



AUTISM CARE DEMONSTRATION

Two-Year Referral Renewal for Applied Behavior Analysis

This resource is provided as a guide and courtesy only. Providers are not required to use this resource; however, failure to provide the necessary clinical information may result in delays and/or termination of authorized care. For complete guidance on the requirements, please reference TRICARE Operations Manual, Chapter 18, Section 3.

As part of the Autism Care Demonstration (ACD), TRICARE requires a complete referral every two years for Applied Behavior Analysis (ABA) with level of support to include an [updated DSM-5 checklist](#). The new referral is not a new diagnostic evaluation but rather a review of the beneficiary's progress, and update to the DSM criteria to include an update for the level of support required. Subsequent referrals may be accepted up to six months in advance.

Beneficiary Last Name:	Beneficiary First Name:
Beneficiary DoD Benefit #:	Beneficiary DOB (MM/DD/YYYY):
Referring Provider (<i>name and credentials</i>):	
Tax ID/NPI:	

Initial ASD Diagnosis Date (MM/DD/YYYY):	Current ASD Diagnosis Including Symptom Severity Level:
Medical/Psychological Co-Morbidities:	

Is Applied Behavior Analysis (ABA) therapy recommended? Yes No

Name of Current ABA Provider (<i>if applicable</i>):
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Does the beneficiary request a new provider? Yes No

Signature of Referring Provider:	Date (MM/DD/YYYY):
Co-Signature of Referring Provider:	Date (MM/DD/YYYY):

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