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CHANGE 115
6010.56-M
FEBRUARY 3, 2014

**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: TREATMENT OF AUTISM SPECTRUM DISORDER, INCLUDING APPLIED BEHAVIOR ANALYSIS

CONREQ: 16537

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): The Applied Behavior Analysis (ABA) Pilot Program changes are only applicable to Non-Active Duty Family Members (NADFM) due to new leadership direction. Therefore, it is necessary to make the following changes:

- 1) Pull Chapter 18, Section 8 published on June 25, 2013; and
- 2) Republish Chapter 18, Section 8 (pre- June 25, 2013 version).

EFFECTIVE DATE: July 25, 2013.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Feb 2008 TPM, Change No. 106 and Feb 2008 TSM, Change No. 56.

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**ATTACHMENT(S): 32 PAGES
DISTRIBUTION: 6010.56-M**

CHANGE 115
6010.56-M
FEBRUARY 3, 2014

REMOVE PAGE(S)

CHAPTER 1

Section 3, pages 5 - 8

CHAPTER 18

Section 8, pages 1 - 9

Section 15, pages 1 - 10

CHAPTER 24

Section 1, pages 1 - 4

APPENDIX A

pages 1 and 2

INSERT PAGE(S)

Section 3, pages 5 - 7

Section 8, pages 1 - 13

Section 15, pages 1 - 10

Section 1, pages 1 - 4

pages 1 and 2

2.0 MANAGEMENT

2.1 Filing

The contractor shall file all hard copy, microform copies and digital/optical disk imaging of claims/adjustment claims, with attached documentation by Internal Control Number (ICN) by state or contract number within five calendar days after they are processed to completion. The claim and all supporting documents shall be maintained in hard copy, microcopy, or digital image or optical disk. Provisions shall be made for appropriate retention and disposition of files in accordance with the Federal Records Act and TMA instructions (see [Chapter 2](#)).

2.2 Availability Of Information

Information required for appropriate responses to inquiries, including but not limited to claim files, appeals files, previous correspondence, and check files shall be retrievable and forwarded within five workdays following a request for the information.

3.0 BENEFICIARY AND PROVIDER SERVICES (BPS)

For all processing standards, the actual date of receipt shall be counted as the first day. The date the reply is mailed shall be counted as the processed to completion date. The standards with which the contractor shall comply include:

3.1 Routine Written Inquiries

All routine written inquiries shall be stamped with the actual date of receipt within three workdays of receipt in the contractor's custody. The contractor shall provide final responses to routine written inquiries as follows:

- Eighty-five percent (85%) within 15 calendar days of receipt;
- Ninety-seven percent (97%) within 30 calendar days of receipt; and
- One hundred percent (100%) within 45 calendar days of receipt.

3.2 Priority Written Inquiries (Congressional, ASD(HA), And TMA)

All priority written inquiries shall be stamped with the actual date of receipt within three workdays of receipt in the contractor's custody. The contractor shall provide final responses to priority written inquiries as follows:

- Eighty-five percent (85%) within 10 calendar days of receipt;
- One hundred percent (100%) within 30 calendar days of receipt.

3.3 Walk-In Inquiries (TRICARE Overseas Contract Only)

- Ninety-five percent (95%) of walk-in inquiries shall be acknowledged and be assisted by a service representative within 15 minutes of entering the reception area.
- Ninety-nine percent (99%) of walk-in inquiries shall be acknowledged and assisted by a service representative within 20 minutes of entering the reception area.

3.4 Telephone Inquiries

The following required levels of service shall be available at all times - daily, weekly, monthly, etc. Averages are not acceptable.

- Blockage rates shall never exceed 5%. Never is defined as at any time during any day.
- Ninety-five percent (95%) of all telephones shall be answered within two rings by a Automated Response Unit (ARU). The caller shall have only two choices: transfer to an ARU (e.g., automated claims inquiry, recorded messages where to submit claims or correspondence, etc.) or to an individual.
- If transferred to an ARU, 100% of all telephone calls shall be acknowledged within 20 seconds.
- If transferred to an individual, 90% of all calls shall be answered by an individual (not an answering machine) within 30 seconds.
- Total "on hold" time for 95% of all calls shall not exceed 30 seconds during the entire telephone call.
- Eighty-five percent (85%) of all inquiries shall be fully and completely answered during the initial telephone call. (Applies to all calls transferred to an individual.)
- Ninety-nine and one-half percent (99.5%) of all inquiries not fully and completely answered initially shall be fully and completely answered within 10 business days.

