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**CHANGE 120  
6010.57-M  
OCTOBER 28, 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:** UPDATE ICD-10 COMPLIANCE DATE

**CONREQ:** 16287

**PAGE CHANGE(S):** See page 2.

**SUMMARY OF CHANGE(S):** This changes adds updates that were inadvertently omitted from the original change published as Change No. 117 on September 22, 2014.

**EFFECTIVE DATE:** September 3, 2014.

**IMPLEMENTATION DATE:** October 1, 2015.

**This change is made in conjunction with Feb 2008 TOM, Change No. 134.**

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**ATTACHMENT(S): 20 PAGE(S)  
DISTRIBUTION: 6010.57-M**

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**CHANGE 120  
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**REMOVE PAGE(S)**

**CHAPTER 7**

Section 3.18, pages 1 through 4

Section 3.19, pages 3 through 18

**INSERT PAGE(S)**

Section 3.18, pages 1 through 4

Section 3.19, pages 3 through 18

## Applied Behavior Analysis (ABA)

Issue Date: August 10, 2012

Authority: 10 USC 1079(a), and [32 CFR 199.4\(c\)](#)

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### 1.0 CPT<sup>1</sup> PROCEDURE CODES

90887, 99080

### 2.0 HCPCS CODE

S5108

### 3.0 DESCRIPTION

Applied Behavior Analysis (ABA) is covered under the TRICARE Basic Program as an interim benefit until December 31, 2014.

### 4.0 POLICY

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

#### 4.2 Autism Spectrum Disorder (ASD)

**4.2.1** The covered ASD diagnoses are described under the Neurodevelopmental Disorders category of the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V). The DSM-V was released in May 2013. The DSM-V diagnostic code for ASD (299.00) is equivalent to the corresponding codes for Autistic Disorder (299.0) in the currently used edition of the International Classification of Diseases, Clinical Modification manual (currently **International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)**) used for claims processing under TRICARE for services provided before **the mandated date, as directed by Health and Human Services (HHS), for International Classification of Diseases, 10th Revision (ICD-10) implementation.**

**4.2.2** **The Military Health System (MHS) and mental health community has transitioned to the DSM-V (released May 2013). This transition resulted in the five covered diagnoses for an ASD (ASD, Rett's Disorder, Childhood Disintegrative Disorder (CDD), Asperger's Disorder, and Pervasive Developmental Disorder (PDDNOS)) under the DSM, Fourth Edition, Text Revision (DSM-IV-TR)**

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falling under the one diagnosis of ASD (299.00) in the DSM-V. The corresponding ICD-9-CM code is Autistic Disorder (299.0) and the corresponding ICD-10-CM code is Autistic Disorder (F84.0).

**Note:** The DSM-IV-TR and the ICD-9-CM use the same numeric diagnosis codes for three of the five ASD Diagnoses found in the DSM-IV-TR (Autistic Disorder (299.00 & 299.0), CDD (299.10 & 299.1), and Asperger's (299.80 & 299.8)). The DSM-IV-TR uses one code 299.80 to refer to Rett's Disorder, PDD, and Asperger's Disorder whereas the ICD-9-CM designates a unique code for each diagnosis.

**4.2.3** The DoD and the rest of the United States will transition to ICD-10-CM on the mandated date, as directed by Health and Human Services (HHS), for ICD-10 implementation. Those beneficiaries diagnosed with one of the five ASD diagnoses under the DSM-IV-TR (ASD, Rett's Disorder, CDD, Asperger's Disorder, and PDDNOS) are given the single diagnosis of ASD (299.00) under the DSM-V (released in May 2013). The corresponding ICD-10-CM code is Autistic Disorder (F84.0).

**4.3** Payable services include:

**4.3.1** An initial beneficiary assessment;

**4.3.2** Development of a treatment plan;

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

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

**4.4** ABA services will be provided only for those beneficiaries with an ASD diagnosis rendered by a TRICARE-authorized Primary Care Provider (PCP) or by a specialized ASD provider defined as:

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

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

## **5.0 REIMBURSEMENT**

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

**5.1.1** Functional Behavioral Assessment and Analysis.

**5.1.1.1** The Functional Behavioral Assessment and Analysis and initial treatment plan will be billed using Healthcare Common Procedure Coding System (HCPCS) code S5108, "Home care training to home care client, per 15 minutes".

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

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**5.1.2** ABA services rendered by an authorized provider, in-person, will be billed using HCPCS code S5108, "Home care training to home care client, per 15 minutes".

