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TRICARE
MANAGEMENT ACTIVITY

OD

CHANGE 101
6010.56-M
JUNE 25, 2013

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE OPERATIONS MANUAL (TOM), FEBRUARY 2008**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: NATIONAL DEFENSE AUTHORIZATION ACT (NDAA) FISCAL YEAR (FY) 2013, SECTION 705, PILOT PROGRAM FOR THE TREATMENT OF AUTISM SPECTRUM DISORDER (ASD), INCLUDING APPLIED BEHAVIOR ANALYSIS (ABA)

CONREQ: 16537

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change implements NDAA FY 2013, Section 705. TRICARE Management Activity (TMA) is making comprehensive changes that revise coverage of autism services across the TRICARE Program, to include expansion of ABA and who receives these benefits. TRICARE Basic Program coverage of ABA provided by Board Certified Behavior Analysts (BCBA) or above for all TRICARE beneficiaries with ASD initially implemented in 2012, will continue with appropriate physician referral and oversight requirements. Active Duty Family Members (ADFM) will continue to be eligible for ABA reinforcement under the Extended Care Health Option (ECHO) Autism Demonstration from supervised Board Certified Assistant Behavior Analysts (BCaBA) and paraprofessional ABA tutors. Non-Active Duty Family Members (NADFM) will now be eligible to receive ABA reinforcement from supervised BCaBAs and paraprofessional ABA tutors under the 12-month "ABA Pilot" authorized by the NDAA FY 2013, Section 705.

EFFECTIVE DATE: June 25, 2013.

IMPLEMENTATION DATE: July 25, 2013.

This change is made in conjunction with Feb 2008 TPM, Change No. 90 and Feb 2008 TSM, Change No. 50.

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**John L. Arendale
Director, Operations Division**

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WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT.

**CHANGE 101
6010.56-M
JUNE 25, 2013**

REMOVE PAGE(S)

CHAPTER 18

Table of Contents, pages 1 and 2

Section 8, pages 1 - 12

★ ★ ★ ★ ★ ★

APPENDIX A

pages 3 - 10

INDEX

pages 1 - 4

INSERT PAGE(S)

Table of Contents, pages 1 and 2

Section 8, pages 1 - 9

Section 15, pages 1 - 10

pages 3 - 10

pages 1 - 4

Chapter 18

Demonstrations

Section/Addendum	Subject/Addendum Title
1	General
2	Department Of Defense (DoD) Cancer Prevention And Treatment Clinical Trials Demonstration
Figure 18.2-1	Sample Of Authorization Letter To Be Issued To Institution Verifying TRICARE Eligibility For Said Patient To Be Enrolled In NCI Sponsored Studies
Figure 18.2-2	Sample Of Authorization Letter For DoD Cancer Prevention And Treatment Clinical Trials Demonstration
Figure 18.2-3	Sample Of Denial Letter For DoD Cancer Prevention And Treatment Clinical Trials Demonstration
Figure 18.2-4	Sample Of Notification Letter To Be Issued To Geographical Contractor Of Patient's Enrollment In The DoD Cancer Prevention And Treatment Clinical Trials Demonstration
3	Department Of Defense (DoD) In-Utero Fetal Surgical Repair Of Myelomeningocele Clinical Trial Demonstration
Figure 18.3-1	Demonstration Protocol
4	Department Of Defense (DoD) Weight Management Demonstration
5	Department Of Defense (DoD) Tobacco Cessation Demonstration
6	Department Of Defense (DoD) Alcohol Abuse Prevention And Education Demonstration
7	TRICARE Demonstration Project For The State Of Alaska - Critical Access Hospital (CAH) Payment Rates
Figure 18.7-1	Critical Access Hospitals (CAHs) In Alaska And Their CCRs On Or After July 1, 2007
Figure 18.7-2	Critical Access Hospitals (CAHs) In Alaska And Their CCRs On Or After July 1, 2008
8	Department Of Defense (DoD) Enhanced Access To Autism Services Demonstration
9	Operation Noble Eagle/Operation Enduring Freedom Reservist And National Guard (NG) Benefits Demonstration
10	Web-Based TRICARE Assistance Program (TRIAP) Demonstration
11	TRICARE South Region United States Coast Guard (USCG) Access To Care (ATC) Demonstration For TRICARE Prime/TRICARE Prime Remote (TPR) Beneficiaries
12	Department Of Defense (DoD) TRICARE Demonstration Project for the Philippines

TRICARE Operations Manual 6010.56-M, February 1, 2008
Chapter 18, Demonstrations

Section/Addendum	Subject/Addendum Title
13	TRICARE Evaluation Of Centers For Medicare And Medicaid Services (CMS) Approved Laboratory Developed Tests (LDTs) Demonstration Project Figure 18.13-1 Approved Laboratory Developed Tests (LDTs)
14	Department of Defense (DoD) Enhanced Access to Patient-Centered Medical Home (PCMH): Demonstration Project for Participation in the Maryland Multi-Payer Patient-Centered Medical Home Program (MMPCMHP) Figure 18.14-1 NPI List - Submitted By MHCC To The MCSC Figure 18.14-2 Patient Enrollment File - Submitted By The MCSC To Each Practice Figure 18.14-3 Patient Enrollment File Figure 18.14-4 Level Of PCMH Recognition Figure 18.14-5 Quality Measurement Criteria Figure 18.14-6 Reductions In Utilization Figure 18.14-7 Shared Savings Available based on the Attainment of Group One and Group Two Criteria Figure 18.14-8 Shared Savings Or Incentive Calculations/Payments
15	Department Of Defense (DoD) Applied Behavior Analysis (ABA) Pilot For Non-Active Duty Family Members (NADFM)
A	Participation Agreement For Autism Demonstration Corporate Services Provider (ACSP)

Department Of Defense (DoD) Enhanced Access To Autism Services Demonstration

1.0 PURPOSE

The Enhanced Access to Autism Services Demonstration (“Autism Demonstration”) offers a supplemental benefit for Active Duty Family Members (ADFM) with an Autism Spectrum Disorder (ASD) by allowing bachelors-level Board Certified Assistant Behavior Analysts (BCaBAs) and paraprofessional “ABA Tutors” working under the supervision of masters-level Board Certified Behavior Analysts (BCBAs) or doctoral-level Board Certified Behavior Analysts (BCBA-Ds) to conduct Applied Behavior Analysis (ABA) reinforcement that is often provided by parents. This Autism Demonstration will enable the DoD to determine whether:

- Provision of ABA reinforcement by BCaBAs and ABA Tutors acting as “surrogate parental interventionists” can effectively offset the difficulty active duty family parents, one or both of whom may be deployed away from home for months at a time, have in using ABA reinforcement techniques collaboratively, consistently, and intensely when interacting with their children who have ASDs; and
- Use of BCaBAs and ABA Tutors results in increased access to services for ADFMs with an ASD; and
- An increased number of services, when provided by supervised BCaBAs and non-certified ABA Tutors results in increased military readiness. This may be measured by determining if the parents of ADFMs with an ASD consider the increased access to have a positive effect upon the family; and
- Military readiness is increased. This may be measured by determining if Active Duty Service Members (ADSMs) consider the increased access to services provided by the Autism Demonstration as making it more likely that they will remain on active duty.

2.0 BACKGROUND

2.1 The Military Health System (MHS) includes 59 military hospitals, over 350 military health clinics, and an extensive network of private sector health care partners, that provides medical care for more than nine million beneficiaries, including ADSMs and ADFMs.

2.2 ASDs affect essential human behaviors such as social interaction, the ability to communicate ideas and feelings, imagination, and the establishment of relationships with others. For a description of ASD and applicable diagnostic codes, see the TRICARE Policy Manual (TPM), Chapter 7, Section 3.18.

2.3 Applied Behavior Analysis (ABA) has been introduced to ameliorate the negative impact of autism. Currently, ABA is accepted within the MHS as having been shown to reduce or eliminate specific problem behaviors and teach new skills to individuals with ASD. ABA reinforcement requires family member involvement as the parent(s) or caregiver(s) must consistently implement the ABA reinforcement interventions in the home setting in accordance with the prescribed treatment plan.

ADFM's wanting to participate in the Autism Demonstration must meet all requirements for the authorization and provision of ABA under the TRICARE Basic Program outlined in the TPM, Chapter 7, Section 3.18.

2.4 Under the Autism Demonstration, ABA reinforcement is rendered by "surrogate parental interventionists" (ABA Tutors) as an "other service" benefit under the provisions of the Extended Care Health Option (ECHO). Only those individuals who meet the requirements specified in paragraph 3.4, working under the supervisory oversight of an ABA provider licensed or certified by a State or certified by the Behavior Analyst Certification Board (BACB) (<http://www.bacb.com>) as a BCBA are eligible to provide ABA reinforcement.

