Applied Behavior Analysis (ABA) Provider Guide

Understanding the TRICARE benefits for ABA Basic, Autism Demonstration and ABA Pilot programs

June 2014
# Applied Behavior Analysis Provider Guide

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Welcome to TRICARE and the South Region

What is TRICARE?

TRICARE is the Department of Defense’s worldwide health care program available to eligible beneficiaries in any of the seven uniformed services - the U.S. Army, U.S. Navy, U.S. Air Force, U.S. Marine Corps, U.S. Coast Guard, Commissioned Corps of the U.S. Public Health Service and the Commissioned Corps of the National Oceanic and Atmospheric Administration.

TRICARE-eligible beneficiaries may include Active Duty Service Members (ADSMs) and their families, retired service members and their families, National Guard and Reserve members and their families, survivors, certain former spouses and others.

TRICARE brings together military and civilian health care professionals and resources to provide high-quality health care services. TRICARE is managed in three stateside regions – TRICARE North, TRICARE South and TRICARE West.

In these U.S. regions, TRICARE is managed jointly by the Defense Health Agency (DHA) and TRICARE Regional Offices. DHA has contracted with civilian regional contractors in the North, South and West regions to assist TRICARE regional directors and Military Treatment Facility (MTF) commanders in operating an integrated health care delivery system.

Regional Contractors

Health Net Federal Services, LLC administers the TRICARE program in the North Region, which includes Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Kentucky (except Fort Campbell), Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia and Wisconsin. In addition, the contract covers a small portion of Missouri and Iowa.

Humana Military, a division of Humana Government Business, Inc., administers the TRICARE program in the South Region, which includes Alabama, Arkansas, Florida, Georgia, Kentucky (the Fort Campbell area only), Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee and Texas (excluding the El Paso area).

United Healthcare Military & Veterans, a United Healthcare business, administers the TRICARE program in the West Region, which includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa (excluding the Rock Island Arsenal area), Kansas, Minnesota, Missouri (excluding the St. Louis area), Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, portions of Texas (including El Paso), Utah, Washington and Wyoming.
Humana Military Network Subcontractors

Humana Military develops and maintains TRICARE contract administration and utilizes various partnerships for certain services:

- ValueOptions is Humana Military’s behavioral health care subcontractor in the TRICARE South Region. ValueOptions is the largest privately held behavioral health managed care company in the nation.
- PGBA, LLC is Humana Military’s claims processing subcontractor in the TRICARE South Region. PGBA is one of the largest subsidiaries of BlueCross BlueShield of South Carolina.

TRICARE Eligibility

Providers must verify beneficiary’s TRICARE eligibility at the time of service according to the terms specified in the TRICARE Provider Handbook, Section 3. The Handbook is published by Humana Military and available at Humana-Military.com.

TRICARE Programs

TRICARE offers comprehensive medical and behavioral health benefits to all TRICARE beneficiaries. See Section 4 of the TRICARE Provider Handbook for details.

Disclaimer: An important note about TRICARE information

The ABA Provider Guide will assist you in delivering TRICARE benefits and services. At the time of printing, the information in this Guide is current, but it must be read in light of governing statutes and regulations and is not a substitute for legal advice from qualified counsel, as appropriate. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended.

The Guide is not all-inclusive of TRICARE requirements or ValueOptions standards.

TRICARE providers are obligated to abide by the rules, procedures, policies and program requirements as specified in this ABA Provider Guide and the TRICARE regulations and manual requirements related to the program. TRICARE regulations are available on the TRICARE website at www.TRICARE.mil.

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CPT® is a registered trademark of the American Medical Association. All rights reserved.

This Provider Guide, version 1.0, edition 05/14, is available for use to network ABA providers in the ValueOptions/TRICARE South Region. The information contained herein is proprietary to ValueOptions and not to be replicated.
Program Overview

TRICARE covers Applied Behavior Analysis (ABA) from Board Certified Behavior Analysts for all TRICARE eligible beneficiaries who are diagnosed with an Autism Spectrum Disorder (ASD). ABA reinforcement is covered separately for Active Duty Family Members (ADFMs) under the Autism Demonstration and for Non-Active Duty Family Members (NADFMs) under the ABA Pilot.

For questions regarding ABA services rendered under the TRICARE Basic program, consult the TRICARE Policy Manual 6010.57-M, Chapter 7, Section 3.18.

Family Requirements

Eligibility

Eligible beneficiaries must be age 18 months or older and have a diagnosis of Autism Spectrum Disorder as described in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM 5).

For services provided on or before September 30, 2014, a covered diagnosis for ASD also includes those found under the Pervasive Developmental Disorders section of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR). The covered DMS-IV-TR diagnoses are Autistic Disorder, Rett’s Disorder, Childhood Disintegrative Disorder, Asperger’s Disorder and Pervasive Development Disorder Not Otherwise Specified.

