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**CHANGE 115
6010.57-M
JULY 3, 2014**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE POLICY MANUAL (TPM), FEBRUARY 2008**

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

CHANGE TITLE: APPLIED BEHAVIOR ANALYSIS PILOT FOR NON-ACTIVE DUTY FAMILY MEMBERS

CONREQ: 16975

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change allows the benefits provided to Non-Active Duty Family Members (NADFM) under the Applied Behavior Analysis (ABA) Pilot to continue under the separate 10 United States Code (USC) 1092 Demonstration authority after the ABA Pilot expires on July 24, 2014.

EFFECTIVE DATE: July 25, 2014.

IMPLEMENTATION DATE: July 25, 2014.

This change is made in conjunction with Feb 2008 TOM, Change No. 126.

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**ATTACHMENT(S): 10 PAGE(S)
DISTRIBUTION: 6010.57-M**

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REMOVE PAGE(S)

CHAPTER 7

Section 3.19, pages 1 - 6, 9, 10, 15, and 16

INSERT PAGE(S)

Section 3.19, pages 1 - 6, 9, 10, 15, and 16

Applied Behavior Analysis (ABA) For Non- Active Duty Family Members (NADFM) Who Participate In The ABA Pilot

Issue Date: August 10, 2012

Authority: 10 USC 1079(a), 10 USC 1092, 32 CFR 199.4(c), and 32 CFR 199.6

1.0 CPT¹ PROCEDURE CODES

1181F, 1450F

2.0 HCPCS CODE

S5110, S5115, G8539, G8542, G9165 - G9167

3.0 DESCRIPTION

3.1 ABA is covered under the TRICARE Basic Program as an interim benefit until December 31, 2014. TRICARE-eligible NADFM with Autism Spectrum Disorder (ASD) may continue to receive ABA services under the Basic Program guidelines without seeking additional ABA reinforcement services under the Department of Defense (DoD) Applied Behavior Analysis Pilot (ABA Pilot).

3.2 The requirements of this section apply ONLY to NADFM who seek ABA reinforcement in addition to ABA, and elect to participate in the ABA Pilot, referred to as the ABA Pilot, outlined in the TRICARE Operations Manual (TOM), Chapter 18, Section 15. ABA is covered under the TRICARE Basic Program as interim benefit until December 31, 2014.

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

4.0 DEFINITIONS

4.1 Applied Behavior Analysis (ABA). According to the BACB Practice Guidelines (2012), ABA is “the design, implementation, and evaluation of environmental modifications to produce socially significant improvement in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior. Direct observation, measurement and recording of

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behavior are defining characteristics of ABA” (p. 4). For TRICARE program purposes, ABA has a component covered as an interim benefit under the TRICARE Basic Program and a reinforcement component covered under the authority of [10 United States Code \(USC\) 1092](#).

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

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

4.4 Standardized Psychometric Testing. Standardized psychometric tests are measures developed by the social sciences that have been researched to ensure validity and reliability. A reliable measure is one that measures a construct consistently across time, individuals, and situations. A valid measure is one that measures what it is intended to measure. Reliability is necessary, but not sufficient, for validity. For TRICARE purposes, per [paragraph 5.7.3](#), specific standardized psychometric tests are required to be administered by a qualified clinician in order to establish baseline measurement of the impairments of an ASD prior to the start of all ABA. This prerequisite requirement must be obtained prior to beginning ABA reinforcement under the ABA Pilot. Repeat testing is required at specified intervals per [paragraph 5.7.5](#) for all NADFM receiving ABA reinforcement under the ABA Pilot.

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

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

4.7 ABA Specialized Interventions. ABA specialized interventions are ABA methods designed to improve the functioning of a specific ASD target deficit in a core area affected by the ASD such as social interaction, communication or behavior. The ABA provider delivers ABA to the beneficiary

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through direct administration of the ABA specialized interventions during one-on-one (i.e., face-to-face) interactions.

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

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

4.10 ABA includes: an initial ABA assessment, the initial ABA TP, the delivery of ABA specialized interventions delivered by the BCBA or BCBA-D, TRICARE eligible parent/caregiver ABA training, repeat ABA assessments, and ABA TP updates. "ABA reinforcement" refers to supplemental services provided by Board Certified Assistant Behavior Analysts (BCaBAs) and ABA Tutors to assist with the practice and execution of the ABA TP when under the supervision of a BCBA or BCBA-D.

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

5.0 POLICY

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

5.2 Autism Spectrum Disorder (ASD)

5.2.1 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.

5.2.2 For services provided on or before September 30, 2014, as the Military Health System (MHS) and mental health provider community transitions to use of the DSM-V, a covered diagnosis for ASD also includes those found under the 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

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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 and 299.0), CDD (299.10 and 299.1), and Asperger's (299.80 and 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.