2.5 The BCBA's clinical, supervisory, and case management activities are often supported by other staff such as Board Certified Assistant Behavior Analysts (BCaBA) working within the scope of their training, practice, and competence. The BCaBA assists BCBA's or BCBA-D's in various roles and responsibilities as determined appropriate by BCBA's or BCBA-D's and delegated to the BCaBA. Under the Autism Demonstration, the BCaBA serves in a clinical support role and is not authorized to supervise ABA Tutors independently. BCaBA's may provide ABA reinforcement for more complex cases. The BCBA or BCBA-D is ultimately responsible for all aspects of case management and clinical direction. Only those individuals who meet the requirements specified in paragraph 3.3, working under the supervisory oversight of an ABA provider licensed or certified by a State or certified by the BACB (<http://www.bacb.com>) as a BCBA or BCBA-D (ABA Supervisors) are eligible to provide ABA reinforcement.

2.6 The Autism Demonstration allows TRICARE reimbursement for ABA reinforcement delivered by supervised bachelor's level BCaBA's and paraprofessional providers (ABA Tutors) under a modified Corporate Services Provider (CSP) model that: (a) meets the TRICARE definition of a CSP under 32 CFR 199.6(e)(2)(ii)(B); (b) predominantly renders services of a type uniquely allowable under the FY2013 NDAA, Section 705; and (c) meets the requirements specified in paragraph 3.1.

3.0 ABA PROVIDER REQUIREMENTS

3.1 Autism Demonstration Corporate Services Provider (ACSP)

ACSPs shall:

3.1.1 Submit evidence to the Managed Care Support Contractor (MCSC) that professional liability insurance in the amounts of one million dollars per claim and three million dollars in aggregate, unless State requirements specify greater amounts, is maintained in the ACSP's name.

3.1.2 Submit claims to the appropriate MCSC using the assigned Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes specified in paragraph 6.0.

TRICARE Operations Manual 6010.56-M, February 1, 2008

Chapter 18, Section 8

Department Of Defense (DoD) Enhanced Access To Autism Services Demonstration

- 3.1.3** Submit to the MCSC all documents necessary to support an application for designation as a TRICARE ACSP; and
- 3.1.4** Enter into a Participation Agreement ([Addendum A](#)) approved by the Director, TRICARE Management Activity (TMA) or designee; and
- 3.1.5** Employ directly or contract with **ABA Supervisors, BCaBAs** and/or **ABA Tutors**; and
- 3.1.6** Certify that all **ABA Supervisors, BCaBAs** and/or **ABA Tutors** employed by or contracted with the ACSP meet the education, training, experience, competency, supervision and **Autism Demonstration** requirements specified herein; and
- 3.1.7** Comply with all applicable organizational and individual licensing or certification requirements that are extant in the State, county, municipality, or other political jurisdiction in which **ABA reinforcement** is provided under the **Autism Demonstration**; and
- 3.1.8** Maintain employment or contractual documentation in accordance with applicable Federal, State, and local requirements and corporate policies regarding **ABA Supervisors, BCaBAs** and **ABA Tutors**; and
- 3.1.9** Comply with all applicable requirements of the Government designated utilization and clinical quality management organization for the geographic area in which the ACSP provides **ABA reinforcement**; and
- 3.1.10** Comply with all other requirements applicable to TRICARE-authorized providers.
- 3.2 ABA Supervisor shall:**
- 3.2.1** Have a master's degree or above in a qualifying field as defined by the BACB; and
- 3.2.2** Have a current, unrestricted State-issued license to provide ABA; or
- 3.2.3** Have a current, unrestricted State-issued certificate as a provider of ABA; or
- 3.2.4** Have a current certification from BACB (<http://www.bacb.com>) as either a BCBA or a **BCBA-D** where such state-issued license or certification is not available; and
- 3.2.5** Enter into a Participation Agreement ([Addendum A](#)) approved by the Director, TMA or designee; and
- 3.2.6** Employ directly or contract with **BCaBAs** and **ABA Tutors**; and
- 3.2.7** Report to the MCSC within 30 days of notification of a BACB sanction issued to the **ABA Supervisor** for violation of BACB disciplinary standards (<http://www.bacb.com/index.php?page=85>) or notification of loss of BACB certification. Loss of BACB certification shall result in termination of the Participation Agreement with the **ABA Supervisor** with an effective date of such notification. Termination of the Participation Agreement by the MCSC may be appealed to the TMA in accordance with the requirements of [Chapter 13](#); and

TRICARE Operations Manual 6010.56-M, February 1, 2008

Chapter 18, Section 8

Department Of Defense (DoD) Enhanced Access To Autism Services Demonstration

3.2.8 Ensure that the quality of the **ABA reinforcement** provided by **BCaBAs and ABA Tutors** meet the minimum evidence-based standards as indicated by the current BACB Task List, the BACB Professional Disciplinary Standards, the BACB Guidelines for Responsible Conduct for Behavior Analysts, and current BACB rules and regulations; and

3.2.9 Maintain all applicable business licenses and employment or contractual documentation in accordance with Federal, State, and local requirements and the **ABA Supervisor's** business policies regarding **BCaBAs and ABA Tutors**; and

3.2.10 Meet all applicable requirements of the states in which they provide **ABA reinforcement**, including those of states in which they provide remote supervision of **BCaBAs and ABA Tutors** and oversee **ABA reinforcement** provided where the beneficiary resides; and

3.2.11 Cooperate fully with a designated utilization and clinical quality management organization which has a contract with the DoD for the geographic area in which the provider does business; and

3.2.12 Comply with all other applicable requirements to TRICARE-authorized providers.

3.2.13 Comply with TRICARE documentation requirements as specified in TPM, Chapter 1, Section 5.1.

3.3 Board Certified Assistant Behavior Analyst (BCaBA) shall:

Note: A BCaBA (bachelor's level) is not authorized to be an ABA Supervisor, see paragraph 2.5.

3.3.1 Have a bachelor's degree or above in a qualifying field as defined by the BACB; and

3.3.2 Have a current, unrestricted State-issued license to provide ABA; or

3.3.3 Have a current, unrestricted State-issued certificate as a provider of ABA; or

3.3.4 Have a current certification from BACB.

3.4 ABA Tutor Shall:

3.4.1 Have documented evidence verifying completion of the 40 hours of classroom training provided by a BCBA or BCBA-D trainer, maintained by the ABA supervisor and the ABA Tutor, and shall include:

- Dates and times of training sessions; and
- Signature of the trainer and the ABA Tutor attendee on a sign-in sheet; and
- A course description to include course objectives, a syllabus outlining course content and an evaluation process to measure successful completion; and
- Course content, at minimum must include training on behavior analyst principles, crisis behavior management and HIPAA.

3.4.2 Prior to providing **supervised ABA reinforcement** under the **Autism** Demonstration, have completed 40 hours of classroom training in ABA techniques in accordance with the BACB Guidelines for Responsible Conduct for Behavior Analysts (<http://www.bacb.com>), undergone a **Criminal History Review** as specified in [paragraph 3.5](#); and

- Completed a minimum of 12 semester hours of college coursework in psychology, education, social work, behavioral sciences, human development or related fields and be currently enrolled in a course of study leading to an associate's or bachelor's degree by an accredited college or university; or
- Completed a minimum of 48 semester hours of college courses in an accredited college or university; or
- A High School diploma or GED equivalent and have completed 500 hours of employment providing **supervised ABA reinforcement** as verified by the ACSP.

3.4.3 Receive **one hour of direct supervision per month per 10 hours of weekly ABA reinforcement** from the **ABA Supervisor** with each beneficiary **to whom the ABA Tutor provides ABA reinforcement** in accordance with the BACB Guidelines for Responsible Conduct for Behavior Analysts. **Requests for additional supervision in excess of one hour supervision per 10 hours of ABA reinforcement per week of supervision must be coordinated with the MCSC.** Remote supervision through the use of real time methods is authorized. For the purpose of this paragraph, "real-time" is defined as the simultaneous "live" audio and video interaction between the **ABA Supervisor** and the **ABA Tutor** by electronic means such that the occurrence is the same as if the individuals were in the physical presence of each other. Such is usually done by electronic transmission over the internet.

3.5 Provider Background Review

3.5.1 The MCSC shall obtain a Criminal History Review, as specified in [Chapter 4, Section 1, paragraph 9.0](#), for ACSPs who are individual providers with whom the MCSC enters into a Participation Agreement.

3.5.2 ACSPs, other than those specified in [paragraph 3.5.1](#), shall:

3.5.2.1 Obtain a Criminal History Review of **ABA Supervisors** whom the ACSP employs directly or with whom the ACSP enters into a contract.

3.5.2.2 Obtain a Criminal Background Check of **BCaBAs and ABA Tutors** whom the ACSP employs directly or with whom the ACSP enters into a contract.

