

Applied Behavior Analysis (ABA)

Issue Date: August 10, 2012

Authority: 10 USC 1079(a), and 32 CFR 199.4(c)

1.0 CPT¹ PROCEDURE CODES

90887, 99080

2.0 HCPCS CODE

S5108

3.0 DESCRIPTION

Applied Behavior Analysis (ABA) is covered under the TRICARE Basic Program as an interim benefit.

4.0 POLICY

4.1 TRICARE covers ABA services for all eligible beneficiaries, including retirees and their dependent family members, with a diagnosis of Autism Spectrum Disorder (ASD). ABA reinforcement is covered separately for Active Duty Family Members (ADFM) under the Autism Demonstration and for Non-Active Duty Family Members (NADFM) under the ABA Pilot.

4.2 Autism Spectrum Disorder (ASD)

4.2.1 The covered ASD diagnoses are described under the Neurodevelopmental Disorders category of the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V). The DSM-V was released in May 2013. The DSM-V diagnostic code for ASD (299.00) is equivalent to the corresponding codes for Autistic Disorder (299.0) in the currently used edition of the International Classification of Diseases, Clinical Modification manual (currently ICD-9-CM) used for claims processing under TRICARE for services provided on or before September 30, 2014.

4.2.2 For services provided on or before September 30, 2014, as the Military Health System (MHS) and mental health provider community transitions to use of the DSM-V, a covered diagnosis for ASD also includes those found under the Pervasive Developmental Disorders (PDD) section of the DSM, Fourth Edition, Text Revision, (DSM-IV-TR). The covered DSM-IV-TR ASD diagnoses are: 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

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Specified (PDD-NOS) (including Atypical Autism) (299.80). The corresponding ICD-9-CM codes for the five DSM-IV-TR ASD diagnoses 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 PDD-NOS (to include Atypical Autism) (299.9).

Note: The DSM-IV-TR and the ICD-9-CM use the same numeric diagnosis codes for three of the five ASD Diagnoses found in the DSM-IV-TR (Autistic Disorder (299.00 & 299.0), CDD (299.10 & 299.1), and Asperger's (299.80 & 299.8)). 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.

4.2.3 The DoD and the rest of the United States transition to the ICD-10 on October 1, 2014. For those diagnosed with one of the five ASD diagnoses under the DSM-IV-TR on or before September 30, 2014 and those diagnosed with ASD under the DSM-V; on or after October 1, 2014, the corresponding International Classification of Diseases, Clinical Modification, 10th Revision, (ICD-10-CM) codes become: Autistic Disorder (F84.0), Rett's Syndrome (F84.2) (found under "Other Specific Cerebral Degenerations"), CDD (F84.3), Asperger's Disorder (F84.5), and PDDNOS (to include Atypical Autism) (F84.9).

4.3 Payable services include:

4.3.1 An initial beneficiary assessment;

4.3.2 Development of a treatment plan;

4.3.3 One-on-one ABA interventions with an eligible beneficiary, training of immediate family members to provide services in accordance with the treatment plan; and

4.3.4 Monitoring of the beneficiary's progress toward treatment goals.

4.4 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:

4.4.1 Physician board-certified or board-eligible in behavioral developmental pediatrics, neurodevelopmental pediatrics, pediatric neurology or child psychiatry; or

4.4.2 Ph.D. or Psy.D. clinical psychologist working primarily with children.

5.0 REIMBURSEMENT

5.1 Claims for ABA services will be submitted by an authorized provider on Centers for Medicare and Medicaid Services (CMS) 1500 **Claim Form** as follows:

5.1.1 Functional Behavioral Assessment and Analysis.

5.1.1.1 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".

5.1.1.2 Reimbursement for the Functional Behavioral Assessment and Analysis includes the intellectual work and diagnostic evaluation required to establish the initial treatment plan.

5.1.2 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".

5.1.3 Development of an updated treatment plan will be billed using Current Procedural Terminology² (CPT) procedure code 99080, "Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form".

5.1.4 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".

5.2 Reimbursement of claims will be the lesser of:

5.2.1 The CHAMPUS Maximum Allowable Charge (CMAC);

5.2.2 One hundred and twenty-five dollars (\$125) per hour for services provided by the authorized provider;

5.2.3 The negotiated rate; or

5.2.4 The billed charge. For care provided outside the 50 United States, the District of Columbia, and the U.S. Territories, billed charges will be paid.

6.0 EXCLUSIONS

6.1 ABA services provided in a group format are not a covered service.

6.2 Services rendered by an unauthorized TRICARE provider.

7.0 PROVIDERS

7.1 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 4.4](#):

7.1.1 Have a current state license to provide ABA services; or

7.1.2 Are currently state-certified as an Applied Behavioral Analyst; or

7.1.3 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

7.1.4 Otherwise meet all applicable requirements of TRICARE-authorized providers.

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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.

8.0 EFFECTIVE DATE

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

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