4.0 APPEALS

4.1 Expedited Preadmission/Preprocedure Reconsiderations

One hundred percent (100%) of requests for expedited preadmission/preprocedure reconsiderations processed to completion within three working days of the date of receipt by the contractor of the reconsideration request (unless the reconsideration is rescheduled at the written request of the appealing party). Expedited preadmission/preprocedure requests are those requests filed by the beneficiary within three calendar days after the beneficiary receipt of the initial denial determination.

4.2 Nonexpedited Medical Necessity Reconsiderations

From the date of receipt by the contractor until processed to completion, the contractor shall meet the following processing standards for non-expedited medical necessity reconsiderations:

- Eighty-five percent (85%) within 30 calendar days;
- Ninety-five percent (95%) within 60 calendar days; and
- One hundred percent (100%) within 90 calendar days.

4.3 Nonexpedited Factual Reconsiderations

From the date of receipt by the contractor until processed to completion, the contractor shall meet the following standards for non expedited factual reconsiderations:

- Ninety-five percent (95%) within 60 calendar days of receipt; and
- One hundred percent (100%) within 90 calendar days from the date of receipt of the reconsideration request. The date of completion is considered to be the date the reconsideration determination is mailed to the appropriate parties.

4.4 Determinations Reversed by the Appeals Process

One hundred percent (100%) of contractor determinations reversed by the appeals process shall be processed to completion within 21 calendar days of receipt.

5.0 GRIEVANCES

All written grievances shall be stamped with the actual date of receipt within three workdays of receipt in the contractor's custody. The contractor shall provide interim written response by the 30th calendar day after receipt for all grievances not processed to completion by that date. The interim response shall include an explanation for the delay and an estimated date of completion. Ninety-five percent (95%) of all grievances shall be processed to completion within 60 calendar days from the date of receipt.

6.0 POTENTIAL DUPLICATE CLAIM RESOLUTION

6.1 The contractor shall utilize the automated TRICARE Duplicate Claims System (DCS) to resolve TMA identified potential duplicate claims payments.

6.2 The contractor shall move *Open* status potential duplicate claim sets to *Pending*, *Validate*, or *Closed* status on a first-in/first-out basis. To this end, contractor performance will be measured against the percentage of claim sets in *Open* status at the end of a month with load dates over 30 days old. No more than 10% of the potential duplicate claim sets remaining in *Open* status at the end of a month shall have load dates over 30 days old. Contractor compliance with this standard shall be determined from the Performance Standard Report generated by the DCS (see [Chapter 9](#), Summary/Management Report entitled "Performance Standards," for a description and example of the Performance Standard Report). The 10% standard becomes effective on the first day of the seventh month following the start of health care delivery or following system installation whichever is later.

6.3 The contractor shall not be responsible for meeting the performance standard during any month in which access to the DCS is prevented for two working days due to failure of any system component for which the Government is responsible.

6.4 All overpayment recovery, refund, offset collection and adjustment requirements, including timeliness standards, are applicable to the operation of the DCS. Offsets shall be applied against any future payments to a debtor until the debt is satisfied.

- END -

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

1.0 PURPOSE

The Enhanced Access to Autism Services Demonstration (“Autism Demonstration”) provides TRICARE reimbursement for Applied Behavior Analysis (ABA) for Active Duty Family Members (ADFM) with Autism Spectrum Disorders (ASDs). This Autism Demonstration will enable the DoD to determine whether:

- There is increased access to these services;
- The services are reaching those most likely to benefit from them;
- The quality of those services is meeting a standard of care currently accepted by the professional community of providers, including the Behavior Analyst Certification Board (BACB); and
- Requirements are met for State licensure and certification where such exists.

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 Active Duty Service Members (ADSMs) and ADFMs.

2.2 Autistic Spectrum Disorders affect essential human behaviors such as social interaction, the ability to communicate ideas and feelings, imagination, and the establishment of relationships with others.

2.3 ABA is the only service accepted within the MHS as having been shown to possibly reduce or eliminate specific problem behaviors and teach new skills to individuals with ASD. ABA reinforcement is rendered by TRICARE-authorized providers as an Other Service benefit under the Extended Care Health Option (ECHO). Only those individuals who are licensed or certified by a State or certified by the BACB (<http://www.bacb.com>) as a Board Certified Behavior Analyst (BCBA) or a Board Certified Assistant Behavior Analyst (BCaBA) are eligible to be TRICARE-authorized providers of ABA.

2.4 The Autism Demonstration allows TRICARE reimbursement for ABA services, referred to as Intensive Behavioral Interventions in the Federal Register Demonstration Notice (72 FR 68130,

December 4, 2007), delivered by paraprofessional providers under a modified Corporate Services Provider (CSP) model.

3.0 DEFINITIONS

3.1 Applied Behavior Analysis (ABA)

A well-developed discipline with a mature body of scientific knowledge, established standards for evidence-based practice, distinct methods of service, recognized experience and educational requirements for practice, and identified sources of requisite education. 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>.

