by the beneficiary's family members
- ABA services provided by the beneficiary's caregiver
- Non-ABA services like custodial work, personal care, childcare, and other non-medical tasks
- Services provided when the beneficiary is sleeping

Compliance and Audits

Overview

ABA providers must always follow the rules laid out in the TRICARE Operations Manual, along with state and federal laws and agreements with TRICARE.

Providers must:

- Bill for services approved under the ACD
- Have clear and complete progress notes to support billing

Different types of reviews are conducted to ensure compliance with these guidelines.

Audit Frequency

Autism Corporate Services Provider groups and individual ABA providers are required to undergo at least 30 records review each year. These reviews cover both administrative and medical documentation, including a review of one medical team's conference progress notes, if available.

Administrative Reviews

ABA claims are monitored for possible fraudulent billing practices, such as:

- Unusual billing patterns with high amounts, inconsistencies, or changes in frequency
- Concurrent billing, which means billing for two services at once
- Incorrectly identifying the provider or using providers who aren't authorized
- Claims that seem impossible, such as totaling more than 12 hours in a single day
- Frequent errors in claims

Medical Documentation Reviews

Medical documentation is reviewed by Quality Monitoring Clinicians to ensure that:

- Progress notes match the claims made
- Progress notes have all the necessary information
- The services noted in progress notes match TRICARE approved CPT codes for adaptive behavior services
- No excluded services were provided during the session

Audit Outcomes

Non-compliance with TRICARE rules may result in the following:

- Outreach and education
- Payment recoupment
- Probe audit
- Placement into prepayment review

Annual Provider Training

Overview

All autism corporate services providers and sole ABA providers participating in the ACD must complete an annual training. This training provides a comprehensive overview of the ACD, including eligibility, diagnosis, authorizations, documentation, billing, and audits.

Accessing Training

Provider training is available online in the LearnUpon provider portal.

Completion Guidelines

Only one person associated with the provider's TIN is required to take the training. The provider must complete the training annually. If the provider does not complete the training by the last day of the calendar year, a 10% penalty for all claims during the period of non-compliance will be imposed. The penalty will be removed once the training is complete.

Sharing the Training

Although only autism corporate services providers and sole ABA providers are mandated to take the training, it's recommended that all ABA providers and staff complete the training.

Parent/Caregiver Training Tips

This document serves to assist the authorized ABA supervisor, assistant bx analyst, BT and other professionals supporting TRICARE families in the ACD.

Participation by the parent(s)/caregiver(s) is required, and re-authorization for ABA services is contingent upon their involvement.

In accordance with 32 CFR 199.17(p)(5)(ii) and TRICARE Operations Manual, Chapter 18, sections 8.7.1.6, 8.7.6.2.4, 8.7.1.6.2.5, and 8.11.6.2.4, TriWest strongly encourages providers familiarize themselves with, and implement, the below guidelines regarding parent/caregiver training:

Parent Training Session Requirements:

- Rendering start of services (includes any ABA service code) within 28 days from the completion of the assessment and facilitating one Parent Training Session (CPT 97156/57) within 30 days of the start of all initial and continuing authorizations affects the Provider Steerage Score for Access to Care Standards. (9.3.11.6.2/9.3.11.2)
  - *Implementation of the treatment plan should begin with parent guidance sessions (CPT code 97156 or 97157), especially if other ABA services are delayed because the authorized ABA supervisor is hiring a new behavior technician for the treatment plan.*
- Render at minimum six parent training sessions within the authorization period. (97156/57)
  - If parent(s)/caregiver(s) participation is not possible, the treatment plan must document the reasons for non-participation (i.e., the parent/caregiver is deployed, is physically unable to deliver the ABA services, family availability, etc.). All attempts to mitigate the lack of involvement/ participation must be documented by the ABA provider.
  - If this requirement is not met for two consecutive authorization periods, ABA services shall not be renewed for a subsequent authorization period for that beneficiary.
- Telehealth modality may be used for parent training sessions under 97156.
  - This modality for parent training sessions is only available after the first authorization period.
  - Refer to state governing telehealth services and TPM Chapter 7, Section 22.1.
  - Include GT or 95 modifier on claims for any parent sessions completed remotely.
- If the clinical necessity review determines that direct ABA services, either one to one or group, are no longer clinically necessary, Parent Training Services can be approved to fade an ABA service program for one six-month authorization.
- Limitations:
  - CPT code 97156 (Family Adaptive Behavior Treatment Guidance) may only be rendered up to eight units (2 hours) per day and may only be used in a home or clinic-based setting.
  - CPT code 97157 (Multiple-Family Group Adaptive Behavior Treatment Guidance) may only be rendered up to six units (1.5 hours) per day and may only be used in a home or clinic-based setting.
  - CPT code 97157 groups must not exceed eight participants.
  - Authorized ABA supervisors may delegate family/caregiver guidance (97156/97157) to assistant behavior analysts working under their supervision but only the authorized ABA supervisor may bill for this service using this code
  - Family/Caregiver follows the definition for “immediate family” in 32 CFR 199.2(b): [t]he spouse, natural parent, child and sibling, adopted child and adoptive parent, stepparent, stepchild, grandparent, grandchild, stepbrother and stepsister, father-in-law, mother-in-law of the beneficiary, legal guardian as appropriate. For the purposes of the ACD, a “nanny” may be considered an eligible caregiver pending certain requirements are met.