**5.1.3** Development of an updated treatment plan will be billed using Current Procedural Terminology<sup>2</sup> (CPT) procedure code 99080, "Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form".

**5.1.4** Conducting progress meetings will be billed using CPT2 procedure code 90887, "Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible person, or advising them how to assist patient".

**5.2** Reimbursement of claims will be the lesser of:

**5.2.1** The CHAMPUS Maximum Allowable Charge (CMAC);

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

**5.2.3** The negotiated rate; or

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

## **6.0 EXCLUSIONS**

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

**6.2** Services rendered by an unauthorized TRICARE provider.

## **7.0 PROVIDERS**

For services provided in conjunction with ABA under the TRICARE Basic benefit, the following are TRICARE-authorized providers when referred by and working under the supervision of those identified in [paragraph 4.4](#):

**7.1** Have a current state license to provide ABA services; or

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

**7.3** Where such state license or certification is not available, are certified by the Behavioral Analyst Certification Board (BACB) as a Board Certified Behavior Analyst (BCBA); and

**7.4** Otherwise meet all applicable requirements of TRICARE-authorized providers.

**Note:** Individuals certified by the BACB as a Board Certified Assistant Behavior Analyst (BCaBA) **are not** TRICARE-authorized ABA providers under the TRICARE Basic Program.

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**8.0 EFFECTIVE DATE**

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

- END -

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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 [International Classification of Diseases, 9th Revision, Clinical Modification \(ICD-9-CM\)](#)) used for claims processing under TRICARE for services provided before [the mandated date, as directed by Health and Human Services \(HHS\), for International Classification of Diseases, 10th Revision \(ICD-10\) implementation](#).

**5.2.2** [The Military Health System \(MHS\) and mental health community has transitioned to the DSM-V \(released May 2013\). This transition resulted in the five covered diagnoses for an ASD \(ASD, Rett's Disorder, Childhood Disintegrative Disorder \(CDD\), Asperger's Disorder, and Pervasive Developmental Disorder \(PDDNOS\)\) under the DSM, Fourth Edition, Text Revision \(DSM-IV-TR\)](#)

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falling under the one diagnosis of ASD (299.00) in the DSM-V. The corresponding ICD-9-CM code is Autistic Disorder (299.0) and the corresponding ICD-10-CM code is Autistic Disorder (F84.0).

**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 will transition to ICD-10-CM on the mandated date, as directed by Health and Human Services (HHS), for ICD-10 implementation. Those beneficiaries diagnosed with one of the five ASD diagnoses under the DSM-IV-TR (ASD, Rett's Disorder, CDD, Asperger's Disorder, and PDDNOS) are given the single diagnosis of ASD (299.00) under the DSM-V (released in May 2013). The corresponding ICD-10-CM code is Autistic Disorder (F84.0).

**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 BCBAs 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 rendered by a TRICARE authorized physician in any of the disciplines described above under P-PCM,

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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 refer the beneficiary to a TRICARE authorized provider who possesses the requisite training (e.g., a

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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.

**5.7.5** Repeat standardized psychometric testing utilizing the Vineland II (to include the Maladaptive Behavior Scale) is required every 180 days for NADFM who elect to participate in the ABA Pilot to assess progress as noted in [paragraph 5.7.3](#). This follow-up testing will require a referral

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to a qualified TRICARE authorized provider to administer the test unless the referring provider or the ABA provider is qualified to administer the Vineland II. The results of all testing shall be included in each reauthorization referral for ABA for NADFM who elect to participate in the ABA Pilot. Objective progress on the required standardized psychometric test is one critical factor for continued authorization.

**5.7.6** The TRICARE authorized provider qualified to conduct the standardized psychometric testing will submit the baseline and every 180 day psychometric testing report to the referring provider (unless the testing provider is also the referring provider) and the MCSC for NADFM who elect to participate in the ABA Pilot.

**Note:** BCBA, BCBA-Ds or other TRICARE authorized ABA providers practicing within the scope of their state license or state certification may not necessarily be trained in administration of the ADOS-2 or VBS-II; therefore, formal psychometric testing at baseline and every 180 days may need to be administered by qualified professionals (i.e., clinical psychologists) who possess the requisite training to administer the required measures.

**5.7.7** The MCSC reviewer shall review all ABA referral documentation for appropriateness of care for NADFM who elect to participate in the ABA Pilot. The BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification shall provide the MCSC with the ABA TP updates during the month prior to reauthorization being due for NADFM who elect to participate in the ABA Pilot.