3.2 Autism Spectrum Disorders (ASD)

3.2.1 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.

3.2.1.1 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 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.

3.2.1.2 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).

3.2.2 Significant symptoms associated with ASD include communication and social behavior deficits, and behaviors concerning objects and routine.

3.2.2.1 Communication deficits include a lack of speech, especially when associated with the lack of desire to communicate and lack of nonverbal compensatory efforts such as gestures.

3.2.2.2 Social Skills Deficits. Children with ASD demonstrate a decreased drive to interact with others and share complementary feeling states. Children with ASD often appear to be content being alone, ignore their parents' and others' bids for attention with gestures or vocalizations and seldom make eye contact.

3.2.2.3 Restricted, Repetitive, and Stereotyped Patterns of Behavior, Interests, and Activities. Children with ASD can demonstrate atypical behaviors in a variety of areas including peculiar mannerisms, unusual attachments to objects, obsessions, compulsions, self-injurious behaviors, and stereotypes. Stereotypes are repetitive, nonfunctional, atypical behaviors such as hand flapping, finger movements, rocking, or twirling.

3.3 Behavior Plan (BP)

Also referred to as an ABA treatment plan, a written assessment of the objectives and goals of behavior modification and the specific evidence-based practices and techniques to be utilized. Requirements for the BP are specified in [paragraph 7.0](#).

3.4 Interventions For Autism Spectrum Disorders

Individualized interventions, as specified in the BP, to systematically increase adaptive behaviors and modify maladaptive or inappropriate behaviors. Under the Demonstration, only ABA, as defined by the BACB, is authorized and reimbursable.

3.5 Progress Report (PR) And Updated BP

A report of the individual's progress towards achieving the behavioral goals and objectives specified in the BP. The report also revises the BP to reflect new or modified goals, objectives and strategies. Requirements for the EPR and the updated BP are specified in [paragraphs 7.2 and 7.3](#), respectively.

3.6 Functional Behavioral Assessment And Analysis

The process of identifying the variables that reliably predict and maintain problem behaviors. The functional behavioral assessment and analysis process 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.

3.7 Individuals With Disabilities Education Act (IDEA)

Public Law 108-446, December 3, 2004 (20 U.S.C. 1400 et seq.): The United States law that entitles all children, including those with a disability, to a Free Appropriate Public Education (FAPE).

3.8 Individualized Family Service Plan (IFSP)

A multidisciplinary assessment and plan that specifies the unique strengths, services and resources needed by an infant or toddler (age zero to three years) with a developmental disability or who is at risk for such, and his/her family.

3.9 Individualized Education Program (IEP)

A multidisciplinary assessment and plan that specifies the objectives, goals and related services associated with providing a FAPE to a child with a disability.

3.10 Special Education

Specially designed instruction to meet the unique FAPE needs, as specified in the IEP, of a child with a disability.

4.0 PROVIDERS

4.1 Primary Care Provider (PCP)

A collective reference within the Autism Demonstration to:

4.1.1 A Primary Care Manager (PCM) under the TRICARE Prime or TRICARE Prime Remote for Active Duty Family Member (TPRADFM) programs; and

4.1.2 TRICARE-authorized family practice, general medicine, internal medicine, and pediatric physicians under the TRICARE Standard program; and

4.1.3 A Military Treatment Facility (MTF) provider or team of providers or a network provider to whom a beneficiary is assigned for primary care services at the time of enrollment in TRICARE Prime.

4.2 Autism Demonstration Corporate Services Provider (ACSP)

An individual, corporation, foundation, or public entity that meets the TRICARE definition of a CSP under 32 CFR 199.6(e)(2)(ii)(B) that predominantly renders services of a type uniquely allowable under the ECHO and which meets the requirements specified in [paragraph 5.1](#).

4.3 ABA Supervisor

An individual TRICARE authorized provider meeting the requirements specified in [paragraph 5.2](#) who provides supervisory oversight of ABA Tutors.

4.4 ABA Tutor

An individual who meets the requirements specified in [paragraph 5.3](#) and delivers ABA services to TRICARE beneficiaries under the supervision of an ABA Supervisor. ABA Tutors work one-on-one with children in accordance with the BP and gather behavioral data necessary for the ABA Supervisor to evaluate the effectiveness of the BP. An ABA Tutor may not conduct behavioral evaluations, establish a child's BP, or submit claims for services provided to TRICARE beneficiaries.

4.5 Specialized ASD Provider

A TRICARE authorized provider who is a:

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

5.0 ABA PROVIDER REQUIREMENTS

5.1 ACSPs shall:

5.1.1 Submit evidence to the [appropriate](#) 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.

5.1.2 Submit claims to the appropriate MCSC using the assigned Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes specified in [paragraph 9.0](#).