3.5.3 The **ABA Supervisor** shall obtain a Criminal Background Check of **BCaBAs and ABA Tutors** the **ABA Supervisor** employs directly or with whom the **ABA Supervisor** enters into a contract to supervise the **BCaBAs and ABA Tutors**. The Criminal Background Check of **BCaBAs and ABA Tutors** shall:

3.5.3.1 Include current Federal, State, and County Criminal and Sex Offender reports for all locations the **BCaBAs and ABA Tutors** has resided or worked during the previous 10 years; and

3.5.3.2 Be completed prior to the **BCaBAs and ABA Tutors** providing **ABA reinforcement** to TRICARE beneficiaries.

4.0 BENEFICIARY ELIGIBILITY REQUIREMENTS

4.1 TRICARE beneficiaries who request participation in the **Autism** Demonstration shall:

4.1.1 Be at least 18 months of age; and

4.1.2 Be registered in the ECHO; and

4.1.3 Have been diagnosed with an ASD specified in **the TPM, Chapter 7, Section 3.18** by a TRICARE-authorized **Physician Primary Care Manager (P-PCM)** (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 (TPR)), 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) or Specialized ASD Provider; and

4.1.4 Meet all requirements outlined in the TPM, Chapter 7, Section 3.18 including referral, authorization, initial assessment and treatment plan, and updated treatment plan.

4.2 Eligibility for benefits under the **Autism** Demonstration ceases as of 12:01 a.m. of the day after the end of:

- The **Autism** Demonstration, or
- Eligibility for the ECHO.

4.3 Absence of eligibility for the **Autism** Demonstration does not preclude **eligible** beneficiaries from receiving otherwise allowable services under TRICARE.

5.0 POLICY

5.1 Under the **Autism** Demonstration, TRICARE will reimburse ACSP's only for **ABA reinforcement** that meet the minimum standards established by the current BACB Task List, the BACB Professional Disciplinary Standards, the BACB Guidelines for Responsible Conduct for Behavior Analysts, and current BACB rules and regulations when rendered by **BCaBAs and ABA Tutors** who meet all applicable requirements specified herein.

5.2 All **ABA reinforcement** under this **Autism** Demonstration require prior written authorization by the Director, TMA or designee (i.e., the **MCSCs**) in accordance with the requirements outlined in **TPM, Chapter 7, Section 3.18**.

5.3 The following are eligible for reimbursement, **payable only to the ACSP or BCBA/BCBA-D** under the **Autism** Demonstration:

5.3.1 **ABA reinforcement** rendered directly to a TRICARE beneficiary on a one-on-one basis by a **BCaBA or non-certified ABA Tutor under the supervision of an ABA provider licensed or certified by**

a State or certified by the BACB (<http://www.bacb.com>) as a BCBA. Group ABA reinforcement is not a TRICARE benefit.

5.3.2 ABA reinforcement rendered jointly, in-person, during directly supervised fieldwork of the BCaBA or ABA Tutor by the ABA Supervisor. Only the services provided by the Supervisor will be reimbursed as specified in [paragraph 6.1.1](#).

5.4 The allowed cost of services provided by this Autism Demonstration on or after October 14, 2008, accrue to the government's maximum fiscal year share of providing benefits in accordance with the TPM, [Chapter 9](#), (except ECHO Home Health Care (EHHC)), of \$36,000.

6.0 REIMBURSEMENT

6.1 Claims for Autism Demonstration services will be submitted by the ACSP on a Centers for Medicare and Medicaid (CMS) 1500 (08/05). Reimbursement is payable only to the ACSP or BCBA/BCBA-D, not to the BCaBAs or ABA Tutors. The following codes have been adopted for non-standardized usage for ABA reinforcement provided under the Autism Demonstration. These codes apply for provision of ABA reinforcement in all authorized settings (the office, home or community setting):

6.1.1 ABA reinforcement rendered jointly by an ABA Supervisor and a BCaBA or ABA Tutor, in-person, during directly supervised fieldwork of the BCaBA or ABA Tutor by the ABA Supervisor, will be invoiced using HCPCS code "S5108, Home care training to home care client, per 15 minutes." Supervision means direct one-on-one supervision of ABA Tutors implementing the treatment plan in person or through real time remote means. The supervised field work of the ABA supervisor and BCaBA or ABA Tutor are reimbursed as one unit of service. Under no circumstance will TRICARE reimburse more than \$125 to the ABA supervisor.

6.1.2 ABA reinforcement provided directly by a BCaBA or an ABA Tutor will be invoiced using HCPCS code "H2019, Therapeutic behavioral services, per 15 minutes."

6.2 Reimbursement of claims in accordance with [paragraphs 6.1.1 and 6.1.2](#) will be the lesser of:

- The CHAMPUS Maximum Allowable Charge (CMAC); or
- \$125 per hour for services provided by the ABA Supervisor, \$75 for services provided by a BCaBA, and/or \$50 per hour for services provided by the ABA Tutor; or
- The negotiated rate; or
- The billed charge.

7.0 ADDITIONAL MCSC RESPONSIBILITIES

The MCSC shall:

7.1 Ensure all requirements outlined in the TPM, [Chapter 7, Section 3.18](#) to include referral, authorization, initial assessment and treatment plan, and updated treatment plan are met when authorizing supplemental ABA reinforcement under the Autism Demonstration.

TRICARE Operations Manual 6010.56-M, February 1, 2008

Chapter 18, Section 8

Department Of Defense (DoD) Enhanced Access To Autism Services Demonstration

- 7.2** Maintain all documents related to the **Autism** Demonstration in accordance with **Chapter 2**.
- 7.3** Forward to the "gaining" MCSC all **Autism** Demonstration related documents within 10 calendar days of being notified that a beneficiary is transferring to a location under the jurisdiction of another MCSC.
- 7.4** Conduct annual audits on at least 20% of each ACSP's **BCaBA and ABA** Tutors for compliance with the requirements specified in **paragraphs 3.3 and 3.4**. Upon determining non-compliance with one or more **BCaBA and ABA** Tutor qualification requirements, the MCSC will immediately initiate a compliance audit of all **ABA** Tutors employed by or contracted with that ACSP.
- 7.5** Complete and submit the monthly, quarterly, and semi-annual reports as described in the Contract Data Requirements List (CDRL), DD Form 1423.
- 7.6** Follow the quality assurance procedures outlined in **TPM, Chapter 7, Section 3.18**.
- 7.7** Ensure all TRICARE Encounter Data (TED) requirements outlined in the TRICARE Systems Manual (TSM), **Chapter 2** are met.

8.0 APPLICABILITY

- 8.1** This **Autism** Demonstration is limited to TRICARE beneficiaries who meet the requirements specified in **paragraph 4.0**.
- 8.2** This **Autism** Demonstration is limited to the 50 United States and the District of Columbia.

9.0 EXCLUSIONS

TRICARE will not cost-share **under this Autism Demonstration**:

- 9.1** Training of **ABA** Tutors as specified in **paragraph 3.4.2**.
- 9.2** **ABA** provided exclusively under the TRICARE Basic benefit in accordance with **TPM, Chapter 7, Section 3.18**.
- 9.3** Any exclusions under **TPM, Chapter 7, Section 3.18**.
- 9.4** Group supervision of **ABA** Tutors.
- 9.5** **ABA** reinforcement provided to more than one beneficiary at a time.
- 9.6** Billing for e-mails and phone calls.
- 9.7** Billing for office supplies or therapeutic supplies (i.e., building blocks, stickers, crayons, etc.).
- 9.8** Billing for **ABA** reinforcement provided remotely through internet technology (Skype) to a parent working with their child.
- 9.9** Billing for **ABA** reinforcement involving aversive techniques.

TRICARE Operations Manual 6010.56-M, February 1, 2008

Chapter 18, Section 8

Department Of Defense (DoD) Enhanced Access To Autism Services Demonstration

10.0 EFFECTIVE DATE

This Autism Demonstration is effective for claims for services provided in accordance with this Section effective July 25, 2013 through March 14, 2014. Claims for services during the period March 15, 2008 through July 25, 2013 will continue to be paid in accordance with the guidance provided in TOM, Change 68, published January 11, 2012.

- END -

Department Of Defense (DoD) Applied Behavior Analysis (ABA) Pilot For Non-Active Duty Family Members (NADFMs)

1.0 PURPOSE

Under authority of Section 705 of National Defense Authorization Act (NDAA) Fiscal Year (FY) 2013, the "ABA Pilot" offers a supplemental benefit for NADFMs with an Autism Spectrum Disorder (ASD) by allowing bachelors-level Board Certified Assistant Behavior Analysts (BCaBAs) and paraprofessional "ABA Tutors" working under the supervision of masters-level Board Certified Behavior Analysts (BCBAs) or Board Certified Behavior Analysts - Doctoral (BCBA-Ds) to conduct ABA reinforcement that is often provided by parents. ABA Pilot coverage of ABA reinforcement for NADFMs will be implemented as a separate interim benefit from the coverage of ABA benefits currently provided under the TRICARE Basic Program to both Active Duty Family Members (ADFMs) and NADFMs with ASD, and separate from the Extended Care Health Option (ECHO) Enhanced Access to Autism Services Demonstration available by law only to ADFMs.

ABA for ASD has been covered when provided by masters-level (or above) behavior analysts (or licensed independent behavioral or medical health care providers authorized to provide ABA within the scope of their license and privileges) for ADFMs, but not NADFMs, under the Program for Persons with Disabilities (PFPWD) since 2001 and then under ECHO since 2008. In 2008 the Department implemented the Enhanced Access to Autism Services Demonstration (the "Autism Demonstration") to give ADFMs under ECHO access to supplemental ABA reinforcement under an alternative tiered service delivery model using minimally-trained paraprofessional "ABA Tutors" as parent/caregiver extenders working under the supervision of masters-level BCBAs, doctoral-level BCBA-Ds or bachelors-level BCaBAs who were authorized as ECHO-only ABA providers.

