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TRICARE  
MANAGEMENT ACTIVITY

**MB&RB**

**CHANGE 73  
6010.57-M  
AUGUST 10, 2012**

**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:** COVERAGE OF APPLIED BEHAVIOR ANALYSIS (ABA) UNDER THE  
TRICARE BASIC PROGRAM

**CONREQ:** 16172

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

**SUMMARY OF CHANGE(S):** This change allows coverage for ABA services for any TRICARE beneficiary, including retirees and their dependent family members, with a diagnosis of Autism Spectrum Disorder (ASD).

Through U.S. District Court order, TRICARE Management Activity (TMA) has been ordered to cover ABA therapy under the TRICARE Basic Program. This is an interim benefit in effect until litigation is complete.

**EFFECTIVE DATE:** March 5, 2010. Except for services overseas which is March 5, 2008.

**IMPLEMENTATION DATE:** Upon direction of the Contracting Officer.

  
**Ann N. Fazzini**  
Chief, Medical Benefits and  
Reimbursement Branch

**ATTACHMENT(S):** 8 PAGE(S)  
**DISTRIBUTION:** 6010.57-M

**CHANGE 73**  
**6010.57-M**  
**AUGUST 10, 2012**

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## Applied Behavioral Analysis (ABA)

Issue Date: August 10, 2012

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

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

90887, 99080

### 2.0 HCPCS CODE

S5108

### 3.0 DESCRIPTION

Through U.S. District Court order, TRICARE Management Activity (TMA) has been ordered to cover Applied Behavior Analysis (ABA) therapy under the TRICARE Basic Program. This is an interim benefit in effect until litigation is complete.

### 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).

**4.2** A covered diagnosis of ASD includes Pervasive Developmental Disorders (PDD) and their associated International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnostic code: Autistic Disorder (299.00), Rhetts Disorder (299.80), Childhood Disintegrative Disorder (CDD) (299.10), Asperger's Disorder (299.80), and Pervasive Development Disorder Not Otherwise Specified (PDDNOS) (including Atypical Autism) (299.80).

**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.

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**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. 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 (08/05) 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 Behavioral Plan (BP).

**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 CPT<sup>2</sup> 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); or

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

**5.2.3** The negotiated rate; or

**5.2.4** The billed charge.

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## 6.0 POLICY CONSIDERATIONS

The Managed Care Support Contractor (MCSC) will also consider and advise beneficiaries of the availability of community-based or funded programs and services when authorizing benefits.

## 7.0 EXCLUSIONS

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

7.2 Services rendered by an unauthorized TRICARE provider.

## 8.0 PROVIDERS

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

8.1.1 Have a current State license to provide ABA services; or

8.1.2 Are currently State-certified as an Applied Behavioral Analyst; or

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

8.1.4 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.

## 9.0 EFFECTIVE DATE

March 5, 2010. Except for services overseas which is March 5, 2008.

- END -



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