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

**5.7.9** These requirements apply to all NADFM who elect to participate in the ABA Pilot for ABA provided under the TRICARE Basic Program (i.e., TRICARE Prime, TPR, TRICARE Standard, TRICARE Extra, TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), TRICARE For Life (TFL)) and for the additional ABA reinforcement under the ABA Pilot. ABA shall appear on the "Requires Prior Authorization" list under TRICARE Standard.

**5.7.10** Exception. For continuity of care purposes meant to minimize the risk of regression during times of change, ADFMs enrolled in the ECHO Autism Demonstration who transition to NADFM status through retirement of the AD sponsor will be allowed direct entry into the ABA Pilot for NADFM. A one year grace period will be granted to meet all diagnosis, referral and assessment requirements of this section. The requirement for the VABS-II every 180 days as per [paragraph 5.7.5](#) is not waived.

## **5.8 ABA Providers**

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

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

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

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

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

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

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

## **5.9 Appropriate Care Requirements For ABA Authorization**

**5.9.1** Before the MCSC can approve a referral for ABA for an ASD NADFM who elect to participate in the ABA Pilot, the referral and ABA TP must demonstrate that appropriate care standards are met. Appropriate care for ASDs implies the reasonable expectation that ABA shall result in measurable improvement in each of the ABA targeted areas of impairment identified in the ABA TP and monitored in ABA TP updates by baseline and every 180 day psychometric testing as described in [paragraph 5.12.1.5](#).

**5.9.1.1** The degree of impairment(s) in social interaction, communication and behavior for NADFM who elect to participate in the ABA Pilot must present at a level that:

- Presents a health or safety risk to self or others (e.g., severely disruptive behaviors, repetitive/stereotyped behaviors, aggression toward others); or
- Significantly interferes with home or community activities as measured by the appropriate assessment tools and psychometrics. See [paragraphs 5.12.1.3, 5.12.1.4, and 5.7.5](#).

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

## **5.10 Payable ABA Provided By ABA Providers**

**5.10.1** Once the diagnosis of an ASD has been made by an ASD diagnosing provider in a child 18 months or older in accordance with [paragraph 5.6](#), the payable ABA provided by the BCBA, BCBA-D,

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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.

**5.12.1.7** Annual repeat ABA assessment for NADFM) who elect to participate in the ABA Pilot shall evaluate progress for each ABA intervention associated with each specific behavioral target identified on the initial ABA TP and the ABA TP updates. Documentation on the initial ABA TP shall

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also include the BCBA or BCBA-D recommendation for the number of weekly hours of ABA under the TRICARE Basic Program and the recommended number of weekly hours for ABA reinforcement by ABA Tutors or BCaBAs under the ABA Pilot for NADFM.

**5.12.1.8** Annual repeat ABA reassessment and TP updates for NADFM who elect to participate in the ABA Pilot shall document the evaluation of progress for each behavioral target identified on the initial ABA TP and prior TP updates. Documentation of the annual ABA reassessment and TP update shall include:

- Date and time of the annual reassessment/TP update was done;
- Signature of the ABA provider conducting the reassessment/TP update;
- Evaluation of progress toward each behavioral target's objectives and goals;
- Revisions to the TP to include identification of new behavioral targets, objectives and goals;
- Report of the results of the most recent Vineland II psychometric testing; and
- Recommendation for continued ABA to include a recommendation for:
  - The number of weekly hours of ABA under the TRICARE Basic Program;
  - The number of weekly hours of ABA reinforcement under the ABA Pilot; and
  - A projected duration of ABA.

#### **5.13 Authorization for Continued ABA**

Authorization for NADFM who elect to participate in the ABA Pilot is based on continued appropriate care as measured by the required repeat ABA assessment documented on the ABA TP updates, the psychometric testing reports and on documentation on the referral in accordance with [paragraphs 5.6, 5.7,](#) and [5.12.1.4](#) of this policy. The MCSC reviews the BCBA, BCBA-D's or other TRICARE authorized ABA provider's ABA TP updates, the psychometric testing reports and the referral documentation to determine whether the requirements for continued clinical appropriateness are met. Special attention shall be paid to evaluating whether the BCBA/BCBA-D, or other TRICARE authorized ABA provider's ABA TP updates and the psychometric testing reports concur regarding descriptions of beneficiary progress. If these conditions are met, the MCSC may reauthorize ABA for the specified time period as defined in [paragraph 5.7.5](#). If the psychometric testing report (using the Vineland II to include the maladaptive behavior scale) do not concur, the MCSC shall review the referral to consider all other factors (family member/caregiver input, BCBA input related to complexity of treatment needs) in determining whether to authorize continued ABA and ABA reinforcement under the Pilot.