Under authority of Section 705 of National Defense Authorization Act (NDAA) Fiscal Year (FY) 2013, all TRICARE beneficiaries – ADFMs and NADFMs alike – are eligible under the TRICARE Basic Program to receive the ABA provided only from those providers who meet TRICARE Basic Program certification standards (i.e., Board Certified Behavior Analysts only masters-level or above BCBAs, BCBA-Ds, or other licensed independent behavioral or medical health care providers authorized to provide ABA within the scope of their license and privileges). ABA that is now covered as a benefit under the TRICARE Basic Program (when based on a proper ASD diagnosis from a qualified ABA-diagnosing provider, when rendered by an authorized ABA provider, and when appropriate for a particular beneficiary) includes: a baseline assessment of functioning; development and implementation of an ABA treatment plan; education/training of parents/caregivers in ABA reinforcement techniques; and follow-up assessment of treatment progress.

TRICARE Operations Manual 6010.56-M, February 1, 2008
Chapter 18, Section 15
Department Of Defense (DoD) Applied Behavior Analysis (ABA) Pilot
For Non-Active Duty Family Members (NADFM)s

The provisions of the FY2013 NDAA, Section 705, give the Department the authority to offer enhanced access to ABA (i.e., the tiered service delivery model) to designated TRICARE beneficiaries under a separate program other than ECHO as part of a one-year pilot. An initial report to Congress is to be submitted by December 31, 2013, which will be supplemented upon completion of the ABA Pilot, that addresses the following:

- An assessment of the feasibility and advisability of establishing a beneficiary cost share for ABA; and
- A comparison of providing ABA reinforcement under ECHO and providing such ABA under a TRICARE program other than ECHO; and,
- Any recommendations for changes in legislation and additional information for consideration.

Specific outcomes to be assessed as part of this pilot will include:

- Utilization– of Basic Program ABA and Enhanced Access ABA reinforcement for ADFMs and NADFM)s; and
- Access to care – as measured by wait times and reported availability of ABA providers and ABA Tutors (as parent/care-giver “extenders” of ABA reinforcement techniques); and
- Cost – of providing appropriate ABA under the Basic Program, and ABA reinforcement under the ECHO Autism Demonstration (for ADFMs), and the ABA Pilot (for NADFM)s; and
- Feasibility of assessing treatment progress – as measured by improvement in communication, social, and behavioral functioning from baseline for beneficiaries with ASD receiving ABA, plus ABA reinforcement under TRICARE.

2.0 BACKGROUND

2.1 The Military Health System (MHS) includes 59 military hospitals, over 350 military health clinics, and an extensive network of private sector health care partners, that provide medical care for more than nine million beneficiaries.

2.2 ASDs affect essential human behaviors such as social interaction, the ability to communicate ideas and feelings, imagination, and the establishment of relationships with others. For a description of ASD and applicable diagnostic codes, see the TRICARE Policy Manual (TPM), [Chapter 7, Section 3.18](#).

2.3 ABA has been introduced to ameliorate the negative impact of autism. Currently, ABA is accepted within the MHS as showing promise to reduce or eliminate specific problem behaviors and teach new skills to certain (but not all) individuals with ASD. ABA reinforcement requires family member involvement as the parent(s) or caregiver(s) must consistently implement the ABA reinforcement interventions in the home setting in accordance with the prescribed treatment plan.

NADFMs wanting to participate in the ABA Pilot must meet all requirements for the authorization and provision of ABA under the TRICARE Basic Program outlined in the TPM, [Chapter 7, Section 3.18](#).

2.4 Under the ABA Pilot, ABA reinforcement is rendered by “surrogate parental intervention assistants” (ABA Tutors) as an “other service” benefit under the provisions of the FY2013 NDAA, Section 705. Only those individuals who meet the requirements specified in [paragraph 3.4](#) working under the supervisory oversight of an ABA provider licensed or certified by a State or certified by the BACB (<http://www.bacb.com>) as a BCBA (ABA Supervisors) are eligible to provide ABA reinforcement.

2.5 The BCBA’s clinical, supervisory, and case management activities are often supported by other staff such as Board Certified Assistant Behavior Analysts (BCaBA) working within the scope of their training, practice, and competence. The BCaBA assists BCBA’s or BCBA-Ds in various roles and responsibilities as determined appropriate by BCBA’s or BCBA-Ds and delegated to the BCaBA. Under the ABA Pilot, the BCaBA serves in a clinical support role and is not authorized to supervise ABA Tutors independently. BCaBA’s may provide ABA reinforcement for more complex cases. The BCBA or BCBA-D is ultimately responsible for all aspects of case management and clinical supervision. Only those individuals who meet the requirements specified in [paragraph 3.3](#) working under the supervisory oversight of an ABA provider licensed or certified by a State or certified by the BACB (<http://www.bacb.com>) as a BCBA (ABA Supervisors) are eligible to provide ABA reinforcement.

2.6 The ABA Pilot allows TRICARE reimbursement for ABA reinforcement delivered by supervised bachelor’s level BCaBA’s and paraprofessional providers (ABA Tutors) under a modified Corporate Services Provider (CSP) model that: (a) meets the TRICARE definition of a CSP under 32 CFR 199.6(e)(2)(ii)(B); (b) predominantly renders services of a type uniquely allowable under the FY2013 NDAA, Section 705; and (c) meets the requirements specified in [paragraph 3.1](#).

3.0 ABA PROVIDER REQUIREMENTS

3.1 Autism Pilot Corporate Services Provider (ACSP)

ACSP shall:

3.1.1 Submit evidence to the Managed Care Support Contractor (MCSC) that professional liability insurance in the amounts of one million dollars per claim and three million dollars in aggregate, unless State requirements specify greater amounts, is maintained in the ACSP’s name.

3.1.2 Submit claims for ABA reinforcement to the appropriate MCSC using the assigned Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes specified in [paragraph 6.0](#).

3.1.3 Submit to the MCSC all documents necessary to support an application for designation as a TRICARE ACSP; and

TRICARE Operations Manual 6010.56-M, February 1, 2008
Chapter 18, Section 15
Department Of Defense (DoD) Applied Behavior Analysis (ABA) Pilot
For Non-Active Duty Family Members (NADFM)s

- 3.1.4** Enter into a Participation Agreement ([Addendum A](#)) approved by the Director, TRICARE Management Activity (TMA) or designee (i.e., the MCSC); and
- 3.1.5** Employ directly or contract with ABA Supervisors, BCaBAs and/or ABA Tutors; and
- 3.1.6** Certify that all ABA Supervisors, BCaBAs and ABA Tutors employed by or contracted with the ACSP meet the education, training, experience, competency, supervision and ABA Pilot requirements specified herein; and
- 3.1.7** Comply with all applicable organizational and individual licensing or certification requirements that are extant in the State, county, municipality, or other political jurisdiction in which ABA reinforcement are provided under the ABA Pilot; and
- 3.1.8** Maintain employment or contractual documentation in accordance with applicable Federal, State, and local requirements and corporate policies regarding ABA Supervisors, BCaBAs and ABA Tutors; and
- 3.1.9** Comply with all applicable requirements of the Government designated utilization and clinical quality management organization for the geographic area in which the ACSP provides ABA reinforcement; and
- 3.1.10** Comply with all other requirements applicable to TRICARE-authorized providers
- 3.2** ABA Supervisor shall:
- 3.2.1** Have a master's degree or above in a qualifying field as defined by the BACB; and
- 3.2.2** Have a current, unrestricted State-issued license to provide ABA; or
- 3.2.3** Have a current, unrestricted State-issued certificate as a provider of ABA; or
- 3.2.4** Have a current certification from BACB (<http://www.bacb.com>) as a BCBA or BCBA-D where such state-issued license or certification is not available;
- 3.2.5** Enter into a Participation Agreement ([Addendum A](#)) approved by the Director, TMA or designee; and
- 3.2.6** Employ directly or contract with BCaBAs and ABA Tutors; and
- 3.2.7** Report to the MCSC within 30 days of notification of a BACB sanction issued to the ABA Supervisor for violation of BACB disciplinary standards (<http://www.bacb.com/index.php?page=85>) or notification of loss of BACB certification. Loss of BACB certification shall result in termination of the Participation Agreement with the ABA Supervisor with an effective date of such notification. Termination of the Participation Agreement by the MCSC may be appealed to the TMA in accordance with the requirements of [Chapter 13](#); and

TRICARE Operations Manual 6010.56-M, February 1, 2008
Chapter 18, Section 15
Department Of Defense (DoD) Applied Behavior Analysis (ABA) Pilot
For Non-Active Duty Family Members (NADFMs)

3.2.8 Ensure that the quality of the services provided by BCaBAs and ABA Tutors meet the minimum evidence-based standards as indicated by the current BACB Task List, the BACB Professional Disciplinary Standards, the BACB Guidelines for Responsible Conduct for Behavior Analysts, and current BACB rules and regulations; and

3.2.9 Maintain all applicable business licenses and employment or contractual documentation in accordance with Federal, State, and local requirements and the ABA Supervisor's business policies regarding BCaBAs and ABA Tutors; and

3.2.10 Meet all applicable requirements of the states in which they provide ABA reinforcement, including those of states in which they provide remote supervision of BCaBAs and ABA Tutors and oversee ABA reinforcement provided where the beneficiary resides; and

3.2.11 Cooperate fully with a designated utilization and clinical quality management organization which has a contract with the DoD for the geographic area in which the provider does business; and

3.2.12 Comply with all other applicable requirements to TRICARE-authorized providers.

3.2.13 Comply with TRICARE documentation requirements as specified in TPM, [Chapter 1, Section 5.1](#).

3.3 Board Certified Assistant Behavior Analyst (BCaBA) shall:

Note: A BCaBA (bachelor's level) is not authorized to be an ABA supervisor nor to practice ABA independent of supervision of a BCBA, BCBA-D or behavior analyst licensed or certified by a state, see [paragraph 2.5](#).