ABA Treatment Plan Goals for Parent Training:

- ABA providers should discuss parent expectations or concerns, to help guide the development of parent training goals.
- Parent Training goals should focus on the generalization of individualized skills being taught during direct services. This includes generalization of behavior reduction strategies utilized in the beneficiary's behavior intervention plan.
- Parent Training can focus on teaching ABA strategies (for example, forward and backward chaining, schedules of reinforcement, prompting) which can be applied by parents to teach Activities of Daily Living outside of ABA services.
- Parent Training goals should be objective and qualitatively assessed. The goals should be targeting and measuring the behaviors/skills of the parents rather than the beneficiary.
- Use of restraints and aversive techniques are not TRICARE approved.

Licensing and Credentialing:

- The ACD requires that all ABA providers be TRICARE Certified prior to rendering care to beneficiaries.
  - Certification is processed by our Provider Certifications Unit and typically takes 10-15 days from receipt of a completed application packet.
    - Once certification is completed, any rosters with ABA supervisors will be sent to Credentialing for completion. Providers can also email their ABA supervisors certification approval and roster to Credentialing to check in on the process.
  - Under the ACD, only ABA supervisors (Board Certified Behavior Analysts® [BCBA®], BCBA – Doctoral® [BCBA-D®], Licensed Behavior Analysts [LBA], or Clinical Psychologists) require credentialing. All other providers only need certification to be in-network.
    - After ABA supervisors receive their certification approval, they are able to offer non-network certified services to beneficiaries, however, these claims may not pay until the provider is fully credentialed. A group's contract is executed upon completion of credentialing all ABA supervisors listed on the initial roster.

Collaboration ABA providers should facilitate:

- ABA providers should collaborate with autism services navigators, including sharing contact information.
- All beneficiaries enrolled in the ACD are assigned an autism services navigator.
- ABA providers should provide and review specific community resources based on city/ZIP code/ location for support groups, social groups, and other non-medical resources to support families of children with autism. TriWest ACD Home Page.

Resources for families:

