

Applied Behavioral Analysis (ABA)

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and 32 CFR 199.6

1.0 CPT¹ PROCEDURE CODES

1181F, 1450F

2.0 HCPCS CODE

S5110, S5115, G8539, G8542, G9165 - G9167

3.0 DESCRIPTION

3.1 Under authority of Section 705 of National Defense Authorization Act (NDAA) Fiscal Year (FY) 2013, TRICARE Management Activity (TMA) will cover Applied Behavior Analysis (ABA) for an Autism Spectrum Disorder (ASD) diagnosis in accordance with paragraph 5.2 as a benefit under the TRICARE Basic Program in accordance with applicable TRICARE guidelines. This is an interim benefit under the one year authority of Section 705 NDAA FY 2013 in accordance with Chapter 1, Section 1.3.

3.2 Behavioral Analyst Certification Board (BACB) defines that ABA has established standards for practice and distinct methods of service by providers with recognized experience and educational requirements for practice. Information regarding the content of ABA is contained in the BACB Behavior Analysis Task List, available at: <http://www.bacb.com/Downloadfiles/AutismTaskList/708AutismTaskListF.pdf>.

4.0 DEFINITIONS

4.1 Applied Behavior Analysis (ABA). According to the BACB Practice Guidelines (2012), ABA is “the design, implementation, and evaluation of environmental modifications to produce socially significant improvement in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior. Direct observation, measurement and recording of behavior are defining characteristics of ABA” (p. 4). For TRICARE Program purposes, ABA has a component covered as an interim benefit under the TRICARE Basic Program and a reinforcement component covered for Active Duty Family Members (ADFMs) under the Extended Care Health Option (ECHO) Enhanced Access to Autism Services Demonstration (Autism Demonstration) and

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under the authority of Section 705 of National Defense Authorization Act (NDAA) Fiscal Year (FY) 2013 authorizing a one year pilot program (ABA Pilot) for Non-Active Duty Family Members (NADFM).

4.2 ASD Diagnosis. The diagnosis of a condition limited to those conditions listed in [paragraph 5.2](#) by an ASD diagnosing provider listed in [paragraph 5.6](#).

4.3 ABA Assessment by the Behavior Analyst. A developmentally appropriate assessment process that is used for formulating an individualized ABA Treatment Plan (TP) conducted by a Board Certified Behavior Analyst (BCBA), or Board Certified Behavior Analyst - Doctoral (BCBA-D) or other TRICARE authorized ABA providers practicing within the scope of their state license or state certification. For TRICARE purposes, an ABA assessment includes data obtained from multiple methods to include direct observation and the measurement and recording of beneficiary behavior. A functional assessment that may include a functional analysis (see [paragraph 4.5](#)) shall be required to address problematic behaviors. Data gathered from parent/caregiver interview and parent report rating scales is also required. The ABA assessment by the BCBA, BCBA-D, or other TRICARE authorized ABA providers practicing within the scope of their state license or state certification is required prior to starting ABA under the TRICARE Basic Program and is also a prerequisite for all ABA reinforcement under the Autism Demonstration and the ABA Pilot.

4.4 Standardized Psychometric Testing. Standardized psychometric tests are measures developed by the social sciences that have been researched to ensure validity and reliability. A reliable measure is one that measures a construct consistently across time, individuals, and situations. A valid measure is one that measures what it is intended to measure. Reliability is necessary, but not sufficient, for validity. For TRICARE purposes, per [paragraph 5.7.3](#), specific standardized psychometric tests are required to be administered by a qualified clinician in order to establish baseline measurement of the impairments of an ASD prior to the start of all ABA. This requirement applies to all ABA provided by the BCBA, BCBA-D, or other TRICARE authorized ABA providers practicing within the scope of their state license or state certification under the TRICARE Basic Program and all ABA reinforcement under the Autism Demonstration or the ABA Pilot. Repeat testing is required at specified intervals per [paragraph 5.7.5](#) for all beneficiaries receiving ABA under the TRICARE Basic Program and for all ABA reinforcement under the Autism Demonstration or the ABA Pilot.

4.5 Functional Behavior Analysis. The process of identifying the variables that reliably predict and maintain problem behaviors which typically involves: identifying the problem behavior(s); developing hypotheses about the antecedents and consequences likely to trigger or support the problem behavior; and, performing an analysis of the function of the behavior by testing the hypotheses.

4.6 ABA Treatment Plan (TP). A written document outlining the ABA plan of care for the individual, including the expected progression of ABA. For TRICARE purposes, the ABA TP consists of an "initial ABA Treatment Plan" based on the initial ABA assessment and the "ABA Treatment Plan Update" that is the revised and updated ABA TP based on periodic reassessment of beneficiary progress toward the objectives and goals. Components of the ABA TP include: the identified behavioral targets for improvement, the ABA specialized interventions to achieve improvement, ABA TP objectives, and the ABA TP short and long-term goals that are defined below.

4.7 ABA Specialized Interventions. ABA specialized interventions are ABA methods designed to improve the functioning of a specific ASD target deficit in a core area affected by the ASD such as social interaction, communication or behavior. The ABA provider delivers ABA to the beneficiary through direct administration of the ABA specialized interventions during one to one (i.e., face to face) interactions.

4.8 ABA Treatment Plan Objectives. ABA TP objectives are the short, simple, measurable steps that must be accomplished in order to reach the short-term and long-term goals of ABA.