3.3.1 Have a bachelor's degree or above in a qualifying field as defined by the BACB; and

3.3.2 Have a current, unrestricted State-issued license to provide ABA; or

3.3.3 Have a current, unrestricted State-issued certificate as a provider of ABA; or

3.3.4 Have a current certification from BACB (<http://www.bacb.com>) as a BCaBA where such state-issued license or certification is not available.

3.4 ABA Tutor shall:

3.4.1 Have documented evidence verifying completion of the 40 hours of classroom training provided by a BCBA or BCBA-D trainer, maintained by the ABA supervisor and the ABA Tutor, and shall include:

- Dates and times of training sessions; and
- Signature of the trainer and the ABA Tutor attendee on a sign-in sheet; and

TRICARE Operations Manual 6010.56-M, February 1, 2008
Chapter 18, Section 15
Department Of Defense (DoD) Applied Behavior Analysis (ABA) Pilot
For Non-Active Duty Family Members (NADFMs)

- A course description to include course objectives, a syllabus outlining course content and an evaluation process to measure successful completion; and
- Course content, at minimum must include training on behavior analyst principles, crisis behavior management and HIPAA.

3.4.2 Prior to providing supervised ABA reinforcement under the ABA Pilot, shall have completed 40 hours of classroom training in ABA techniques in accordance with the BACB Guidelines for Responsible Conduct for Behavior Analysts (<http://www.bacb.com>) to include documentation of training requirement, undergone a Criminal History Review as specified in [paragraph 3.5](#); and

- Completed a minimum of 12 semester hours of college coursework in psychology, education, social work, behavioral sciences, human development or related fields and be currently enrolled in a course of study leading to an associate's or bachelor's degree by an accredited college or university; or
- Completed a minimum of 48 semester hours of college courses in an accredited college or university; or
- A High School diploma or GED equivalent and have completed 500 hours of employment providing supervised ABA reinforcement as verified by the ACSP.

3.4.3 Receive one hour of direct supervision per month per 10 hours of weekly ABA reinforcement per month from the ABA Supervisor with each beneficiary to whom the ABA Tutor provides ABA reinforcement to and in accordance with the BACB Guidelines for Responsible Conduct for Behavior Analysts. Requests for additional supervision in excess of one hour supervision per 10 hours of ABA reinforcement per week of supervision must be coordinated with the MCSC. Remote supervision through the use of real time methods is authorized. For the purpose of this paragraph, "real-time" is defined as the simultaneous "live" audio and video interaction between the ABA Supervisor and the ABA Tutor by electronic means such that the occurrence is the same as if the individuals were in the physical presence of each other. Such is usually done by electronic transmission over the internet.

3.5 Provider Background Review

3.5.1 The MCSC shall obtain a Criminal History Review, as specified in [Chapter 4, Section 1, paragraph 9.0](#), for ACSPs who are individual providers with whom the MCSC enters into a Participation Agreement.

3.5.2 ACSPs, other than those specified in [paragraph 3.5.1](#), shall:

3.5.2.1 Obtain a Criminal History Review of ABA Supervisors whom the ACSP employs directly or with whom the ACSP enters into a contract.

3.5.2.2 Obtain a Criminal Background Check of BCaBAs and ABA Tutors whom the ACSP employs directly or with whom the ACSP enters into a contract.

TRICARE Operations Manual 6010.56-M, February 1, 2008
Chapter 18, Section 15
Department Of Defense (DoD) Applied Behavior Analysis (ABA) Pilot
For Non-Active Duty Family Members (NADFM)s

3.5.3 The ABA Supervisor shall obtain a Criminal Background Check of BCaBAs and ABA Tutors the Supervisor employs directly or with whom the Supervisor enters into a contract to supervise the BCaBA or ABA Tutor. The Criminal Background Check of BCaBA and ABA Tutors assistants shall:

3.5.3.1 Include current Federal, State, and County Criminal and Sex Offender reports for all locations the BCaBA or ABA Tutor has resided or worked during the previous 10 years; and

3.5.3.2 Be completed prior to the BCaBA or ABA Tutor providing ABA reinforcement to TRICARE beneficiaries.

4.0 BENEFICIARY ELIGIBILITY REQUIREMENTS

4.1 NADFM)s participating in the ABA Pilot shall:

4.1.1 Be at least 18 months of age; and

4.1.2 Have been diagnosed with an ASD specified in the TPM, [Chapter 7, Section 3.18](#) by a TRICARE-authorized Physician Primary Care Manager (P-PCM) (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 (TPR)), 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) or Specialized ASD Provider; and

4.1.3 Meet all requirements outlined in the TPM, [Chapter 7, Section 3.18](#) including referral, authorization, initial assessment and treatment plan, and updated treatment plan.

4.2 Eligibility for benefits under the ABA ceases as of 12:01 a.m. of the day after the ABA Pilot ends.

4.3 Absence of eligibility for the ABA Pilot does not preclude eligible beneficiaries as defined in 32 CFR 199.3 otherwise allowable services under the TRICARE Basic program.

5.0 POLICY

5.1 Under the ABA Pilot, TRICARE will reimburse ACSP's only for ABA reinforcement that meet the minimum standards established by the current BACB Task List, the BACB Professional Disciplinary Standards, the BACB Guidelines for Responsible Conduct for Behavior Analysts, and current BACB rules and regulations when rendered by BCaBAs and ABA Tutors who meet all applicable requirements specified herein.

5.2 All ABA reinforcement under this ABA Pilot require prior written authorization by the Director, TMA or designee (i.e., the MCSC) in accordance with the requirements outlined in TPM, [Chapter 7, Section 3.18](#).

TRICARE Operations Manual 6010.56-M, February 1, 2008
Chapter 18, Section 15
Department Of Defense (DoD) Applied Behavior Analysis (ABA) Pilot
For Non-Active Duty Family Members (NADFMs)

5.3 The following are eligible for reimbursement, payable only to the ACSP or BCBA/BCBA-D under the ABA Pilot:

5.3.1 ABA reinforcement rendered directly to a TRICARE beneficiary on a one-on-one basis by a BCaBA or ABA Tutor under the supervision of an ABA provider licensed or certified by a State or certified by the BACB (<http://www.bacb.com>) as a BCBA or BCBA-D. Group ABA reinforcement is not a TRICARE benefit.

5.3.2 ABA reinforcement rendered jointly, in-person, during directly supervised fieldwork of the BCaBA or ABA Tutor by the ABA Supervisor. Only the services provided by the ABA Supervisor will be reimbursed as specified in [paragraph 7.1.1](#).

6.0 BENEFICIARY COST SHARE LIABILITY

6.1 The sponsor/NADFM cost share, regardless of whether they are using Standard/Extra or Prime, shall be 10 percent of the lesser of:

- The CHAMPUS Maximum Allowable Charge (CMAC); or
- \$125 per hour for services provided by the ABA Supervisor and \$75 for services provided by a BCaBA, and/or \$50 per hour for services provided by the ABA Tutor; or
- The negotiated rate; or
- The billed charge

6.2 The allowed cost of services provided accrues to the government's maximum fiscal year share of providing benefits, of \$36,000.

6.3 The sponsor/beneficiary cost-shares under the ABA Pilot do not accrue the standard deductible or to meeting the catastrophic cap in the TRICARE Basic Program.

6.4 The government's maximum fiscal year cost-share for ABA Pilot benefits applies to each beneficiary, regardless of the number of dependents with the same sponsor receiving ABA Pilot benefits in that fiscal year.

7.0 REIMBURSEMENT

7.1 Claims for ABA Pilot services will be submitted by the ACSP on a Centers for Medicare and Medicaid Services (CMS) 1500 (08/05). Reimbursement is payable only to the ACSP or BCBA/BCBA-D, not to the BCaBAs or ABA Tutors. The following codes have been adopted for non-standardized usage for ABA reinforcement provided under the ABA Pilot. These codes apply for provision of ABA reinforcement in all authorized treatment settings (the office, home or community setting).

