

APPLIED BEHAVIORAL ANALYSIS (ABA)

ISSUE DATE: August 10, 2012

AUTHORITY: [32 CFR 199.4\(c\)](#) and 10 USC 1079(a)

I. CPT¹ PROCEDURE CODES

90887, 99080

II. HCPCS CODE

S5108

III. DESCRIPTION

Through U.S. District Court order, TRICARE Management Activity (TMA) has been ordered to cover Applied Behavior Analysis (ABA) therapy under the TRICARE Basic Program. This is an interim benefit in effect until litigation is complete.

IV. POLICY

A. TRICARE covers ABA services for all eligible beneficiaries, including retirees and their dependent family members, with a diagnosis of Autism Spectrum Disorder (ASD).

B. **The covered ASD diagnoses are described under the Pervasive Developmental Disorders (PDD) category of the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Presently, a covered diagnosis of ASD includes Pervasive Developmental Disorders (PDD) and their associated DSM, Fourth Edition, Text Revision, (DSM-IV-TR) diagnostic code: Autistic Disorder (299.00), Rett's Disorder (299.80), Childhood Disintegrative Disorder (CDD) (299.10), Asperger's Disorder (299.80), and Pervasive Development Disorder Not Otherwise Specified (PDDNOS) (including Atypical Autism) (299.80). These five DSM-IV-TR diagnostic codes are converted to corresponding codes in the currently used edition of the International Classification of Diseases, Clinical Modification manual (currently ICD-9 CM) as part of the claims process under TRICARE. The ICD-9 CM codes for the five ASDs are: Autistic Disorder (299.0), Rett's Syndrome (330.8) (found under "Other Specific Cerebral Degenerations"), Childhood Disintegrative Disorder (299.1), Asperger's Disorder (299.8) and PDD NOS (to include Atypical Autism) (299.9).**

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NOTE: The DSM-IV-TR and the ICD-9-CM use the same numeric diagnosis codes for three of the five ASD diagnoses (Autistic Disorder, CDD, and Asperger's). The DSM-IV-TR uses one code 299.80 to refer to Rett's Disorder, PDD and Asperger's Disorder whereas the ICD-9-CM designates a unique code for each diagnosis and therefore has a different code for Rett's and PDD.

C. Payable services include:

1. An initial beneficiary assessment;
2. Development of a treatment plan;
3. One-on-one ABA interventions with an eligible beneficiary, training of immediate family members to provide services in accordance with the treatment plan; and
4. Monitoring of the beneficiary's progress toward treatment goals.

D. ABA services will be provided only for those beneficiaries with an ASD diagnosis rendered by a TRICARE-authorized Primary Care Provider (PCP) or by a specialized ASD provider defined as:

1. Physician board-certified or board-eligible in behavioral developmental pediatrics, neurodevelopmental pediatrics, pediatric neurology or child psychiatry; or
2. Ph.D. clinical psychologist working primarily with children.

V. REIMBURSEMENT

A. Claims for ABA services will be submitted by an authorized provider on Centers for Medicare and Medicaid Services (CMS) 1500 (08/05) as follows:

1. Functional Behavioral Assessment and Analysis.
 - a. The Functional Behavioral Assessment and Analysis and initial treatment plan will be billed using Healthcare Common Procedure Coding System (HCPCS) code S5108, "Home care training to home care client, per 15 minutes".
 - b. Reimbursement for the Functional Behavioral Assessment and Analysis includes the intellectual work and diagnostic evaluation required to establish the initial Behavioral Plan (BP).
2. ABA services rendered by an authorized provider, in-person, will be billed using HCPCS code S5108, "Home care training to home care client, per 15 minutes".
3. Development of an updated treatment plan will be billed using Current Procedural Terminology² (CPT) procedure code 99080, "Special reports such as insurance

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forms, more than the information conveyed in the usual medical communications or standard reporting form”.

4. Conducting progress meetings will be billed using CPT² procedure code 90887, “Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible person, or advising them how to assist patient”.

B. Reimbursement of claims will be the lesser of:

1. The CHAMPUS Maximum Allowable Charge (CMAC); or
2. One hundred and twenty-five dollars (\$125) per hour for services provided by the authorized provider; or
3. The negotiated rate; or
4. The billed charge.

VI. POLICY CONSIDERATIONS

The Managed Care Support Contractor (MCSC) will also consider and advise beneficiaries of the availability of community-based or funded programs and services when authorizing benefits.

VII. EXCLUSIONS

- A. ABA services provided in a group format are not a covered service.
- B. Services rendered by an unauthorized TRICARE provider.

VIII. PROVIDERS

For services provided in conjunction with ABA under the TRICARE Basic benefit, the following are TRICARE-authorized providers when referred by and working under the supervision of those identified in [paragraph IV.D.](#):

- A. Have a current State license to provide ABA services; or
- B. Are currently State-certified as an Applied Behavioral Analyst; or
- C. Where such State license or certification is not available, are certified by the Behavioral Analyst Certification Board (BACB) as a Board Certified Behavior Analyst (BCBA); and
- D. Otherwise meet all applicable requirements of TRICARE-authorized providers.

NOTE: Individuals certified by the BACB as a Board Certified Assistant Behavior Analyst (BCaBA) **are not** TRICARE-authorized ABA providers under the TRICARE Basic Program.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 7, SECTION 3.18

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IX. EFFECTIVE DATE

February 16, 2010. Except for services overseas which is February 16, 2008.

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