4.9 ABA Treatment Plan Goals. These are the broad spectrum, complex short-term and long-term desired outcomes of ABA.

4.10 ABA includes: an initial ABA assessment, the initial ABA TP, the delivery of ABA specialized interventions delivered by the BCBA or BCBA-D, TRICARE eligible parent/caregiver ABA training, repeat ABA assessments, and ABA TP updates. ABA reinforcement provided by Board Certified Assistant Behavior Analyst (BCaBA) and ABA Tutors are not covered as a benefit under this section.

4.11 Referral and Supervision. "Referral and supervision" means that the TRICARE authorized provider who refers the beneficiary for ABA must actually see the beneficiary to evaluate the qualifying ASD condition to be treated prior to referring the beneficiary for ABA; the referring provider also provides ongoing oversight of the course of referral-related ABA throughout the period during which the beneficiary is receiving ABA in response to the referral. Only those providers listed under [paragraph 5.6.1](#) may refer beneficiaries for ABA in accordance with [paragraph 5.7.1](#).

5.0 POLICY

5.1 TRICARE covers ABA for eligible ADFMs and NADFMs with a diagnosis of any of the five listed diagnoses of a Pervasive Developmental Disorder (PDD), also known as ASD, defined in [paragraph 5.2](#) as a TRICARE Basic Program benefit. ABA reinforcement is covered separately for ADFMs under the Autism Demonstration and NADFM under the ABA Pilot.

5.2 The covered ASD diagnoses are described under the PDD category of the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Presently, a covered diagnosis of ASD includes 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 have corresponding codes in the currently used edition of the International Classification of Diseases, Clinical Modification manual (currently ICD-9-CM). 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"), CDD (299.1), Asperger's Disorder (299.8), and PDDNOS (to include Atypical Autism) (299.9).

Note: The DSM-V was released in May 2013. Military Health System (MHS) implementation of the DSM-V will be coordinated within DoD and announced in future policy revisions. [Paragraphs 5.1](#) and [5.2](#) of this policy will be revised in accordance with those events.

5.3 ABA under the TRICARE Basic Program refers to ABA provided one-to-one, in person to the beneficiary by TRICARE authorized ABA providers (described in paragraphs 5.4 and 5.8) to improve social interaction, communication and behavior as related to the core deficits and symptoms of an ASD. ABA reinforcement provided by BCaBAs and ABA tutors is covered separately under the Autism Demonstration for ADFMs and the ABA Pilot for NADFM.

5.4 ABA is a specialized intervention administered by an authorized provider described in paragraph 5.8 who is a professional with advanced formal training in behavioral analysis, to include at least a master's degree and several hundred hours of graduate level instruction or mentored or supervised experience with another BCBA. The only providers qualified to deliver ABA under the TRICARE Basic Program are masters-level BCBA or BCBA-Ds certified by the BACB or other TRICARE authorized ABA providers practicing within the scope of their state license or state certification. In accordance with qualifications of other TRICARE-authorized individual providers of behavioral health care (see 32 CFR 199.6(c)(2)), these providers possess the education, required experience and supervision, and scope of practice consistent with TRICARE Basic Program regulations. Qualifications for individuals providing ABA reinforcement are set forth in the TRICARE Operations Manual (TOM) sections on the Autism Demonstration and the ABA Pilot.

5.5 The TRICARE Basic Program shall serve as the single entry point for all TRICARE eligible beneficiaries referred for ABA under the TRICARE Basic Program and ABA reinforcement covered separately under the Autism Demonstration and ABA Pilot. This includes all ADFMs and NADFM.

5.6 ASD Diagnosing Providers

5.6.1 Diagnosis of ASD shall be rendered by a TRICARE-authorized physician Primary Care Managers (P-PCM) or by a specialized ASD provider:

5.6.1.1 For the purposes of the diagnosis of ASD, TRICARE authorized P-PCMs include: TRICARE authorized family practice, internal medicine and pediatric physicians whether they work in the purchased care or direct care system. In cases where the beneficiary does not have a P-PCM (as is sometimes the case for beneficiaries with TRICARE Prime Remote), the diagnosis may be rendered by a TRICARE authorized physician in any of the disciplines described above under P-PCM, or by a TRICARE authorized specialty ASD provider as described in paragraph 5.6.1.2.

5.6.1.2 Authorized specialty ASD providers include: TRICARE authorized physicians board-certified or board-eligible in behavioral developmental pediatrics, neurodevelopmental pediatrics, pediatric neurology or child psychiatry; or Ph.D. or Psy.D. licensed clinical psychologists.

5.6.2 Other PCMs, including a Nurse Practitioner (NP) and a Physician Assistant (PA) or other providers not having the qualifications described in paragraph 5.6.1, are not ASD diagnosing providers for TRICARE coverage purposes.

5.7 Referring Providers, Referrals and Prior Authorization

5.7.1 Both ABA assessment and ABA under the TRICARE Basic Program, and any ABA reinforcement otherwise authorized under the Autism Demonstration for ADFMs or the ABA Pilot for NADFM require: (a) a referral by a provider listed under paragraph 5.6.1 who is authorized to diagnose an ASD and refer to specialty care, and (b) authorization by the appropriate Managed Care Support Contractor (MCSC) prior to either initiation of the ABA assessment or beginning ABA

(see the TOM, Chapter 8, Section 5, TOM, Chapter 7, Section 2, and the Chapter 1, Section 7.1 for details concerning referrals and authorization requirements). Referral for ABA assessment will precede referral for ABA which is contingent upon the results of the ABA assessment. Each authorization period for ABA shall be for one year. A new referral is required for each period of authorized care (see the TOM, Chapter 8, Section 5).

5.7.2 Other PCMs, including a NP and a PA or other providers not having the qualifications described in paragraph 5.6.1, may not refer beneficiaries for ABA assessment or ABA for TRICARE coverage purposes.