7.1.1 ABA reinforcement rendered jointly by an ABA Supervisor and a BCaBA or ABA Tutor, during directly supervised fieldwork of the BCaBA or ABA Tutor by the ABA Supervisor, will be invoiced using HCPCS code "S5108, Home care training to home care client, per 15 minutes."

TRICARE Operations Manual 6010.56-M, February 1, 2008
Chapter 18, Section 15
Department Of Defense (DoD) Applied Behavior Analysis (ABA) Pilot
For Non-Active Duty Family Members (NADFMs)

Supervision means direct one-on-one supervision of ABA Tutors implementing the treatment plan in person or through real time remote means. The supervised field work of the ABA supervisor and BCaBA or ABA Tutor are reimbursed as one unit of service. Under no circumstances with TRICARE reimburse more than \$125.

7.1.2 ABA reinforcement provided directly by a BCaBA or an ABA Tutor will be invoiced using HCPCS code "H2019, Therapeutic behavioral services, per 15 minutes."

7.2 Reimbursement of claims in accordance with [paragraph 7.1.1](#) and [7.1.2](#) will be the lesser of:

- The CHAMPUS Maximum Allowable Charge (CMAC); or
- One hundred and twenty-five dollars (\$125) per hour for services provided by the ABA Supervisor, \$75 for services provided by a BCaBA, and \$50 per hour for services provided by the ABA Tutor; or
- The negotiated rate; or
- The billed charge.

8.0 ADDITIONAL MCSC RESPONSIBILITIES

The MCSC shall:

8.1 Ensure all requirements outlined in the TPM, [Chapter 7, Section 3.18](#) including referral, authorization, initial assessment and treatment plan, and updated treatment plan are met when authorizing supplemental ABA reinforcement under the ABA Pilot.

8.2 Maintain all documents related to the ABA Pilot in accordance with [Chapter 2](#).

8.3 Forward to the "gaining" MCSC all ABA Pilot related documents within 10 calendar days of being notified that a beneficiary is transferring to a location under the jurisdiction of another MCSC.

8.4 Conduct annual audits on at least 20% of each ACSP's BCaBA and ABA Tutors for compliance with the requirements specified in [paragraph 3.3](#) and [3.4](#). Upon determining non-compliance with one or more BCaBA or ABA Tutor qualification requirements, the MCSC will immediately initiate a compliance audit of all BCaBAs and ABA Tutors employed by or contracted with that ACSP.

8.5 Complete and submit the monthly, quarterly, and semi-annual reports as described in the Contract Data Requirements List (CDRL), DD Form 1423.

8.6 Follow the quality assurance procedures outlined in TPM, [Chapter 7, Section 3.18](#).

8.7 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 "AP Applied Behavior Analysis (ABA) Pilot".

9.0 APPLICABILITY

9.1 This ABA Pilot is limited to TRICARE beneficiaries who meet the requirements specified in [paragraph 4.0](#).

9.2 This ABA Pilot is limited to the 50 United States and the District of Columbia.

10.0 EXCLUSIONS

TRICARE will not cost-share under the ABA Pilot:

10.1 Training of ABA Tutors as specified in [paragraph 3.4.2](#).

10.2 ABA provided exclusively under the TRICARE Basic benefit in accordance with TPM, [Chapter 7, Section 3.18](#).

10.3 Any exclusions under TPM, [Chapter 7, Section 3.18](#).

10.4 Group supervision of ABA Tutors.

10.5 ABA reinforcement provided to more than one beneficiary at a time.

10.6 Billing for e-mails and phone calls.

10.7 Billing for office supplies or therapeutic supplies (i.e., building blocks, stickers, crayons, etc.).

10.8 Billing for ABA reinforcement provided remotely through internet technology (Skype) to a parent working with their child.

10.9 Billing for ABA reinforcement involving aversive techniques.

11.0 EFFECTIVE DATE

This ABA Pilot is effective for claims for services provided in accordance with this section for a one year period from July 25, 2013.

- END -

TRICARE Operations Manual 6010.56-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

APN	Assigned Provider Number
APO	Army Post Office
ARB	Angiotensin Receptor Blocker
ARCIS	Archives and Records Centers Information System
ART	Assisted Reproductive Technology
ARU	Automated Response Unit
ARVC	Arrhythmogenic Right Ventricular Cardiomyopathy
ASA	Adjusted Standardized Amount American Society of Anesthesiologists
ASAP	Automated Standard Application for Payment
ASC	Accredited Standards Committee Ambulatory Surgical Center
ASCA	Administrative Simplification Compliance Act
ASCUS	Atypical Squamous Cells of Undetermined Significance
ASD	Assistant Secretary of Defense Atrial Septal Defect Autism Spectrum Disorder
ASD(C3I)	Assistant Secretary of Defense for Command, Control, Communications, and Intelligence
ASD(HA)	Assistant Secretary of Defense (Health Affairs)
ASD (MRA&L)	Assistant Secretary of Defense for Manpower, Reserve Affairs, and Logistics
ASP	Average Sale Price
ASRM	American Society for Reproductive Medicine
ATA	American Telemedicine Association
ATB	All Trunks Busy
ATO	Approval to Operate
AVM	Arteriovenous Malformation
AWOL	Absent Without Leave
AWP	Average Wholesale Price
B&PS	Benefits and Provider Services
B2B	Business to Business
BACB	Behavioral Analyst Certification Board
BBA	Balanced Budget Act
BBP	Bloodborne Pathogen
BBRA	Balanced Budget Refinement Act
BC	Birth Center
BCaBA	Board Certified Assistant Behavior Analyst
BCABA	Board Certified Associate Behavior Analyst
BCAC	Beneficiary Counseling and Assistance Coordinator
BCBA	Board Certified Behavior Analyst
BCBA-D	Board Certified Behavior Analyst - Doctoral
BCBS	Blue Cross [and] Blue Shield
BCBSA	Blue Cross [and] Blue Shield Association

TRICARE Operations Manual 6010.56-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

BCC	Biostatistics Center
BE&SD	Beneficiary Education and Support Division
BH	Behavioral Health
BI	Background Investigation
BIA	Bureau of Indian Affairs
BIPA	Benefits Improvement Protection Act
BL	Black Lung
BLS	Basic Life Support
BMI	Body Mass Index
BMT	Bone Marrow Transplantation
BNAF	Budget Neutrality Adjustment Factor
BOS	Bronchiolitis Obliterans Syndrome
BP	Behavioral Plan
BPC	Beneficiary Publication Committee
BPPV	Benign Paroxysmal Positional Vertigo
BRAC	Base Realignment and Closure
BRCA	BReast CAncer (genetic testing)
BRCA1/2	BReast CAncer Gene 1/2
BS	Bachelor of Science
BSGI	Breast-Specific Gamma Imaging
BSID	Bayley Scales of Infant Development
BSR	Beneficiary Service Representative
BWE	Beneficiary Web Enrollment
C&A	Certification and Accreditation
C&P	Compensation and Pension
C/S	Client/Server
CA	Care Authorization
CA/NAS	Care Authorization/Non-Availability Statement
CABG	Coronary Artery Bypass Graft
CAC	Common Access Card
CACREP	Council for Accreditation of Counseling and Related Educational Programs
CAD	Coronary Artery Disease
CAF	Central Adjudication Facility
CAH	Critical Access Hospital
CAMBHC	Comprehensive Accreditation Manual for Behavioral Health Care
CAP	Competitive Acquisition Program
CAP/DME	Capital and Direct Medical Education
CAPD	Continuous Ambulatory Peritoneal Dialysis
CAPP	Controlled Access Protection Profile
CAQH	Council for Affordable Quality Health
CARC	Claim Adjustment Reason Code
CAS	Carotid Artery Stenosis

TRICARE Operations Manual 6010.56-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

CAT	Computerized Axial Tomography
CB	Consolidated Billing
CBC	Cypher Block Chaining
CBE	Clinical Breast Examination
CBHCO	Community-Based Health Care Organizations
CBL	Commercial Bill of Lading
CBP	Competitive Bidding Program
CBSA	Core Based Statistical Area
CC	Common Criteria Convenience Clinic Criminal Control (Act)
CC&D	Catastrophic Cap and Deductible
CCCT	Clomiphene Citrate Challenge Test
CCD	Corporate Credit or Debit
CCDD	Catastrophic Cap and Deductible Data
CCEP	Comprehensive Clinical Evaluation Program
CCMHC	Certified Clinical Mental Health Counselor
CCN	Case Control Number
CCPD	Continuous Cycling Peritoneal Dialysis
CCR	Cost-To-Charge Ratio
CCTP	Custodial Care Transitional Policy
CD	Compact Disc
CDC	Centers for Disease Control and Prevention
CDCF	Central Deductible and Catastrophic Cap File
CDD	Childhood Disintegrative Disorder
CDH	Congenital Diaphragmatic Hernia
CD-I	Compact Disc - Interactive
CDR	Clinical Data Repository
CDRL	Contract Data Requirements List
CD-ROM	Compact Disc - Read Only Memory
CDT	Current Dental Terminology
CEA	Carotid Endarterectomy
CEIS	Corporate Executive Information System
CEO	Chief Executive Officer
CEOB	CHAMPUS Explanation of Benefits
CES	Cranial Electrotherapy Stimulation
CFO	Chief Financial Officer
CFR	Code of Federal Regulations
CFRD	Cystic Fibrosis-Related Diabetes
CFS	Chronic Fatigue Syndrome
CGMS	Continuous Glucose Monitoring System
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services