#### **5.14 ABA Discharge Criteria**

**5.14.1** The following discharge criteria are established to determine if/when ABA is no longer appropriate for NADFM who elect to participate in the ABA Pilot. Discharge decisions should take

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into consideration the family context and potential mitigating circumstances such as a parent's deployment, a family's move, or a change in school that might have an effect on the child's ability to progress:

**5.14.1.1** No measurable progress has been made toward meeting goals identified on the ABA TP as indicated by BCBA/BCaBA/ABA Tutor observation, parent observation, and lack of improvement on the appropriate psychometric test(s) defined as in [paragraphs 5.7.3](#) and [5.7.4](#). The results of psychometric testing will not be used as the sole basis for determining if/when ABA is no longer appropriate.

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

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

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

**5.14.1.5** Loss of eligibility for TRICARE benefits as defined in [32 CFR 199.3](#).

**5.15 ABA Benefit Hours**

**5.15.1** The appropriate number of ABA hours for NADFM who elect to participate in the ABA Pilot shall be authorized based on the individual beneficiary's appropriate care needs.

**5.15.2** ABA shall be authorized for NADFM who elect to participate in the ABA Pilot for a period of one year at a time.

**5.15.3** ABA hour and duration limits for NADFM who elect to participate in the ABA Pilot shall be set forth in the referral in accordance with the following:

**5.15.3.1** An appropriate number of hours of ABA may be approved by the contractor under the TRICARE Basic Program. A second year of ABA may be authorized by the contractor based on sufficient documentation for those beneficiaries age 16 and younger. All other requests for additional ABA must be requested through the waiver process and approved by the MCSC medical director as outlined in [paragraph 5.15.4](#).

**5.15.3.2** An appropriate number of hours of ABA reinforcement may be approved by the contractor. For NADFM receiving additional ABA reinforcement services under the ABA Pilot, the number of hours authorized under those programs shall be added to the number of weekly hours authorized under the TRICARE Basic Program to determine the total number of weekly hours authorized.

**5.15.4** Waiver of the duration of ABA limits for NADFM who elect to participate in the ABA Pilot. The specific benefit limitations set forth in this section may be waived by the contractor based on a determination that all of the following criteria are met. The criteria are:

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**5.15.4.1** ABA has been delivered for at least one year or when ABA duration limits have been reached for waiver requests for additional ABA duration. Supporting documentation includes:

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

**6.0 ABA COPAYMENTS AND REIMBURSEMENT**

**6.1** Claims for NADFM who elect to participate in the ABA Pilot for ABA under the TRICARE Basic Program shall be submitted by an authorized TRICARE provider on Centers for Medicare and Medicaid Services (CMS) 1500 (08/05). The following codes have been adopted for non-standardized usage for ABA provided by the BCBA, BCBA-D, or other TRICARE authorized ABA providers practicing within the scope of their state license or state certification under the TRICARE Basic Program for NADFM who elect to participate in the ABA Pilot. These codes apply for provision of ABA in all authorized settings (the office, home, or community setting).

**6.2** Initial ABA assessment with initial ABA TP for NADFM who elect to participate in the ABA Pilot. The initial ABA assessment with development of the initial ABA TP shall be coded using Current Procedural Terminology<sup>2</sup> (CPT) procedure code 1181F meaning "Initial ABA assessment to determine appropriate indication for ABA."

**6.2.1** Appropriate indication to accompany initial ABA assessment with initial ABA TP. The following three **G** codes must be used in conjunction with CPT<sup>2</sup> procedure code 1181F for billing purposes when the initial ABA assessment concludes that ABA is appropriate and that an initial ABA TP with ABA TP goal(s) is developed:

- G8539 - code for the initial ABA assessment and initial ABA TP development per 15 minute units of time
- G9165 - the current patient status code

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- G9166 - the initial ABA TP goal code

**Note:** Use of three **G** codes (HCPCS codes G8539, G9165, and G9166) for one encounter follows CMS 2013 coding guidance for billing for services such as occupational therapy and physical therapy. Guidance is for these claims to be submitted on the CMS 1500; therefore, unlike electronic billing, standard use of codes is not required. TRICARE authorized behavioral health providers (psychologists, psychiatrists, etc) only providing psychometric testing should use CPT<sup>3</sup> codes (96101 - 96103, and 96118 - 96120 per [Chapter 7, Section 3.12](#)) for standardized developmental, mental, emotional, and behavioral screening instruments for NADFM who elect to participate in the ABA Pilot. BCBA and BCBA-Ds who are not TRICARE authorized behavioral health providers must use the ABA assessment codes above for their standardized testing for NADFM who elect to participate in the ABA Pilot.