5.7.3 Authorization of ABA first requires a referral for a comprehensive ABA assessment by a BCBA, BCBA-D, or other TRICARE authorized ABA providers practicing within the scope of their state license or state certification. In addition to the essential ABA assessment elements recommended in the Guidelines of the BACB, the ABA assessment will include baseline psychometric testing using standardized assessment measures. The required baseline psychometrics that must be included as part of the initial ABA assessment are:

- Autism Diagnostic Observations Scale, Second Editions (ADOS-2) (Lord, C., et.al., 2012); and,
- Vineland Behavioral Scale II (VBS-II) (Sparrows, 2005) to include the Maladaptive Behavior Scale.

If the ABA provider conducting the initial ABA assessment is not qualified to administer these standardized assessment measures, then the TRICARE authorized referring provider must refer the beneficiary to a TRICARE authorized provider who possesses the requisite training (e.g., a licensed clinical psychologist) to provide this psychometric testing to establish baseline impairment across the core domains impacted by the ASD. Alternatively, the TRICARE authorized referring provider may administer the standardized psychometric assessment measures listed above, but only if qualified. Regardless of which qualified provider conducts the required standardized testing, it is the responsibility of the ABA provider conducting the ABA assessment to ensure that the results of the required testing are incorporated into the initial ABA assessment.

5.7.4 Based on the results of the initial ABA assessment, the referring provider will submit a referral to the MCSC for authorization for ABA for one year, if indicated, and a new referral for reauthorization annually. The referral must contain:

- The ASD diagnosis rendered by a TRICARE authorized ASD diagnosing provider and confirmed by the ABA assessment and standardized testing.
- A description of why ABA is appropriate (“appropriate care” is defined for the purposes of ABA coverage under TRICARE in paragraph 5.9). The description shall include:
 - The functional impairments and the degree of impairment in each domain (social interaction, communication, behavior);
 - A description of how ABA is expected to improve each domain affected by the ASD (social interaction, communication and behavior);

- An assessment of each TRICARE eligible family member/caregiver's ability to reinforce ABA interventions at home;
- A brief summary of the baseline psychometric testing results. The repeat psychometric testing must show progress consistent with the progress reported on the ABA TP update by the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification. A brief summary of this information shall be included in the referral for continued ABA; and
- A recommendation for the number of weekly hours of ABA under the TRICARE Basic Program and the number of weekly hours of ABA reinforcement under either the Autism Demonstration or the ABA Pilot shall be included in the referral.

If the results of the ABA assessment indicate the beneficiary does not meet current criteria for diagnosis of an ASD, then a course of ABA is not authorized and the beneficiary should not be referred for ABA.

5.7.5 Repeat standardized psychometric testing utilizing the Vineland II (to include the Maladaptive Behavior Scale) is required every 180 days to assess progress as noted in [paragraph 5.7.3](#). This follow-up testing will require a referral to a qualified TRICARE authorized provider to administer the test unless the referring provider or the ABA provider is qualified to administer the Vineland II. The results of all testing shall be included in each reauthorization referral for ABA. Objective progress on the required standardized psychometric test is required for continued authorization.

5.7.6 The TRICARE authorized provider qualified to conduct the standardized psychometric testing will submit the baseline and every 180 day psychometric testing report to the referring provider (unless the testing provider is also the referring provider) and the MCSC.

Note: BCBAs, BCBA-Ds or other TRICARE authorized ABA providers practicing within the scope of their state license or state certification may not necessarily be trained in administration of the ADOS-II or VBS-II, therefore formal psychometric testing at baseline and every 180 days may need to be administered by qualified professionals (i.e., clinical psychologists) who possess the requisite training to administer the required measures.

5.7.7 The MCSC reviewer shall review all ABA referral documentation for appropriateness of care. MCSC review is not required for the TRICARE Overseas Program (TOP); see [paragraph 5.11](#) for details. However, the TOP will review the referrals to ensure the baseline and 180 day repeat psychometric testing were completed and the testing results summary support ABA.

5.7.8 The BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification shall provide the MCSC with the ABA TP updates during the month prior to reauthorization being due.

5.7.9 The MCSC shall provide (via fax or other appropriate means) the referring provider a copy of the initial ABA TP and all ABA TP updates.

5.7.10 These requirements apply to all ABA provided under the TRICARE Basic Program (i.e. TRICARE Prime, TRICARE Prime Remote, Standard, Extra, TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE for Life) and any additional ABA reinforcement under the Autism Demonstration as well as ABA reinforcement under the ABA Pilot, except overseas as discussed in [paragraph 5.11.1](#). ABA shall appear on the "Requires Prior Authorization" list under TRICARE Standard.

5.8 ABA Providers

5.8.1 For ABA provided under the TRICARE Basic Program, the following individuals who otherwise meet all applicable requirements of TRICARE-authorized providers under the TRICARE Basic Program are TRICARE-authorized ABA providers when referred by and working under the referral and supervision of the referring providers as set forth in [paragraph 9.0](#) of this policy:

5.8.1.1 Have a master's degree or above in a qualifying field as defined by the BACB;

5.8.1.2 Have a current State license as an Applied Behavior Analyst to provide ABA in those states providing state licensure;

5.8.1.3 Are currently State-certified as an Applied Behavioral Analyst qualified to practice at the full clinical level; able to conduct an ABA assessment and develop the initial ABA TP and ABA TP updates independently for all complexity of cases; or

5.8.1.4 Where such State license or certification is not available, are certified by the BACB as a BCBA or BCBA-D.

5.8.1.5 The Applied Behavior Analyst (unless the Applied Behavior Analyst is also a licensed clinical psychologist) must work under the referral and supervision of the referring P-PCM or specialized ASD provider as defined in [paragraph 5.6.1](#).