TRICARE Operations Manual 6010.56-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

CHAMPVA	Civilian Health and Medical Program of the Department of Veteran Affairs
CHBC	Criminal History Background Check
CHBR	Criminal History Background Review
CHC	Civilian Health Care
CHCBP	Continued Health Care Benefits Program
CHCS	Composite Health Care System
CHEA	Council on Higher Education Accreditation
CHKT	Combined Heart-Kidney Transplant
CHOP	Children's Hospital of Philadelphia
CI	Counterintelligence
CIA	Central Intelligence Agency
CID	Central Institute for the Deaf
CIF	Central Issuing Facility Common Intermediate Format
CIO	Chief Information Officer
CIPA	Classified Information Procedures Act
CJCSM	Chairman of the Joint Chiefs of Staff Manual
CL	Confidentiality Level (Classified, Public, Sensitive)
CLIA	Clinical Laboratory Improvement Amendment
CLIN	Contract Line Item Number
CLKT	Combined Liver-Kidney Transplant
CLL	Chronic Lymphocytic Leukemia
CMAC	CHAMPUS Maximum Allowable Charge
CMHC	Community Mental Health Center
CML	Chronic Myelogenous Leukemia
CMN	Certificate(s) of Medical Necessity
CMO	Chief Medical Officer
CMP	Civil Money Penalty
CMR	Cardiovascular Magnetic Resonance
CMS	Centers for Medicare and Medicaid Services
CMVP	Cryptographic Module Validation Program
CNM	Certified Nurse Midwife
CNS	Central Nervous System Clinical Nurse Specialist
CO	Contracting Officer
COB	Close of Business Coordination of Benefits
COBC	Coordination of Benefits Contractor
COBRA	Consolidated Omnibus Budget Reconciliation Act
CoCC	Certificate of Creditable Coverage
COCO	Contractor Owned-Contractor Operated
COE	Common Operating Environment
CONUS	Continental United States

TRICARE Operations Manual 6010.56-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

COO	Chief Operating Officer
COOP	Continuity of Operations Plan
COPA	Council on Postsecondary Accreditation
COPD	Chronic Obstructive Pulmonary Disease
COR	Contracting Officer's Representative
CORE	Committee on Operating Rules for Information Exchange
CORF	Comprehensive Outpatient Rehabilitation Facility
CORPA	Commission on Recognition of Postsecondary Accreditation
COTS	Commercial-off-the-shelf
CP	Cerebral Palsy
CPA	Certified Public Accountant
CPE	Contract Performance Evaluation
CPI	Consumer Price Index
CPI-U	Consumer Price Index - Urban (Wage Earner)
CPNS	Certified Psychiatric Nurse Specialists
CPR	CAC PIN Reset
CPT	Chest Physiotherapy Current Procedural Terminology
CPT-4	Current Procedural Terminology, 4th Edition
CQM	Clinical Quality Management
CQMP	Clinical Quality Management Program
CQMP AR	Clinical Quality Management Program Annual Report
CQS	Clinical Quality Studies
CRM	Contract Resource Management (Directorate)
CRNA	Certified Registered Nurse Anesthetist
CRP	Canalith Repositioning Procedure
CRS	Cytoreductive Surgery
CRSC	Combat-Related Special Compensation
CRT	Computer Remote Terminal
CSA	Clinical Support Agreement
CSE	Communications Security Establishment (of the Government of Canada)
CSP	Corporate Service Provider Critical Security Parameter
CST	Central Standard Time
CSU	Channel Sending Unit
CSV	Comma-Separated Value
CSW	Clinical Social Worker
CT	Central Time Computerized Tomography
CTA	Composite Tissue Allotransplantation Computerized Tomography Angiography
CTC	Computed Tomographic Colonography
CTCL	Cutaneous T-Cell Lymphoma

TRICARE Operations Manual 6010.56-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

CTEP	Cancer Therapy Evaluation Program
CTX	Corporate Trade Exchange
CUC	Chronic Ulcerative Colitis
CVAC	CHAMPVA Center
CVS	Contractor Verification System
CY	Calendar Year
DAA	Designated Approving Authority
DAO	Defense Attache Offices
DBA	Doing Business As
DBN	DoD Benefits Number
DC	Direct Care
DCAA	Defense Contract Audit Agency
DCAO	Debt Collection Assistance Officer
DCID	Director of Central Intelligence Directive
DCII	Defense Clearance and Investigation Index
DCIS	Defense Criminal Investigative Service Ductal Carcinoma In Situ
DCN	Document Control Number
DCP	Data Collection Period
DCPE	Disability Compensation and Pension Examination
DCR	Developed Character Reference
DCS	Duplicate Claims System
DCSI	Defense Central Security Index
DCWS	DEERS Claims Web Service
DD (Form)	Department of Defense (Form)
DDAS	DCII Disclosure Accounting System
DDD	Degenerative Disc Disease
DDP	Dependent Dental Plan
DDS	DEERS Dependent Suffix
DE	Durable Equipment
DECC	Defense Enterprise Computing Center
DED	Dedicated Emergency Department
DEERS	Defense Enrollment Eligibility Reporting System
DELM	Digital Epiluminescence Microscopy
DENC	Detailed Explanation of Non-Concurrence
DepSecDef	Deputy Secretary of Defense
DES	Data Encryption Standard Disability Evaluation System
DFAS	Defense Finance and Accounting Service
DG	Diagnostic Group
DGH	Denver General Hospital
DHHS	Department of Health and Human Services

TRICARE Operations Manual 6010.56-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

DHP	Defense Health Program
DIA	Defense Intelligence Agency
DIACAP	DoD Information Assurance Certification And Accreditation Process
DII	Defense Information Infrastructure
DIS	Defense Investigative Service
DISA	Defense Information System Agency
DISCO	Defense Industrial Security Clearance Office
DISN	Defense Information Systems Network
DISP	Defense Industrial Security Program
DITSCAP	DoD Information Technology Security Certification and Accreditation Process
DLAR	Defense Logistics Agency Regulation
DLE	Dialyzable Leukocyte Extract
DLI	Donor Lymphocyte Infusion
DM	Disease Management
DMDC	Defense Manpower Data Center
DME	Durable Medical Equipment
DMEPOS	Durable medical equipment, prosthetics, orthotics, and supplies
DMI	DMDC Medical Interface
DMIS	Defense Medical Information System
DMIS-ID	Defense Medical Information System Identification (Code)
DMLSS	Defense Medical Logistics Support System
DMR	Direct Member Reimbursement
DMZ	Demilitarized Zone
DNA	Deoxyribonucleic Acid
DNA-HLA	Deoxyribonucleic Acid - Human Leucocyte Antigen
DNACI	DoD National Agency Check Plus Written Inquiries
DO	Doctor of Osteopathy Operations Directorate
DOB	Date of Birth
DOC	Dynamic Orthotic Cranioplasty (Band)
DoD	Department of Defense
DoD AI	Department of Defense Administrative Instruction
DoDD	Department of Defense Directive
DoDI	Department of Defense Instruction
DoDIG	Department of Defense Inspector General
DoD P&T	Department of Defense Pharmacy and Therapeutics (Committee)
DOE	Department of Energy
DOEBA	Date of Earliest Billing Action
DOES	DEERS Online Enrollment System
DOHA	Defense Office of Hearings and Appeals
DOJ	Department of Justice
DOLBA	Date of Latest Billing Action

TRICARE Operations Manual 6010.56-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

DOS	Date Of Service
DP	Designated Provider
DPA	Differential Power Analysis
DPI	Designated Providers Integrator
DPO	DEERS Program Office
DPPO	Designated Provider Program Office
DRA	Deficit Reduction Act
DREZ	Dorsal Root Entry Zone
DRG	Diagnosis Related Group
DRPO	DEERS RAPIDS Program Office
DRS	Decompression Reduction Stabilization
DSAA	Defense Security Assistance Agency
DSC	DMDC Support Center
DSCC	Data and Study Coordinating Center
DS Logon	DoD Self-Service Logon
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSM-III	Diagnostic and Statistical Manual of Mental Disorders, Third Edition
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DSMC	Data and Safety Monitoring Committee
DSMO	Designated Standards Maintenance Organization
DSMT	Diabetes Self-Management Training
DSO	DMDC Support Office
DSPOC	Dental Service Point of Contact
DSU	Data Sending Unit
DTF	Dental Treatment Facility
DTM	Directive-Type Memorandum
DTR	Derived Test Requirements
DTRO	Director, TRICARE Regional Office
DUA	Data Use Agreement
DVA	Department of Veterans Affairs
DVAHCF	Department of Veterans Affairs Health Care Finder
DVD	Digital Versatile Disc (formerly Digital Video Disc)
DVD-R	Digital Versatile Disc-Recordable
DWR	DSO Web Request
Dx	Diagnosis
DXA	Dual Energy X-Ray Absorptiometry
E-ID	Early Identification
E-NAS	Electronic Non-Availability Statement
e-QIP	Electronic Questionnaires for Investigations Processing
E&M	Evaluation & Management
E2R	Enrollment Eligibility Reconciliation
EAL	Common Criteria Evaluation Assurance Level