1. Military OneSource Exceptional Family Member Program: https://www.militaryonesource.mil/ special-needs/efmp/
2. Department of Army Exceptional Family Member Program: https://efmp.amedd.army.mil/ and https://efmp.army.mil/EnterpriseEfmp/
3. Marine Corps Community Services Exceptional Family Member Program: https://www.usmc-mccs.org/marine-family-support/military-family-life/exceptional-family-member-program
4. Department of Air Force (includes United States Space Force) Exceptional Family Member Program: https://www.airforcemedicine.af.mil/EFMP/ and https://daffamilyvector.us.af.mil/ membersite
5. Department of Navy Exceptional Family Member Program: https://www.mynavyhr.navy.mil/ Support-Services/Exceptional-Family-Member/ and https://ffr.cnic.navy.mil/Family-Readiness/Fleet-And-Family-Support-Program/Work-and-Family-Life/Exceptional-Family-Member-Program/
6. United States Coast Guard Special Needs Program: https://www.dcms.uscg.mil/Our- Organization/Assistant-Commandant-for-Human-Resources-CG-1/Health-Safety-and-Work-Life- CG-11/Office-of-Work-Life-CG-111/Special-Needs-Program-SNP/Special-Needs-FAQs/
7. Office of Special Needs EFMP Podcast: The Defense Department Office of Military Community and Family Policy, Office of Special Needs produced the Office of Special Needs EFMP podcast to help military families learn about the Exceptional Family Member Program and other resources. Experts discuss topics of interest to military families who have a member with special needs.
8. Centers for Disease Control and Prevention: https://www.cdc.gov/autism/
9. Individuals with Disabilities Educational Act (IDEA): https://sites.ed.gov/idea/
10. Autism Speaks: https://www.autismspeaks.org/
11. National Autism Center at May Institute: https://nationalautismcenter.org/
12. Autism Society: https://autismsociety.org/
13. National Council on Severe Autism: https://www.ncsautism.org/
14. U.S. Department of Education (504 Plans): https://www.ed.gov/laws-and-policy/individuals-disabilities/section-504
15. Medicaid Autism Services: https://www.medicaid.gov/medicaid/benefits/autism-services/index.html
16. U.S. Department of Health and Human Services: https://www.hhs.gov/programs/topic-sites/autism/index.html
17. TriWest TRICARE Beneficiary Homepage: https://tricare.triwest.com/en/beneficiary/

Resources for ABA Providers:

1. Provide Autism Care Demonstration Parent Toolkit
2. Provide TRICARE Autism Care Demonstration Fact Sheet
3. Provide TRICARE Extended Care Health Option Fact Sheet (active duty families ONLY)
4. TRICARE Autism Care Demonstration information: https://www.tricare.mil/autism and Q&As: https://www.tricare.mil/Plans/SpecialPrograms/ACD/QandA
5. TriWest TRICARE Provider Homepage: https://tricare.triwest.com/en/provider/
6. Provider Portal: https://www.availity.com

References and Further Reading for Providers:

Autism Speaks. (2012). Making parent-mediated interventions work for families. Retrieved September 6, 2024, from https://www.autismspeaks.org/science/research-initiatives/toddler-treatment-network/making-parent-mediated-interventions-work-fam

Helton, M.R., & Alber-Morgan, S.R. (2018). Helping parents understand applied behavior analysis: Creating a parent guide in 10 steps. Behavior Analysis in Practice, 11, 496-503. doi: 10.1007/s40617-018-00284-8

Kasari, C., Gulsrud, A., Paparella, T., Hellemann, G., & Berry, K. (2015). Randomized comparative efficacy study of parent-mediated interventions for toddlers with autism. Journal of Consulting and Clinical Psychology, 83(3), 554–563. Retrieved September 8, 2016, from https://pubmed.ncbi.nlm.nih.gov/25822242/

McConachie, H., & Diggle, T. (2006). Parent implemented early intervention for young children with autism spectrum disorder: A systematic review. Journal of Evaluation in Clinical Practice, 13(1), 120-129.

Rogers, S. J., Vismara, L. A., & Dawson, G. (2021). Coaching parents of young children with autism: Promoting connection, communication, and learning. The Guilford Press.

Siller, M., Morgan, L., Turner-Brown, L., Baggett, K. M., Baranek, G. T., Brian, J., et al. (2013). Designing studies to evaluate parent-mediated interventions for toddlers with autism spectrum disorder. Journal of Early Intervention, 35(4), 355–377.

Title 32, Code of Federal Regulations, Title 32, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). https://www.ecfr.gov/current/title-32/subtitle-A/chapter-I/subchapter-M/part-199

TRICARE Operations Manual, Chapter 18, Section 3, Department Of Defense (DoD) Comprehensive Autism Care Demonstration. https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-08-22/AsOf/TOT5/ c18s3.html?highlight=acd%7C%7Cxfilter%28name%20%22c18s3.xml%22%29%20and%20xfilter%28word%20%22CHANGE_TYPE%3A%3AASOF%22%29%20and%20%28xfilter%28word%20%22ACRONYM%3A%3ATOT5%22%20andword%20%22CHANGE_NO%3A%3A13%22%29%29%7C.html

Vivanti, G., Duncan, E., Dawson, G., & Rogers, S. J. (2017). Implementing the group-based early start Denver model for preschoolers with autism. Springer International Publishing.