Note: Individuals certified by the BACB as a BCaBA or ABA Tutors are not TRICARE-authorized ABA providers under the TRICARE Basic Program.

5.9 Appropriate Care Requirements For ABA Authorization

5.9.1 Before the MCSC can approve a referral for ABA for an ASD, the referral and ABA TP must demonstrate that appropriate care standards are met. Appropriate care for ASDs implies the reasonable expectation that ABA shall result in measurable improvement in each of the ABA targeted areas of impairment identified in the ABA TP. ABA TP updates by baseline and every 180 day psychometric testing as described in [paragraph 5.13.1.5](#).

5.9.1.1 The degree of impairment(s) in social interaction, communication and behavior must present at a level that:

- Presents a health or safety risk to self or others (e.g., severely disruptive behaviors, repetitive/stereotyped behaviors, aggression toward others); OR,
- Significantly interferes with home or community activities as measured by the appropriate assessment tools and psychometrics. See [paragraphs 5.13.1.3, 5.13.1.4, and 5.7.5](#).

5.9.1.2 The beneficiary must be able to actively participate in ABA as observed by the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification during the ABA assessment.

5.10 Payable ABA Provided By ABA Providers

5.10.1 Once the diagnosis of an ASD has been made by an ASD diagnosing provider in a child 18 months or older in accordance with [paragraph 5.6](#), the payable ABA provided by the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification include:

- Initial ABA assessment performed one-to-one, in person;
- Development of the initial ABA TP;
- Delivery of ABA TPs specialized interventions delivered by the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification;
- Follow up monitoring and repeat ABA assessment; and
- ABA TP updates.

The initial ABA assessment and initial ABA TP process consists of a developing a written assessment of the objectives and goals of behavior modification of specific problematic behavioral targets and specific evidenced-based practices and techniques to be utilized by a BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification.

5.10.2 Providing ABA specialized interventions with the TRICARE eligible beneficiary as well as training of TRICARE eligible family member/caregivers to provide ABA reinforcement in accordance with the ABA TP; and

5.10.3 Monitoring of the beneficiary's progress toward ABA TP objectives and goals specified in the initial ABA TP through annual ABA TP updates by the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification. The updated ABA TP must reflect new or modified objectives and goals, with strategies based on the individual needs of the patient.

Note: ABA reinforcement provided under the Autism Demonstration for ADFMs is not a covered benefit under the TRICARE Basic Program and cannot be billed under the TRICARE Basic Program (see the TOM, [Chapter 18, Section 8](#)). This is also true for ABA reinforcement provided to NADFM's under the ABA Pilot.

5.11 ABA Provided Under the TOP

5.11.1 ABA can only be authorized under the TRICARE Overseas Program (TOP) for ABA provided by either a BCBA or BCBA-D in countries that have BCBA and BCBA-Ds certified by the BACB.

5.11.2 The TOP contractor shall be responsible for verifying compliance with all requirements in [paragraph 5.6](#) (Diagnosis) and [5.10](#) (Payable Services). In addition, the TOP contractor shall be responsible for requirements identified in [paragraphs 5.7.1 through 5.7.8](#) (Referring Providers, Referral and Prior Authorization). Note that [paragraph 5.7.8](#) specifies that “MCSC review for medical necessity and appropriate care determination is not required for the TOP. The TOP contractor shall consider that a referral from a provider identified in [paragraphs 5.6.1 and 5.8](#) for ABA is “appropriate care” provided that the psychometric testing has been completed and that testing results support initiation or continuation of ABA.

5.11.3 European and other international providers certified by the BACB as a BCBA or BCBA-D are eligible to become TRICARE authorized providers of ABA for the overseas program.

5.11.4 In situations where there are no BCBA or BCBA-Ds certified by the BACB within the TRICARE specialty care access standards in the host nation, there is no ABA benefit under the TRICARE Basic Program.

5.11.5 Reimbursement of TOP beneficiary claims for ABA obtained overseas shall be based upon the lesser of billed charges, the negotiated reimbursement rate, or the government-directed reimbursement rate foreign fee schedule. (See the TOM, [Chapter 24, Section 9](#) and the TRICARE Reimbursement Manual (TRM), [Chapter 1, Section 35](#) for additional guidance).

5.12 ABA Assessments And ABA TPs

The initial ABA assessment, the initial ABA TP, the repeat ABA assessment and ABA TP updates shall be completed by the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification under the TRICARE Basic Program for all TRICARE beneficiaries receiving ABA. ADFMs are eligible for additional ABA reinforcement under Autism Demonstration under ECHO (see the TOM, [Chapter 18, Section 8](#) for details). Non Active Family Members (NADFM) are eligible for additional ABA reinforcement under the ABA Pilot in accordance with the requirements of NDAA FY 2013, Section 705 for the duration of the one year pilot period under Public Law No: 112-239.

5.13 ABA Documentation of ABA Assessment(s), Initial ABA TP and TP Updates

5.13.1 The initial TP shall include:

5.13.1.1 The beneficiary’s name, date of birth, date the initial ABA assessment and initial ABA TP was completed, the sponsor’s Department of Defense (DoD) Benefit Number or other patient identifiers, name of the referring provider, background and history, objectives and goals, TRICARE eligible family member/caregiver training and ABA recommendations. The ABA assessment shall include documentation of the specific problematic behavioral targets and the corresponding specific ABA intervention to treat each target.

5.13.1.2 Background and history shall include information that clearly demonstrates the beneficiary’s condition, diagnoses, medical comorbidities and family history, how long the beneficiary has been receiving ABA.