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

5.1.4 Enter into a Participation Agreement ([Addendum A](#)) approved by the Director, TRICARE Management Activity (TMA) or designee;

5.1.5 Employ directly or contract with ABA Supervisors and/or ABA Tutors;

5.1.6 Certify that all ABA Supervisors and ABA Tutors employed by or contracted with the ACSP meet the education, training, experience, competency, supervision and Autism Demonstration requirements specified herein;

5.1.7 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 [services are](#) provided under the Autism Demonstration;

5.1.8 Maintain employment or contractual documentation in accordance with applicable Federal, State, and local requirements and corporate policies regarding ABA Supervisors and ABA Tutors;

TRICARE Operations Manual 6010.56-M, February 1, 2008

Chapter 18, Section 8

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

5.1.9 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 services; and

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

5.2 ABA Supervisor shall:

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

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

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

5.2.4 Enter into a Participation Agreement ([Addendum A](#)) approved by the Director, TMA or designee; and

5.2.5 Employ directly or contract with ABA Tutors; and

5.2.6 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

5.2.7 Ensure that the quality of the ABA services provided by 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, [the BACB Guidelines: Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder](#), and current BACB rules and regulations; and

5.2.8 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 ABA Tutors; and

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

5.2.10 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

5.2.11 Comply with all other applicable TRICARE-authorized provider requirements.

5.3 ABA Tutor:

5.3.1 Prior to providing ABA **services** under the Autism Demonstration, **shall** have completed 40 hours of **documented** classroom training in ABA techniques in accordance with the BACB Guidelines for Responsible Conduct for Behavior Analysts (<http://www.bacb.com>), undergone a **criminal background check** as specified in **paragraph 5.4.3**; 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 ABA **services** as verified by the ACSP.

5.3.2 **Shall** receive **no less than two** hours direct supervision per month from the ABA Supervisor with each beneficiary the ABA Tutor provides **services to and** in accordance with the BACB Guidelines for Responsible Conduct for Behavior Analysts. 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.

5.4 Provider Background Review

5.4.1 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.

5.4.2 ACSPs, other than those specified in **paragraph 5.4.1**, shall:

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

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

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

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

5.4.3.2 Be completed prior to the ABA **Tutor** providing ABA **services** to TRICARE beneficiaries.

6.0 BENEFICIARY ELIGIBILITY REQUIREMENTS

6.1 TRICARE beneficiaries who request participation in the Autism Demonstration shall:

6.1.1 Be at least 18 months of age; and

6.1.2 Be registered in the ECHO; and

6.1.3 Have been diagnosed with an ASD specified in [paragraph 3.2](#) by a TRICARE-authorized PCP or Specialized ASD Provider; and

6.1.4 Provide the MCSC with the beneficiary's IFSP or the IEP documenting that the beneficiary is receiving Early Intervention Services or Special Education and that adequate ABA services are not available through the IDEA.

Note: If the child is home schooled or enrolled in a private school and not required by State law to have an IEP, the child's PCP or Specialized ASD Provider must certify to the MCSC that the child requires participation in the Autism Demonstration.

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

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

6.3 Absence of eligibility for the Autism Demonstration does not preclude beneficiaries from receiving otherwise allowable services under **ECHO** or the TRICARE **Basic program**.

7.0 BP REQUIREMENTS

The initial BP, the PR, and updated BP shall be developed by the ACSP directing the delivery of ABA services and shall include the name/title/address of the preparer and the elements specified in [paragraphs 7.1 through 7.3](#) to the extent applicable.

7.1 The initial BP shall include:

7.1.1 The beneficiary's name, date of birth, date the Functional Behavioral Assessment and Analysis was completed, sponsor's Social Security Number (SSN) or DoD benefits number, name of the referring provider, background and history, goals and objectives, parental training, summary and recommendations.

7.1.2 Background and history shall include:

7.1.2.1 Information that clearly demonstrates the beneficiary's condition, diagnosis, and family history;

7.1.2.2 How long the beneficiary has been receiving ABA services;

7.1.2.3 Identification of any services or therapies being received through community resources (e.g., state waiver programs, Medicaid, services available through a Regional or Community Center); and

7.1.2.4 How the ACSP will coordinate ABA services with available community services.

7.1.3 Goals and objectives of the ABA services shall include:

7.1.3.1 A detailed description of the targeted skills and behaviors that will be addressed through the ABA sessions and the objectives that will be measured, which may include:

- Communication skills
- Mental health issues
- Vocational skills
- Adaptive skills
- Motor skills
- Academic skills
- Cognitive skills
- Developmental skills
- Behavior skills
- Social skills
- Medical and quasi-medical issues

7.1.3.2 Administration of any diagnostic tests that will assess skill acquisition or behavior modification; and

7.1.3.3 The frequency and method of assessing the beneficiary's progress towards achieving the goals and objectives.

7.1.4 Parental training shall be included in the BP. Parental training shall be provided while billable ABA services are being provided to the beneficiary. The BP shall include a detailed plan that specifies how parents will be trained to:

7.1.4.1 Implement and reinforce skills and behaviors; and

7.1.4.2 Receive support to implement strategies within a specified setting.

7.1.5 Summary and recommendations of the BP shall include the extent of parent/caregiver involvement that will be expected to support the plan.