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

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

5.4 ABA is a specialized intervention administered by an authorized provider described in [paragraph 5.8](#) who is a professional with advanced formal training in behavior analysis, to include at least a master's degree and several hundred hours of graduate level instruction, or mentored or supervised experience with another BCBA. The only providers qualified to deliver ABA under the TRICARE Basic Program are masters-level BCBA or BCBA-Ds certified by the BACB or other TRICARE authorized ABA providers practicing within the scope of their state license or state certification. In accordance with qualifications of other TRICARE-authorized individual providers of behavioral health care (see [32 CFR 199.6\(c\)\(2\)](#)), these providers possess the education, required experience and supervision, and scope of practice consistent with TRICARE Basic Program regulations. Qualifications for individuals providing ABA reinforcement under the ABA Pilot are set forth in the TOM, [Chapter 18, Section 15](#).

5.5 The requirements of this section apply ONLY to NADFM who elect to participate in the ABA reinforcement covered separately under the ABA Pilot.

5.6 ASD Diagnosing Providers

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

5.6.1.1 For the purposes of the diagnosis of ASD, TRICARE authorized P-PCMs include: TRICARE authorized family practice, internal medicine and pediatric physicians whether they work in the Purchased Care or Direct Care (DC) 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

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rendered by a TRICARE authorized physician in any of the disciplines described above under P-PCM, or by a TRICARE authorized specialty ASD provider as described in [paragraph 5.6.1.2](#).

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

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

5.7 Referring Providers, Referrals and Prior Authorization

5.7.1 For those NADFM with ASD who elect to participate in the ABA Pilot in order to receive ABA reinforcement in addition to ABA, the following requirements apply:

- A referral by a provider listed under [paragraph 5.6.1](#) who is authorized to diagnose an ASD and refer to specialty care, and
- Authorization by the appropriate Managed Care Support Contractor (MCSC) prior to either initiation of the ABA assessment or beginning ABA (see [Chapter 1, Section 7.1](#), and the TOM, [Chapter 7, Section 2](#), and TOM, [Chapter 8, Section 5](#) for details concerning referrals and authorization requirements). Referral for ABA assessment will precede referral for ABA which is contingent upon the results of the ABA assessment. Each authorization period for ABA shall be for one year. A new referral is required for each period of authorized care (see the TOM, [Chapter 8, Section 5](#)).

5.7.2 Other PCMs, including an NP and a PA or other providers not having the qualifications described in [paragraph 5.6.1](#), may not refer beneficiaries for ABA assessment or ABA for ABA Pilot participant coverage purposes.

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

- Autism Diagnostic Observation Schedule, Second Edition (ADOS-2) (Lord, C., et.al., 2012); and,
- Vineland Adaptive Behavioral Scale II (VABS-II) (Sparrows, 2005) to include the Maladaptive Behavior Scale.

If the ABA provider conducting the initial ABA assessment is not qualified to administer these standardized assessment measures, then the TRICARE authorized referring provider must

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refer the beneficiary to a TRICARE authorized provider who possesses the requisite training (e.g., a licensed clinical psychologist) to provide this psychometric testing to establish baseline impairment across the core domains impacted by the ASD. Alternatively, the TRICARE authorized referring provider may administer the standardized psychometric assessment measures listed above, but only if qualified. Regardless of which qualified provider conducts the required standardized testing, it is the responsibility of the ABA provider conducting the ABA assessment to ensure that the results of the required testing are incorporated into the initial ABA assessment. The ADOS-2 and Vineland II reports will be accepted from the school system if done within one year of the referral for ABA.

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

- The ASD diagnosis rendered by a TRICARE authorized ASD diagnosing provider and confirmed by the ABA assessment and standardized testing.
- A description of why ABA is appropriate (“appropriate care” is defined for the purposes of ABA coverage under TRICARE in [paragraph 5.9](#)). The description shall include:
 - The functional impairments and the degree of impairment in each domain (social interaction, communication, behavior);
 - A description of how ABA is expected to improve each domain affected by the ASD (social interaction, communication and behavior);
 - An assessment of each TRICARE eligible family member/caregiver’s ability to reinforce ABA interventions at home;
 - A brief summary of the baseline psychometric testing results. The repeat psychometric testing should show progress consistent with the progress reported on the ABA TP update by the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification. A brief summary of this information shall be included in the referral for continued ABA; and
 - A recommendation for the number of weekly hours of ABA under the TRICARE Basic Program and the number of weekly hours of ABA reinforcement under either the Autism Demonstration or the ABA Pilot.