5.13.1.3 A summary of baseline ASD psychometric testing findings on the ADOS-2 and the Vineland II (in accordance with [paragraph 5.3](#)).

Note: The core deficits identified on psychometric testing should be consistent with the deficits identified by the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification on the initial ABA assessment. The TP objectives and goals should address each deficit.

5.13.1.4 ABA objectives and goals shall include a detailed description of the targeted skills and behaviors that shall be addressed through specific ABA interventions for each target and the objectives that shall be measured. Objectives and goals are individualized based on beneficiary need and address identified deficits in each of the following domains:

- Social interaction
- Communication
- Behavior

5.13.1.5 TRICARE eligible family member/caregiver training shall be included in the initial ABA TP. TRICARE eligible family member/caregiver training shall be provided as a separate billable ABA service under the TRICARE Basic Program. The initial ABA TP shall include a detailed plan that specifies how TRICARE eligible family member/caregivers shall be trained to implement and reinforce skills and behaviors within a variety of settings.

5.13.1.6 The initial ABA TP shall include a summary of the expected extent that TRICARE eligible family member/caregivers shall be able to implement ABA interventions with the beneficiary in support of the ABA TP. The ABA TP Update will include an annual reassessment of how well the TRICARE eligible family member/caregivers were consistently able to implement ABA interventions with the beneficiary.

5.13.1.7 Annual repeat ABA assessment shall evaluate progress for each ABA intervention associated with each specific behavioral target identified on the initial ABA TP and the ABA TP updates. Documentation on the initial ABA TP shall also include the BCBA or BCBA-D recommendation for the number of weekly hours of ABA under the TRICARE Basic Program and the recommended number of weekly hours for ABA reinforcement by ABA Tutors or BCaBAs under Autism Demonstration for ADFMs or the ABA Pilot for NADFMs.

5.13.1.8 Annual repeat ABA reassessment and TP updates shall document the evaluation of progress for each behavior target identified on the initial ABA TP and prior TP updates. Documentation of the annual ABA reassessment and TP update shall include:

- Date and time of the annual reassessment/TP update was done;
- Signature of the ABA provider conducting the reassessment/TP update;
- Evaluation of progress toward each behavioral target's objectives and goals;
- Revisions to the TP to include identification of new behavioral targets, objectives and goals;
- Report of the results of the most recent Vineland II psychometric testing; and
- Recommendation for continued ABA to include a recommendation for:

- The number of weekly hours of ABA under the TRICARE Basic Program;
- The number of weekly hours of ABA reinforcement under either the Autism Demonstration or the ABA Pilot; and
- A projected duration of ABA.

5.14 Authorization for Continued ABA

Authorization is based on continued appropriate care as measured by the required repeat ABA assessment documented on the ABA TP updates, the psychometric testing reports and on documentation on the referral in accordance with paragraphs 5.6, 5.7, and 5.13.1.4 of this policy. The MCSC reviews the BCBA, BCBA-D's or other TRICARE authorized ABA provider's ABA TP updates, the psychometric testing reports and the referral documentation to determine whether the requirements for continued clinical appropriateness are met. Special attention shall be paid to ensuring that the BCBA/BCBA-D, or other TRICARE authorized ABA provider's ABA TP updates and the psychometric testing reports concur regarding descriptions of beneficiary progress. If these conditions are met, the MCSC may reauthorize ABA for the specified time period as defined in paragraph 5.7.5.

5.15 ABA Discharge Criteria

5.15.1 The following discharge criteria are established to determine if/when ABA is no longer appropriate:

5.15.1.1 No measurable progress on psychometric testing has been made toward meeting goals identified on the ABA TP as defined by lack of improvement on the appropriate psychometric defined as in paragraphs 5.7.3 and 5.7.4.

5.15.1.2 ABA TP gains are determined not to be generalizable or durable over time and do not transfer to the larger community setting (to include school).

5.15.1.3 The patient or family member/caregiver can no longer participate in ABA.

5.15.1.4 The patient has met ABA TP goals and is no longer in need of ABA.

5.15.1.5 Loss of eligibility for TRICARE benefits as defined in 32 CFR 199.3.

5.16 ABA Benefit Hours

5.16.1 The appropriate number of ABA hours shall be authorized based on the individual beneficiary appropriate care needs.

5.16.2 ABA shall be authorized for a period of one year at a time.

5.16.3 ABA hour and duration limits shall be set forth in the referral in accordance with the following:

5.16.3.1 An appropriate number of hours of ABA may be approved by the contractor not to exceed 20 hours a week under the TRICARE Basic Program. Additional ABA hours must be approved by the MCSC medical director under the waiver process. A second year of ABA may be authorized by the contractor based on sufficient documentation for those beneficiaries age 16 and younger. All other requests for additional ABA must be requested through the waiver process and approved by the MCSC medical director as outlined in [paragraph 5.16.4](#).

5.16.3.2 An appropriate number of hours of ABA reinforcement may be approved by the contractor. For ADFMs or NADFM receiving additional ABA reinforcement services under the Autism Demonstration or the ABA Pilot respectively, the number of hours authorized under those programs shall be added to the number of weekly hours authorized under the TRICARE Basic Program to determine the total number of weekly hours authorized. Total ABA hours cannot exceed 40 hours a week.

5.16.4 Waiver of the hourly limits or duration of ABA limits: The specific benefit limitations set forth in this section may be waived by the contractor based on a determination that all of the following criteria are met. The criteria are:

5.16.4.1 ABA has been delivered for at least one year (for waiver requests for additional hours), or when ABA duration limits have been reached (for waiver requests for additional ABA duration).