Index

A	Chap	Sec/Add
Acronyms And Abbreviations		Appendix A
Active Duty Care Guidelines	16	B
Active Duty Dental Care In Remote Overseas Locations	24	10
Additional Supporting Information Pertaining To The Transaction And Code Sets Final Rule	19	A
Administration		
Figures	1	A
Management	1	4
Transitions	1	7
Allowable Charge Reviews	11	8
Ambulance/Aeromedical Evacuation Services	24	7
Appeal Of Factual (Non-Medical Necessity) Determinations	12	5
Appeals And Hearings		
Figures	12	A
General	12	1
TRICARE Overseas Program (TOP)	24	13
Appeals Of Medical Necessity Determinations	12	4
Application Of Deductible And Cost-Sharing	8	7
Applied Behavior Analysis (ABA) Pilot For Non-Active Duty Family Member (NADFM)	18	15
Audits, Inspections, And Reports	20	6
Audits And Inspections	14	1
Reports And Plans	14	2
Special Reports	14	3
Audits, Inspections, Reports, And Plans	24	15
TRICARE Overseas Program (TOP)	24	15
Autism Demonstration Corporate Services Provider (ACSP) Participation Agreement	18	A

B	Chap	Sec/Add
Beneficiary Education And Support Division (BE&SD)	24	11
Beneficiary, Congressional, Media, BCAC, DCAO, And HBA Relations	11	4

C	Chap	Sec/Add
Case Development And Action	13	2
Civilian Health Care (CHC) Of Uniformed Service Members	24	26
Claim Development	8	6
Claim Refund And Collection Procedures	3	3
Claims Adjustments And Recoupments		
Figures	10	A
General	10	1
Claims Filing Deadline	8	3
Claims Processing For Dual Eligibles	20	3
Claims Processing Procedures		
Figures	8	A
General	8	1
TRICARE Overseas Program (TOP)	24	9
Clinical Preventive Services (Prime/Standard)	24	8
Clinical Quality Management Program (CQMP)	7	4
Clinical Support Agreement (CSA) Program	15	3
Collection Actions Against Beneficiaries	11	10
Compliance With Federal Statutes	1	5
Continued Health Care Benefit Program (CHCBP)		
Eligibility And Coverage	26	1
TRICARE Overseas Program (TOP)	24	25
Contract Administration And Instructions	1	2
Contractor Relationship With The Military Health System (MHS) TRICARE Quality Monitoring Contractor (TQMC)	7	3
Contractor Responsibilities - SHCP	17	3
Contractor Responsibilities And Reimbursement - TPR	16	4
Correspondence Control, Processing, And Appraisal	11	6
Covered Specialty Pharmaceuticals	23	A
Critical Access Hospital (CAH) Payment Rates	18	7

TRICARE Operations Manual 6010.56-M, February 1, 2008

Index

D	Chap	Sec/Add	E (CONTINUED)	Chap	Sec/Add
Definitions		Appendix B	Enhanced Access To Autism Services		
Demonstrations			Demonstration	18	8
Critical Access Hospital (CAH)			Participation Agreement	18	A
Payment Rates	18	7	Enrollment Portability	6	2
DoD Alcohol Abuse Prevention And Education	18	6	Enrollment Processing	6	1
DoD Applied Behavior Analysis (ABA) Pilot For Non-Active Duty Family Member (NADFM)s	18	15	Explanation Of Benefits (EOB)	8	8
DoD Cancer Prevention And Treatment Clinical Trials	18	2	Extended Care Health Option (ECHO)	24	23
DoD Enhanced Access To Autism Services	18	8			
DoD Enhanced Access to Patient Centered Medical Home (PCMH)			F	Chap	Sec/Add
Demonstration Project for Participation in the Maryland Multi-Payer Patient-Centered Medical Home Program (MMPCMHP)	18	14	Financial Administration		
DoD In-Utero Fetal Surgical Repair Of Myelomeningocele Clinical Trial	18	3	General	3	1
DoD Tobacco Cessation	18	5	TRICARE Overseas Program (TOP)	24	3
DoD TRICARE Demonstration Project for the Philippines	18	12			
DoD Weight Management	18	4	G	Chap	Sec/Add
General	18	1	Governing Principles	12	2
Operation Noble Eagle/Operation Enduring Freedom Reservist And National Guard (NG) Benefits	18	9	Government Staff And Beneficiary Education	11	2
TRICARE Evaluation Of Centers For Medicare And Medicaid Services (CMS) Approved Laboratory Developed Tests (LDTs)	18	13	Grievances And Grievance Processing	11	9
TRICARE Overseas Program (TOP)	24	27			
TRICARE South Region USCG ATC For TRICARE Prime/TPR Beneficiaries	18	11	H	Chap	Sec/Add
Web-Based TRICARE Assistance Program (TRIAP)	18	10	Health Care Providers And Review Requirements	16	2
Destruction Of Records	2	6	Health Insurance Portability and Accountability Act (HIPAA) of 1996		
Digital Imaging (Scanned) And Electronic (Born-Digital) Records Process And Formats	2	3	General	19	1
Duplicate Payment Prevention	8	9	Reports	19	B
			TRICARE Overseas Program (TOP)	24	28
			Health Insurance Portability And Accountability Act (HIPAA) Standard Unique Health Identifier For Health Care Providers Final Rule	19	4
			Hospital Adjustments	7	C
			Hospital Issued Notices Of Noncoverage	7	B
			Host Nation Providers	24	4
			I	Chap	Sec/Add
			Inquiry Services Department - General	11	5
			J	Chap	Sec/Add
			Jurisdiction	8	2
			L	Chap	Sec/Add
			Legal Matters	1	6
			Listing Of Government Claims Offices	10	B
E	Chap	Sec/Add			
Education Requirements	11	1			
Electronic Record Transfer Procedures	2	B			
Electronic Records Disposition, Storage, And Transfer	2	4			

TRICARE Operations Manual 6010.56-M, February 1, 2008

Index

M	Chap	Sec/Add	P (CONTINUED)	Chap	Sec/Add
Marketing, Enrollment, And Support Services	16	3	Program Integrity		
Medical Management			Evaluation	13	4
TRICARE Overseas Program (TOP)	24	6	Figures	13	A
Memorandum Of Agreement (MOA) Between Department Of Veterans Affairs (DVA) And Department Of Defense (DoD) For Medical Treatment Provided To Active Duty Service Members (ADSMs) With Spinal Cord Injury (SCI), Traumatic Brain Injury (TBI), Blindness, Or Polytraumatic Injuries	17	D	General	13	1
Memorandum Of Agreement (MOA) Between Department Of Veterans Affairs (DVA) And Department Of Defense (DoD) For Processing Payment For Disability Compensation And Pension Examinations (DCPE) In The Integrated Disability Evaluation System (IDES)	17	C	Reporting	13	5
Model Memorandum Of Understanding (MOU)	15	A	TRICARE Overseas Program (TOP)	24	14
			Provider Certification And Credentialing		
			Figures	4	A
			General	4	1
			Provider Exclusions, Suspensions, And Terminations	13	6
			Provider Reinstatements	13	7
			Providers Of Care	17	2
			R	Chap	Sec/Add
			Reconsideration Procedures	12	3
			Record Series Subject And Description Of Government Records	2	2
			Records Management		
			General	2	1
			TRICARE Overseas Program (TOP)	24	2
			Referrals/Preauthorizations/Authorizations	8	5
			Regional Directors (RDs)/Military Treatment Facility (MTF) Commanders Interface	15	1
			Resource Sharing	15	2
			S	Chap	Sec/Add
			Service Point Of Contact (SPOC) Review For Authorization - Protocols And Procedures		
			SHCP	17	B
			TPR	16	C
			Signature Requirements	8	4
			Split Enrollment	6	3
			Staledated, Voided, Or Returned Checks	3	4
			Standards For Electronic Transactions	19	2
			Supplemental Health Care Program (SHCP)		
			General	17	1
			Points Of Contact (POC)	17	A

N	Chap	Sec/Add
Network Development	5	1

O	Chap	Sec/Add
Organization of the TRICARE Management Activity (TMA)	1	1
Other Contract Requirements		
TDEFIC	20	4
Out-Of-Jurisdiction Claims - TPharm	23	2
Overpayments Recovery		
Financially Underwritten Funds	10	3
Non-Financially Underwritten Funds	10	4

P	Chap	Sec/Add
Paper Record Transfer Procedures	2	A
Patient Rights	7	A
Payments To Beneficiaries/Providers	3	2
Pharmacy Claims Processing	23	3
Preauthorizations	7	2
Prevention And Detection	13	3
Prime Service Area (PSA) Reduction in Fiscal Year (FY) 2014		
Policies And Effective Dates	27	1,
Privacy And Security Of Individually Identifiable Health Information (IIHI)	19	3