**6.2.2** In the event that the initial ABA assessment concludes that ABA is not appropriate for the NADFM who elect to participate in the ABA Pilot, the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification will code CPT<sup>3</sup> procedure code 1181F meaning "Initial assessment to determine appropriate indication for ABA" and HCPCS code G8542 meaning "No deficiencies identified for which ABA would provide medical benefit, care plan not required per 15 minutes" thus indicating that ABA is not appropriate.

**6.3** ABA rendered by a TRICARE authorized ABA provider, in-person, for TRICARE eligible family member/caregiver ABA training for NADFM who elect to participate in the ABA Pilot shall be billed using HCPCS code S5110 meaning "TRICARE eligible family member/caregiver training." ABA training may only be provided to a TRICARE eligible family member/caregiver.

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

**6.5** ABA repeat assessment and ABA TP updates for NADFM who elect to participate in the ABA Pilot: ABA repeat assessments to determine beneficiary's progress and development of the ABA TP update prior to each reauthorization period shall be coded using CPT<sup>3</sup> code 1450F meaning "Reassessment of symptoms for possible ABA. The three **G** codes identified below must be used in conjunction with CPT<sup>3</sup> procedure code 1450F for claims processing/billing purposes:

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

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

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**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, CPT<sup>4</sup> 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 Code “AP Applied Behavior Analysis (ABA) Pilot” for NADFM who elect to participate in the ABA Pilot.

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## 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 not wish to become part of the TRICARE network may become TRICARE authorized non-network providers. These non-network BCBAs or BCBA-Ds and other TRICARE authorized ABA providers practicing within the scope of their state license or state certification shall undergo a modified

credentials review process that shall include review of state licensure or state certification status (if applicable), a review BCBA board certification by the BACB, a check of BACB complaints section of the BACB web site or a review for complaints to state license or certification boards, and a criminal history review (see the TOM, [Chapter 4, Section 1](#)). The credentials of the non-network BCBAs or BCBA-Ds and other TRICARE authorized ABA providers practicing within the scope of their state license or state certification shall be reviewed every three years to ensure that credentials are still valid and that no adverse actions have been taken by the BACB or applicable practice jurisdiction against the BCBA, BCBA-D, or other TRICARE authorized ABA providers practicing within the scope of their state license or state certification.

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

## **9.0 REFERRAL AND SUPERVISION OF APPLIED BEHAVIOR ANALYSTS**

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

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

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

**9.2** The BCBA, BCBA-D, other TRICARE authorized ABA provider (practicing within the scope of his/her state license or state certification), or MCSC shall send the referring P-PCM or specialized ASD provider as defined in [paragraphs 5.6.1.1](#) and [5.6.1.2](#) the initial ABA assessment, the ABA TP, and all ABA TP updates and shall respond to referring provider questions regarding the ABA TP for NADFM who elect to participate in the ABA Pilot. All ABA providers and referring providers shall maintain clinical records in accordance with medical records requirements set forth under the TRICARE Basic Program.

**9.3** The TRICARE authorized provider administering the baseline and every 180 day psychometric testing shall send the reports of psychometric findings to the referring P-PCM or specialized (non-psychologist) ASD provider (as defined in [paragraphs 5.6.1.1](#) and [5.6.1.2](#)) and the MCSC for NADFM who elect to participate in the ABA Pilot.

**9.4** The MCSC shall require the BCBA, BCBA-D, or other TRICARE authorized ABA provider (practicing within the scope of his/her state license or state certification) to send the initial ABA TP and the ABA TP annual updates to the MCSC no later than one month prior to current authorization

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expiration for NADFM) who elect to participate in the ABA Pilot. The MCSC shall transmit the ABA TP to the referring provider.

**9.5** The referring P-PCM or specialized ASD provider shall review and sign the initial ABA TP, all ABA TP updates and the baseline and every 180 day psychometric testing reports for NADFM) who elect to participate in the ABA Pilot.

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

**10.0 QUALITY ASSURANCE (QA)**

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

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

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

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

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