Supporting documentation includes:

- Documentation that progress has been insufficient due to the complexity of the ASD needs, and that more hours or a longer duration of ABA are justified to achieve ABA TP objectives and goals;
- A proposed ABA TP that identifies clear, realistic objectives and goals that the referring provider is optimistic can reasonably be achieved with the additional ABA;
- Justification specifying precisely how the additional hours or extended duration of ABA shall be used to achieve the ABA objectives and TP goals;
- Explicit documentation of TRICARE eligible family member/caregiver full engagement and ability to consistently implement the ABA TP specialized interventions in home/community settings; and,
- The number of ABA hours and the number of ABA reinforcement hours per week, or the specific identified time frame for extended duration of ABA must be identified in the TP.
- In cases of additional duration waiver request, a repeat ADOS-2 must be administered. The ADOS-2 report must support continued medical necessity.

5.16.4.2 Waiver requests that exceed a total of forty hours of ABA and ABA reinforcement under the Autism Demonstration or ABA Pilot per week in any combination may not be approved.

6.0 ABA COPAYMENTS AND REIMBURSEMENT

6.1 Claims for ABA under the TRICARE Basic Program shall be submitted by an authorized TRICARE provider on Centers for Medicare and Medicaid Services (CMS) 1500 (08/05): For TOP, the contractor shall work with the TOP Program Office to identify the most appropriate claim form to use depending on the host nation country and the overseas provider's willingness to use the CMS 1500.

6.2 The following codes have been adopted for non-standardized usage for ABA provided by the BCBA, BCBA-D, or other TRICARE authorized ABA providers practicing within the scope of their state license or state certification under the TRICARE Basic Program. These codes apply for provision of ABA in all authorized settings (the office, home or community setting).

6.3 Initial ABA assessment with initial ABA TP. The initial ABA assessment with development of the initial ABA TP shall be coded using Current Procedural Terminology² (CPT) procedure code 1181F meaning "Initial ABA assessment to determine appropriate indication for ABA."

6.3.1 Initial ABA assessment with determination of appropriate indication with initial ABA TP. The following three G codes must be used in conjunction with CPT² procedure code 1181F for billing purposes when the initial ABA assessment concludes that ABA is appropriate and that an initial ABA TP with ABA TP goal(s) is developed:

- G 8539 - code for the initial ABA assessment and initial ABA TP development per 15 minute units of time
- G9165 - the current patient status code
- G9166 - the initial ABA TP goal code

Note: Use of three G codes (HCPCS codes G8539, G9165, and G9166) for one encounter follows CMS 2013 coding guidance for billing for services such as occupational therapy and physical therapy. Guidance is for these claims to be submitted on the CMS 1500, therefore, unlike electronic billing, standard use of codes is not required.

6.3.2 In the event that the initial ABA assessment concludes that ABA is not appropriate for the beneficiary, the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification will code CPT² procedure code 1181F meaning "Initial assessment to determine appropriate indication for ABA" and HCPCS code G8542 meaning "No deficiencies identified for which ABA would provide medical benefit, care plan not required per 15 minutes" thus indicating that ABA is not appropriate.

6.4 ABA rendered by a TRICARE authorized ABA provider, in-person, for TRICARE eligible family member/caregiver ABA training shall be billed using HCPCS code S5110 meaning "TRICARE eligible family member/caregiver training." ABA training may only be provided to a TRICARE eligible family member/caregiver.

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6.5 HCPCS code S5115 meaning "Beneficiary ABA by a TRICARE authorized provider" shall be used for ABA provided directly to the beneficiary receiving ABA by a TRICARE authorized ABA provider listed in [paragraph 5.8](#) regardless of the setting where the ABA is provided.

6.6 ABA repeat assessment and ABA TP Updates: ABA repeat assessments to determine beneficiary's progress and development of the ABA TP update prior to each reauthorization period shall be coded using CPT³ code 1450F meaning "Reassessment of symptoms for possible ABA. The three **G** codes identified below must be used in conjunction with CPT³ procedure code 1450F for claims processing/billing purposes:

- G8539 - ABA repeat assessment and ABA TP update (same code used for initial ABA assessment and initial ABA TP) per 15 minute units of time
- G9165 - current patient status code (same code as required during the initial assessment and initial ABA TP development)
- G9166 - ABA TP goal update code (the same code is used for initial ABA TP goal)

Note: Use of the three **G** codes (HCPCS codes G8539, G9165, and G9166) for one encounter follows CMS 2013 coding guidance for billing for services such as occupational therapy and physical therapy.

6.7 Discharge from ABA: If upon BCBA, BCBA-D, or other TRICARE authorized ABA provider repeat assessment, it is determined that the beneficiary is to be discharged from ABA, CPT³ procedure code 1450F is to be used in conjunction with the two following **G** codes:

- G8542- continued ABA is not indicated
- G9167- discharge from ABA

6.8 Reimbursement of claims shall be the lesser of:

6.8.1 The CHAMPUS Maximum Allowable Charge (CMAC); that is the CHAMPUS national pricing system built on established CPT/HCPCS codes and based on Medicare or TRICARE claims data (at this time there are no CPT/HCPCS codes or CMAC rates for ABA);

6.8.2 The prevailing local market rate;

6.8.3 One hundred and twenty-five dollars (\$125) per hour for ABA specified in [paragraph 5.10](#) provided by the TRICARE authorized ABA provider listed in [paragraph 5.8](#); or

6.8.4 The negotiated rate; or

6.8.5 The billed charge.

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6.9 ABA is a specialty service under the TRICARE Basic Program requiring a specialty referral; therefore, specialty care cost-shares apply.