7.1.6 The initial BP shall be reviewed and updated by the ACSP at six-month intervals and submitted to the MCSC for review and authorization of ABA services.

7.2 The PR shall include:

7.2.1 Beneficiary's name, date of birth, inclusive dates of the evaluation period, sponsor's SSN, or DoD benefits number, name of the referring provider;

7.2.2 A summary of the child's progress;

7.2.3 A summary of the child's challenges to meet the goals and objectives; and

7.2.4 A summary of parent/caregiver participation in implementing the BP during the evaluation period.

7.2.5 Recommendations for continued ABA services.

7.3 The updated BP shall include:

7.3.1 The data elements specified in [paragraph 7.1](#);

7.3.2 The dates of the plan being updated; and

7.3.3 The number of ABA hours of services to be provided each month by the ABA Supervisor and the ABA Tutor.

7.4 The ACSP shall provide an information copy of the BP, the PR, and the updated BP to the beneficiary's PCP or ASD Specialized provider, within 10 calendar days of completion.

8.0 POLICY

8.1 Under the Autism Demonstration, TRICARE will reimburse ACSP's only for ABA **services** 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 **providers** who meet all applicable requirements specified herein.

8.2 All ABA **services** under this Autism Demonstration require prior written authorization by the Director, TMA or designee.

8.3 The following are eligible for reimbursement under the Autism Demonstration:

8.3.1 Evaluation of a beneficiary using the Functional Behavioral Assessment and Analysis.

8.3.2 Development of the initial BP, the PR, and the updated BP.

8.3.3 ABA rendered directly to a TRICARE beneficiary on a one-on-one basis. Group ABA **sessions** are not a TRICARE benefit.

8.3.4 ABA **services** rendered jointly, in-person, **or** during directly supervised fieldwork of the ABA Tutor by the ABA Supervisor. Only the services provided by the Supervisor will be reimbursed as specified in [paragraph 9.1](#).

8.3.5 Quarterly, in-person meetings between the ABA Supervisor and the beneficiary's primary caregivers.

8.4 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 TRICARE Policy Manual (TPM), Chapter 9, (except ECHO Home Health Care (EHHC)), of \$36,000.

9.0 REIMBURSEMENT

9.1 Claims for Autism Demonstration services will be submitted by the ACSP on a Centers for Medicare and Medicaid (CMS) 1500 as follows:

9.1.1 Functional Behavioral Assessment and Analysis.

9.1.1.1 During the first month the beneficiary is enrolled in the Autism Demonstration, the ACSP will be authorized and reimbursed by the MCSC for not more than four hours for conducting the initial Functional Behavioral Assessment and Analysis and establishing the initial BP.

9.1.1.2 The Functional Behavioral Assessment and Analysis and initial BP will be invoiced using HCPCS code "S5108, Home care training to home care client, per 15 minutes."

9.1.1.3 Reimbursement for the Functional Behavioral Assessment and Analysis includes the intellectual work and diagnostic evaluation required to establish the initial BP.

9.1.1.4 Reassessment of established Autism Demonstration participants will be conducted as part of the ACSP's routine supervision services and is not separately reimbursable.

9.1.2 ABA services rendered jointly by an ABA Supervisor and an ABA Tutor, in-person, during directly supervised fieldwork of the ABA Tutor by the ABA Supervisor, will be invoiced using HCPCS code "S5108, Home care training to home care client, per 15 minutes."

9.1.3 ABA services provided directly by an ABA Tutor will be invoiced using HCPCS code "H2019, Therapeutic behavioral services, per 15 minutes."

9.1.4 Development of the required PR and updated BP will be invoiced using CPT¹ code 99080, "Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form."

9.1.5 Conducting the required quarterly progress meetings with the beneficiary's caregivers will be invoiced using CPT¹ 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."

9.2 Reimbursement of claims in accordance with paragraph 9.1.1 and will be the lesser of:

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

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- The billed charge.

10.0 ADDITIONAL MCSC RESPONSIBILITIES

The MCSC shall:

10.1 Consider and advise beneficiaries of the availability of community based or funded programs and services, when authorizing Autism Demonstration benefits.