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

5.10 Payable ABA Provided By ABA Providers

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

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

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

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

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

Note: ABA reinforcement provided under the ABA Pilot to NADFM who elect to participate in the ABA Pilot is not a covered benefit under the TRICARE Basic Program and cannot be billed under the TRICARE Basic Program (see the TOM, [Chapter 18, Section 15](#)).

5.11 ABA Assessments and ABA TPs

The initial ABA assessment, the initial ABA TP, the repeat ABA assessment and ABA TP updates for NADFM who elect to participate in the ABA Pilot shall be completed by the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification under the TRICARE Basic Program. NADFM who elect to participate in the ABA Pilot are eligible for additional ABA reinforcement under the ABA Pilot in accordance with the requirements of [the National Defense Authorization Act \(NDAA\) Fiscal Year \(FY\) 2013, Section 705](#)

for the duration of the one-year pilot period **which expires July 24, 2014, and subsequently under the authority of 10 USC 1092.**

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

5.12.1 The initial TP for NADFM) who elect to participate in the ABA Pilot shall include:

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

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

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

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

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

- Social interaction
- Communication
- Behavior

5.12.1.5 TRICARE eligible family member/caregiver training shall be included in the initial ABA TP. TRICARE eligible family member/caregiver training for NADFM) who elect to participate in the ABA Pilot shall be provided ABA service billable under [paragraph 6.3](#). The initial ABA TP shall include a detailed plan that specifies how TRICARE eligible family member/caregivers shall be trained to implement and reinforce skills and behaviors within a variety of settings.

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

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

6.6 Discharge from ABA for NADFM) who elect to participate in the ABA Pilot. If upon BCBA, BCBA-D, or other TRICARE authorized ABA provider repeat assessment, it is determined that the beneficiary is to be discharged from ABA, CPT⁴ procedure code 1450F is to be used in conjunction with the following two **G** codes:

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

6.7 Reimbursement of claims for NADFM) who elect to participate in the ABA Pilot shall be the lesser of:

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

6.7.2 The prevailing local market rate;

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

6.7.4 The negotiated rate; or

6.7.5 The billed charge.

6.8 ABA for NADFM) who elect to participate in the ABA Pilot is a specialty service under the TRICARE Basic Program requiring a specialty referral; therefore, specialty care cost-shares apply.

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

6.9 BCBA, BCBA-D, or other TRICARE authorized ABA provider supervision of BCaBAs and ABA Tutors to include discussions of the ABA TPs, progress, and follow-up ABA assessments shall be billed under the ABA Pilot for NADFM) who elect to participate in the ABA Pilot.

6.10 The MCSCs shall ensure all TRICARE Encounter Data (TED) requirements outlined in the TRICARE Systems Manual (TSM), [Chapter 2](#) are met including appropriate use of Special Processing

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Code “AP Applied Behavior Analysis (ABA) Pilot” for NADFM who elect to participate in the ABA Pilot.

7.0 EXCLUSIONS

The following exclusions apply to provision of ABA under the TRICARE Basic Program for NADFM who elect to participate in the ABA Pilot:

- ABA provided in a group format.
- ABA rendered by a TRICARE authorized provider type other than those authorized to provide ABA under this Chapter.
- ABA rendered by an ABA provider not authorized and certified under TRICARE.
- ABA for all other diagnoses that are not an ASD/PDD.
- Educational and vocational rehabilitation services.
- Respite care.
- ABA not provided one-on-one, in person by the TRICARE authorized BCBA or BCBA-D.
- ABA provided through remote means, for example through telemedicine/telehealth.
- ABA provided when there is no ASD diagnosis rendered by a TRICARE authorized ASD diagnosing provider as specified in [paragraph 5.6](#).
- ABA provided when there is no ABA referral from a TRICARE authorized ASD referring provider as specified in [paragraph 5.7](#).
- ABA provided by a BCBA, BCBA-D, or other TRICARE authorized ABA provider (unless the ABA provider is a licensed clinical psychologist) when there is no supervision by the TRICARE authorized ASD referring provider as required in [paragraph 9.0](#) of this policy.
- ABA provided when there is no baseline and 180 day interval follow-up psychometric testing.
- ABA involving aversive techniques or rewards that can be construed as abuse.

8.0 CREDENTIALING OF APPLIED BEHAVIOR ANALYSTS

8.1 Master’s degree or above BCBAs or BCBA-Ds and other ABA providers practicing within the scope of their state license or state certification meeting the requirements for TRICARE Basic Program providers are encouraged to become a TRICARE network provider. Requirements for credentials review for network providers apply. Master’s degree or above BCBAs or BCBA-Ds and other ABA providers practicing within the scope of their state license or state certification who do