ABA is an outpatient service however ABA is not "an outpatient behavioral health" service, therefore outpatient behavioral health benefit rules do not apply. ABA is not subject to the two visits per week limit that applies to outpatient behavioral health visits. ABA is comprised of specialized interventions per [paragraph 4.3](#) provided up to several hours a day and up to five days (Monday - Friday) a week.

6.10 BCBA, BCBA-D, or other TRICARE authorized ABA provider supervision of BCaBAs and ABA Tutors to include discussions of the ABA TPs, progress, and follow-up ABA assessments shall be billed under the Autism Demonstration or ABA Pilot.

6.11 The MCSCs shall ensure all TRICARE Encounter Data (TED) requirements outlined in the TRICARE Systems Manual (TSM), [Chapter 2](#) are met including appropriate use of Special Processing Code "BA Applied Behavior Analysis (ABA) (Interim Benefit)".

7.0 EXCLUSIONS

7.1 The following exclusions apply to provision of ABA under the TRICARE Basic Program:

7.1.1 ABA provided in a group format.

7.1.2 ABA rendered by a TRICARE authorized provider type other than those authorized to provide ABA under this Chapter.

7.1.3 ABA rendered by an ABA provider not authorized and certified under TRICARE.

7.1.4 ABA for all other diagnoses that are not an ASD/PDD.

7.1.5 Educational and vocational rehabilitation services.

7.1.6 Respite care.

7.1.7 ABA not provided one-to-one, in person by the TRICARE authorized BCBA or BCBA-D.

7.1.8 ABA provided through remote means; for example through telemedicine/telehealth.

7.1.9 ABA provided when there is no ASD diagnosis rendered by a TRICARE authorized ASD diagnosing provider as specified in [paragraph 5.6](#).

7.1.10 ABA provided when there is no ABA referral from a TRICARE authorized ASD referring provider as specified in [paragraph 5.7](#).

7.1.11 ABA provided by a BCBA, BCBA-D, or other TRICARE authorized ABA provider (unless the ABA provider is a licensed clinical psychologist) when there is no supervision by the TRICARE authorized ASD referring provider as required in [paragraph 9.0](#) of this policy.

7.1.12 ABA provided when there is no baseline and 180 day interval follow-up psychometric testing.

7.1.13 ABA involving aversive techniques or rewards that can be construed as abuse.

8.0 CREDENTIALING OF APPLIED BEHAVIOR ANALYSTS

8.1 Master's degree or above BCBA's or BCBA-Ds and other ABA providers practicing within the scope of their state license or state certification meeting the requirements for TRICARE Basic Program providers are encouraged to become a TRICARE network provider. Requirements for credentials review for network providers apply. Master's degree or above BCBA's or BCBA-Ds and other ABA providers practicing within the scope of their state license or state certification who do not wish to become part of the TRICARE network may become TRICARE authorized non-network providers. These non-network BCBA's or BCBA-Ds and other TRICARE authorized ABA providers practicing within the scope of their state license or state certification shall undergo a modified credentials review process that shall include review of state licensure or state certification status (if applicable), a review BCBA board certification by the BACB, if applicable a check of BACB complaints section of the BACB web site or a review for complaints to state license or certification boards, if applicable, and a criminal history review (see the TOM, [Chapter 4, Section 1](#)). The credentials of the non-network BCBA's or BCBA-Ds and other TRICARE authorized ABA providers practicing within the scope of their state license or state certification shall be reviewed every three years to ensure that credentials are still valid and that no adverse actions have been taken by the BACB or applicable practice jurisdiction against the BCBA, BCBA-D, or other TRICARE authorized ABA providers practicing within the scope of their state license or state certification.

8.2 All claims submitted by the BCBA, BCBA-D, or other TRICARE authorized ABA providers practicing within the scope of their state license or state certification for ABA shall use the HIPAA taxonomy (provider code) 103K00000X, Behavior Analyst.

9.0 REFERRAL AND SUPERVISION OF APPLIED BEHAVIOR ANALYSTS

9.1 The referring P-PCM or specialized ASD provider as defined in [paragraphs 5.6 and 5.7](#) is required to provide referral and supervision of the BCBA ABA (unless the BCBA-D is a licensed clinical psychologist).

9.1.1 Referral and supervision (see [paragraph 4.6](#)) means that the referring provider shall actually see the beneficiary to evaluate the qualifying ASD condition prior to referring the beneficiary to the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification, and that the referring provider provides ongoing oversight of the course of referral-related ABA throughout the period that the beneficiary is receiving ABA in response to the referral.

9.1.2 The referring provider is not required to be physically located on the premises of the BCBA, BCBA-D, or other TRICARE authorized ABA provider.

9.2 The BCBA, BCBA-D, other TRICARE authorized ABA provider (practicing within the scope of his/her state license or state certification), or MCSC shall send the referring P-PCM or specialized ASD provider as defined in [paragraphs 5.6.1.1 and 5.6.1.2](#) the initial ABA assessment, the ABA TP, and all ABA TP updates and shall respond to referring provider questions regarding the ABA TP. All

ABA providers and referring providers shall maintain clinical records in accordance with medical records requirements set forth under the TRICARE Basic Program.

9.3 The TRICARE authorized provider administering the baseline and every 180 day psychometric testing shall send the reports of psychometric findings to the referring P-PCM or specialized (non-psychologist) ASD provider (as defined in paragraphs 5.6.1.1 and 5.6.1.2) and the MCSC.