10.2 Maintain all documents related to the Autism Demonstration in accordance with [Chapter 2](#).

10.3 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.

10.4 Review the beneficiary's BP prior to authorizing Autism Demonstration services.

Note: The Functional Behavioral Assessment and Analysis specified in [paragraph 9.1.1](#) will be authorized by the MCSC prior to development of the BP.

10.5 Conduct annual audits on at least 20% of each ACSP's ABA Tutors for compliance with the requirements specified in [paragraph 5.3](#). Upon determining non-compliance with one or more ABA Tutor qualification requirements, the MCSC will immediately initiate a compliance audit of all ABA Tutors employed by or contracted with that ACSP.

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

11.0 APPLICABILITY

11.1 This Autism Demonstration is limited to TRICARE beneficiaries who meet the requirements specified in [paragraph 6.0](#).

11.2 This Autism Demonstration is limited to the 50 United States and the District of Columbia.

11.3 All provisions of the ECHO program apply to the Autism Demonstration unless specifically modified by the Federal Register Demonstration Notice (72 FR 68130, December 4, 2007) or by this Section.

12.0 EXCLUSIONS

TRICARE will not cost-share:

12.1 Training of ABA Tutors as specified in [paragraph 5.3.1](#).

12.2 Charges for program development, administrative services, and the assessment required for developing the PR and updating the BP.

TRICARE Operations Manual 6010.56-M, February 1, 2008

Chapter 18, Section 8

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

12.3 More than one Autism Demonstration service provided to the same beneficiary during the same time period, such as the case of the supervision of the ABA Tutor specified in [paragraph 5.3.2](#).

12.4 Training of parents specified in [paragraph 7.1.4](#).

13.0 EFFECTIVE DATE

This Autism Demonstration is effective for claims for services provided in accordance with this Section **during the period March 15, 2008**, through March 14, 2014.

- 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 (ADFM) 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 3.19](#).

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.

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

NADFM)s 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 3.19](#).

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-D)s in various roles and responsibilities as determined appropriate by BCBA)s or BCBA-D)s and delegated to the BCaBA. Under the ABA Pilot, the BCaBA serves in a clinical support role and **may** supervise ABA Tutors, **but not** independently. BCaBA)s **also** may provide ABA reinforcement for more complex cases. 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 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

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

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

- 3.1.5** 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
 - 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

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

3.2.9 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
- 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.

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 3.19](#) 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 3.19](#) 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, [the BACB Guidelines: Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder](#), 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 3.19](#).

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." 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

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

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 3.19](#) 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 3.19](#).

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 3.19](#).

10.3 Any exclusions under TPM, [Chapter 7, Section 3.19](#).

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 -

Administration

1.0 GENERAL

All TRICARE requirements regarding administration shall apply to the TRICARE Overseas Program (TOP) unless specifically changed, waived, or superseded by this section; the TRICARE Policy Manual (TPM), [Chapter 12](#); or the TRICARE contract for health care support services outside the 50 United States and the District of Columbia (hereinafter referred to as the "TOP contract"). See [Chapter 1](#) for additional instructions regarding administration. Specific health care support services required for the performance of this contract are identified in this chapter, in the TPM, [Chapter 12](#), and the TOP contract.

2.0 CONTRACT ADMINISTRATION AND INSTRUCTIONS TO CONTRACTOR

2.1 The provisions of [Chapter 1, Section 2](#) are applicable to the TOP. Additionally, the TOP contractor shall coordinate with the TRICARE Management Activity (TMA) Contracting Officer (CO), the appropriate TMA Contracting Officer Representative (COR), and the appropriate TRICARE Area Office (TAO) Director on any TOP policy or contractual issue that requires additional government clarification or assistance to resolve.

2.2 The provisions of [Chapter 1, Section 2, paragraph 4.0](#) are superseded as described in [paragraphs 2.2.1](#) through [2.2.3](#).

2.2.1 A 14 calendar day notice will be provided by the TMA Procurement Contracting Officer (PCO) for all meetings hosted by TMA.

2.2.2 The TOP contractor shall provide annual representation at two contractor conferences (senior management level) and one Host Nation Provider Representative meeting at TMA. The contractor shall also provide up to four contractor representatives at up to four additional meetings at the direction of the CO per contract year.

2.2.3 The TOP contractor shall provide representation at quarterly TOP roundtable meetings to be held at TMA-Falls Church with TAO representation.

3.0 TRICARE PROCESSING STANDARDS

See [Chapter 1, Section 3](#) for instructions regarding TRICARE processing standards.

4.0 MANAGEMENT

The provisions of [Chapter 1, Section 4](#) are applicable to the TOP, except that the provisions of [Chapter 1, Section 4, paragraph 2.3](#) regarding zip code files are only applicable to Puerto Rico.