9.4 The MCSC shall require the BCBA, BCBA-D, or other TRICARE authorized ABA provider (practicing within the scope of his/her state license or state certification) to send the initial ABA TP and the ABA TP annual updates to the MCSC no later than one month prior to current authorization expiration. The MCSC shall transmit the ABA TP to the referring provider. For the TOP, the TRICARE eligible family member/caregivers, the authorized referring provider, the ABA provider shall work together with the TRICARE authorized provider conducting baseline and every 180 day psychometric testing to ensure that the referring provider receives the initial ABA assessment, ABA TP, all ABA TP updates and the reports of all psychometric testing.

9.5 The referring P-PCM or specialized ASD provider shall review and sign the initial ABA TP, all ABA TP updates and the baseline and every 180 day psychometric testing reports.

9.6 The referring P-PCM or specialized ASD provider shall review the initial ABA TP, all ABA TP updates and the psychometric testing reports with the TRICARE eligible family member/caregiver and the beneficiary directly receiving ABA during the annual clinic visits. The provider shall write a new referral for repeat psychometric testing to assess progress (every 180 days) and for continued ABA (annually) if the psychometric testing reports support continued appropriate ABA.

10.0 QUALITY ASSURANCE

10.1 Given that ABA involves provision of care to a vulnerable patient population, the MCSC/TOP/Uniformed Services Family Health Plan (USFHP) contractor shall have a process in place for evaluating and resolving TRICARE eligible family member/caregiver concerns regarding ABA provided by the BCBA, the BCBA-Ds or other TRICARE authorized ABA providers (practicing within the scope of their state license or state certification). This includes ABA reinforcement provided under the supervision of such ABA providers under the Autism Demonstration and ABA Pilot.

10.2 The process shall include identification of a beneficiary family member/caregiver complaint officer for each regional MCSC/TOP/USFHP contractor. Contact information shall be provided to all TRICARE eligible family member/caregivers of beneficiaries receiving ABA under the TRICARE Basic Program.

10.3 Allegations of risk to patient safety must be reported to the MCSC Program Integrity (PI) unit and TMA PI must also be advised of alleged risk to patient safety by a provider of ABA. The MCSC PI unit must take action in accordance with the TOM, Chapter 13, developing for potential patient harm, fraud, and abuse issues.

10.4 Potential complaints shall be ranked by severity categories. Allegations involving risk to patient safety are to be considered the most severe and shall be addressed immediately and reported to the required agencies. For example, allegations of physical, psychological or sexual abuse shall be addressed through immediate reporting to state Child Protective Services, to the BACB and to state license or certification boards as indicated, in accordance with other governing

laws, regulations, policies and mandated reporting requirements. The TOP contractor shall report allegations of abuse to the host nation authorities responsible for child protective services and to the BACB, and to state license or certification boards as appropriate.

10.5 TRICARE may not cost share services of a BCBA, BCBA-D, or other TRICARE authorized ABA providers (practicing within the scope of their state license or state certification) who has any restriction on their certification imposed by the BACB or any restriction on their state license or certification for those having a state license or certification.

10.6 Potential categories requiring quality monitoring and oversight are:

- Fraudulent billing practices;
- Lack of progress due to poor quality of ABA;
- Lack of an ASD diagnosis from a provider qualified to provide such per [paragraph 5.6](#);
- Lack of an ABA referral from a TRICARE authorized ASD referring provider as per [paragraph 5.7](#);
- Lack of the required psychometric testing reports for baseline and every 180 day monitoring of ABA progress as per [paragraphs 5.7.3](#) and [5.7.4](#), and/or
- Lack of maintenance of the required medical record documentation.
 - Billing for office supplies to include therapeutic supplies.
 - Billing for ABA using aversive techniques.

10.7 Risk Management policies and processes shall be established by the MCSCs for the BCBAs, BCBA-Ds and other TRICARE authorized ABA providers practicing within the scope of their state license or state certification.

11.0 QUALITY OVERSIGHT MONITORING

11.1 Clinical requirements for documentation on the initial ABA TP and ABA TP updates shall be defined by the TRICARE Regional Offices to establish enterprise-wide documentation standards. See http://www.bacb.com/Downloadfiles/ABA_Guidelines_for_ASD.pdf, Guidelines: Health Plan Coverage of ABA Treatment for ASD (2012). Documentation requirements shall address the requirements for:

- Session progress notes that identify the specific ABA intervention used for each behavioral target;
- At minimum, progress notes should contain the following documentation elements in compliance with [Chapter 1, Section 5.1](#), "Requirements For Documentation Of Treatment In Medical Records":
 - Date and time of session

- Length of session
 - Current status of beneficiary
 - Content of the session
 - Therapeutic interventions delivered
 - Beneficiary response to interventions
 - Beneficiary progress toward meeting each objective and goal
- TP update assessment notes addressing progress toward short-term and long-term treatment goals for the identified targets in each domain;
 - Documentation on the initial ABA TP and the ABA TP updates of the level of support required for the beneficiary to demonstrate progress toward short and long-term goals (Note: The level of support required to demonstrate progress is important because it is directly associated with severity of the ASD and is an important factor in determining the number of hours ABA per week to authorize);
 - Documentation of baseline and thereafter every 180 days for ABA progress as measured by the age appropriate required standardized psychometric testing (VBS-II); and
 - Documentation of TRICARE eligible family member/caregiver engagement and implementation of the ABA TP at home.

11.2 TRICARE Quality Monitoring Contractor (TQMC) shall perform random record review for coding compliance and quality monitoring of the ABA TP every 180 days. TQMC findings of improper coding compliance shall be reported to the MCSC PI unit for potential development in accordance with TOM, [Chapter 13](#).

12.0 EFFECTIVE DATE

Requirements of this revised policy are effective July 25, 2013. Claims for ABA prior to July 25, 2013 will continue to be paid in accordance with the guidance provided in TPM, Change 73, published on August 10, 2012.

- END -