5.0 COMPLIANCE WITH FEDERAL STATUTES

See [Chapter 1, Section 5](#) for instructions regarding compliance with Federal statutes.

6.0 LEGAL MATTERS

See [Chapter 1, Section 6](#) for instructions regarding legal matters.

7.0 TRANSITIONS -- CONTRACT PHASE-IN

7.1 Start-Up Plan

The provisions of [Chapter 1, Section 7, paragraph 1.1](#) are applicable to the TOP, except that the contractor's comprehensive start-up plan shall be submitted with their contract proposal (instead of 10 calendar days following contract award). A revised start-up plan shall be submitted within 15 calendar days following the interface meetings.

7.2 Transition Specifications Meeting

See [Chapter 1, Section 7, paragraph 1.2](#) for instructions regarding transition specification meeting(s). Separate meetings may be scheduled with each outgoing TOP contractor.

7.3 Interface Meetings

The provisions of [Chapter 1, Section 7, paragraph 1.3](#) are applicable to the TOP, except that the requirement for interface meeting(s) with the outgoing Managed Care Support Contractor (MCSC) is replaced with a requirement for interface meetings with all outgoing overseas contractors. This includes the outgoing South Region MCSC (and its subcontractor for overseas claims processing), the outgoing TRICARE Global Remote Overseas (TGRO) contractor, the outgoing TRICARE Puerto Rico contractor, and all outgoing TAO regional enrollment/marketing contractors.

8.0 TRANSITIONS -- START-UP REQUIREMENTS

8.1 See [Chapter 1, Section 7, paragraphs 2.1, 2.2, and 2.3](#) for instructions regarding start-up requirements. For purposes of TOP implementation, all references to TRICARE Prime in [paragraph 2.2](#) shall apply to TOP Prime and TOP Prime Remote.

8.2 Within 30 calendar days following contract award, all Military Treatment Facilities (MTFs) shall provide the TOP contractor with the names and addresses of host nation providers/facilities in the MTF's Preferred Provider Network (PPN). The TOP contractor is not required to duplicate existing networks.

8.3 See [Chapter 1, Section 7, paragraphs 2.4.1 and 2.4.2](#) for instructions regarding Memorandums of Understanding (MOUs). In addition to the MOU requirements in these referenced paragraphs, the TOP contractor shall also execute an MOU with each TAO Director No Later Than (NLT) 60 calendar days prior to the start of health care delivery, with copies to the PCO and the COR within 10 calendar days following MOU execution.

TRICARE Operations Manual 6010.56-M, February 1, 2008

Chapter 24, Section 1

Administration

8.4 See [Chapter 1, Section 7, paragraphs 2.5](#) and [2.6](#) for instructions regarding phase-in of TRICARE enrollment and transfer of enrollment files. For purposes of TOP implementation, all references to TRICARE Prime in these paragraphs shall apply to TOP Prime and TOP Prime Remote.

8.5 The provisions of [Chapter 1, Section 7, paragraph 2.7](#) are not applicable to the TOP, since there are no enrollment fees associated with TOP Prime or TOP Prime Remote.

8.6 See [Chapter 1, Section 7, paragraph 2.8](#) for instructions regarding Health Care Finder (HCF) phase-in.

8.7 See [Chapter 1, Section 7, paragraph 2.9](#) for instructions regarding TRICARE Service Center (TSC) phase-in.

8.8 All claims that fall within the scope of the TOP contract received on or after the start of health care delivery on the TOP contract shall be processed by the TOP contractor.

Note: Normal claims filing deadlines apply. See [Chapter 8, Section 3](#) and [Section 9, paragraph 3.0](#).

8.9 The provisions of [Chapter 1, Section 7, paragraph 2.10](#) are applicable to the TOP, except that the provisions of [Chapter 1, Section 7, paragraph 2.10.4](#) are superseded by a requirement for the incoming contractor to cover non-obstetrical care for 90 days after the start of health care delivery under the incoming contract, in accordance with the outgoing contractor's existing practices and protocols, within the scope of the TRICARE program and applicable regulations or statutes. This transition period for prior authorizations and referrals is extended to one year for obstetrical care or any other condition for which a one-year authorization has been issued.

8.10 See [Chapter 1, Section 7, paragraph 2.11](#) for instructions regarding contractor weekly status reporting.

8.11 The provisions of [Chapter 1, Section 7, paragraph 2.12](#) are not applicable to the TOP. Instead, the TOP contractor shall prepare a mailing to the Resident Commissioners of Puerto Rico and the Northern Mariana Islands, and the Congressional representatives for American Samoa, Guam, and the U.S. Virgin Islands by the 45th calendar day prior to the start of health care delivery according to the specifications of the official transition schedule. This requirement supersedes the requirements outlined in [Chapter 1, Section 7, paragraph 2.12](#). The proposed mailing shall be submitted to the TMA CO, TMA COR, TAO Directors, and the TMA Program Integration Office for approval NLT 90 calendar days prior to the start of health care delivery. The mailing shall discuss any unique processing requirements of the contractor and any other needed information dictated by the official transition schedule.

8.12 See [Chapter 1, Section 7, paragraphs 2.13](#) and [2.14](#) for instructions regarding web-based services and applications and TRICARE Handbook mailings.

9.0 TRANSITIONS -- INSTRUCTIONS FOR BENCHMARK TESTING

See [Chapter 1, Section 7, paragraph 3.0](#) for instructions regarding benchmark testing.

10.0 TRANSITIONS -- CONTRACT PHASE-OUT

The provisions of [Chapter 1, Section 7, paragraph 4.0](#) are applicable to the TOP, except that the requirement in [paragraph 4.4](#) for the outgoing contractor to process claims and adjustment for 120 days following cessation of health care delivery is waived for the TOP. The outgoing contractor is only required to process claims and adjustments received during its period of service delivery. Processing of all claims shall be completed within 180 calendar days following the start of the incoming contractor's services delivery.

- END -

Acronyms And Abbreviations

AA	Anesthesiologist Assistant
AA&E	Arms, Ammunition and Explosives
AAA	Abdominal Aortic Aneurysm
AAAH	Accreditation Association for Ambulatory Health Care, Inc.
AAFES	Army/Air Force Exchange Service
AAMFT	American Association for Marriage and Family Therapy
AAP	American Academy of Pediatrics
AAPC	American Association of Pastoral Counselors
AARF	Account Authorization Request Form
AATD	Access and Authentication Technology Division
ABA	American Banking Association Applied Behavior Analysis
ABMT	Autologous Bone Marrow Transplant
ABPM	Ambulatory Blood Pressure Monitoring
ABR	Auditory Brainstem Response
AC	Active Component
ACD	Augmentative Communication Devices
ACE	Angiotensin-Converting Enzyme
ACH	Automated Clearing House
ACI	Autologous Chondrocyte Implantation
ACIP	Advisory Committee on Immunization Practices
ACO	Administrative Contracting Officer
ACOG	American College of Obstetricians and Gynecologists
ACP	American College of Physicians
ACOR	Administrative Contracting Officer's Representative
ACS	American Cancer Society
ACSC	Ambulatory Care Sensitive Condition
ACSP	Autism Demonstration Corporate Services Provider
ACTUR	Automated Central Tumor Registry
AD	Active Duty
ADA	American Dental Association American Diabetes Association Americans with Disabilities Act
ADAMHA	Alcohol, Drug Abuse, And Mental Health Administration
ADAMHRA	Alcohol, Drug Abuse, And Mental Health Reorganization Act

TRICARE Operations Manual 6010.56-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

ADCP	Active Duty Claims Program
ADD	Active Duty Dependent
ADDP	Active Duty Dental Program
ADFM	Active Duty Family Member
ADH	Atypical Ductal Hyperplasia
ADL	Activities of Daily Living
ADP	Automated Data Processing
ADSM	Active Duty Service Member
AF	Atrial Fibrillation
AFAP	Attenuated Familial Adenomatous Polyposis
AFB	Air Force Base
AFOSI	Air Force Office of Special Investigations
AFS	Ambulance Fee Schedule
AGR	Active Guard/Reserve
AHA	American Hospital Association
AHLTA	Armed Forces Health Longitudinal Technology Application
AHRQ	Agency for Healthcare Research and Quality
AI	Administrative Instruction
AIDS	Acquired Immune Deficiency Syndrome
AIF	Ambulance Inflation Factor
AIIM	Association for Information and Image Management
AIS	Ambulatory Infusion Suite Automated Information Systems
AIX	Advanced IBM Unix
AJ	Administrative Judge
ALA	Annual Letter of Assurance
ALB	All Lines Busy
ALH	Atypical Lobular Hyperplasia
ALL	Acute Lymphocytic Leukemia
ALOS	Average Length-of-Stay
ALS	Action Lead Sheet Advanced Life Support
ALT	Autolymphocyte Therapy
AM&S	Acquisition Management and Support (Directorate)
AMA	Against Medical Advice American Medical Association
AMCB	American Midwifery Certification Board
AMH	Accreditation Manual for Hospitals
AMHCA	American Mental Health Counselor Association
AML	Acute Myelogenous [Myeloid] Leukemia
ANSI	American National Standards Institute
AOA	American Osteopathic Association