Beneficiary Costs and Coverage

ABA is a specialty cost share, paid per visit.
- TRICARE Prime, Active Duty: $0
- TRICARE Prime, Retired: $12
- TRICARE Standard or Extra: 20 percent of the TRICARE Maximum Allowable Charge (TMAC, also known as CMAC), (whether Active Duty or Retired)

Provider Requirements

ABA referring providers must be a TRICARE-authorized Primary Care Provider (PCP) or a specialized ASD Provider, which includes:

- TRICARE-authorized physicians board-certified or board-eligible in behavioral developmental pediatrics, neurodevelopmental pediatrics, pediatric neurology or child psychiatry
- Ph.D. or Psy.D. licensed clinical psychologist
ABA Providers must meet the following criteria:

- Current state license to provide ABA services
- Currently state-certified as an Applied Behavior Analyst
- Where state license or certification is not available, are certified by the Behavioral Analyst Certification Board (BACB) as a Board Certified Behavior Analyst (BCBA)
- Have TRICARE certification
  - To become a TRICARE-certified provider, visit [www.MyTRICARE.com](http://www.MyTRICARE.com) and follow the navigation for Forms to Provider Certification or contact TRICARE Provider File Operations at PGBA at (800) 403-3950 – follow the prompts for Provider File Maintenance.
- Otherwise meet all applicable requirements of TRICARE-authorized providers

**Provider authorizations**

Under the ABA Basic benefit, TRICARE will reimburse ABA services to eligible beneficiaries with an ASD diagnosis rendered by a TRICARE-authorized PCP or Specialized ASD provider.

**Treatment Management**

For services provided in conjunction with ABA under the TRICARE Basic benefit, providers are responsible for:

- Conducting a Functional Behavioral assessment
- Developing a Treatment Plan
- Providing one-on-one ABA interventions with an eligible beneficiary
- Training of immediate family members to provide services in accordance with the Treatment Plan
- Monitoring the beneficiary’s progress toward treatment goals

**Reporting Paperwork**

ABA Treatment Plan
ABA Progress Report
Updated Treatment Plan

The ABA Progress Report is available in the Provider Tools section of this Guide or in the Behavioral Health Provider portal at [Humana-Military.com](http://Humana-Military.com).

**Claims Filing and Reimbursements for ABA Basic**

Claims for ABA services will be submitted by the Autism Corporate Services Provider (ACSP) on a Centers for Medicare and Medicaid (CMS) 1500 Claim Form as follows:

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

**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.”

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

**Conducting progress meetings** will be billed using CPT 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.”

**Reimbursement of claims** will be the lesser of:
- The TRICARE Maximum Allowable Charge (TMAC, also known as CMAC); or
- $125 per hour; or
- The negotiated rate; or
- The billed charge. For care provided outside the United States, District of Columbia and the U.S. Territories, billed charges will be paid.

**Exclusions** (may not include all exclusions)
- ABA services provided in a group format
- Services rendered by an unauthorized TRICARE provider
Program Overview

The Enhanced Access to Autism Services Demonstration (the Autism Demonstration) provides beneficiaries registered in the Extended Care Health Option (ECHO) with Applied Behavior Analysis (ABA) reinforcement services through an expanded network of approved bachelor's level, Board Certified Assistant Behavior Analysts (BCaBA) and non-certified tutors. The Autism Demonstration is only available in the United States and D.C.

The Autism Demonstration covers ABA reinforcement services that:
- Implement basic principles of ABA and target behaviors associated with the core deficits of Autism Spectrum Disorder
- Focus on changing the child's behavior by observing and measuring the behavior in real-life environments
- Use scientific behavioral data to identify functional relationships between environmental events and behavior
- Gather behavioral data to track progress in reaching behavioral objectives identified in the Behavior Plan and periodically modify the Plan to adapt to the child's response to the intervention
- Incorporate parent training so family members/caregivers can teach and support skills during typical family activities
- Require quarterly meetings between family members/caregivers and those designing and implementing the intervention program.

For questions regarding Autism Demonstration policy, consult the TRICARE Operations Manual 6010.56-M, Chapter 18, Section 8.

Family Requirements

Eligibility

Registration for ECHO is only available for ADFMs. The Autism Demonstration is available to ECHO-registered beneficiaries, age 18 months and older, who are diagnosed with an Autism Spectrum Disorder. If diagnosed before the Autism Demonstration began (March 15, 2008), children do not need to be re-diagnosed.

Families are required to enroll in ECHO. They will need to provide certain documents - the ECHO application, Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP), verification of Exceptional Family Member Program (EFMP) enrollment - to ValueOptions.

Families can call the ECHO/ABA Customer Service Line at (866) 323-7155 for assistance with ECHO enrollment.
Beneficiary Costs and Coverage Limits

Families must pay part of the monthly expenses for authorized ECHO benefits. The monthly cost share is based on the sponsor’s pay grade as shown in the chart below. The monthly cost share is one fee per sponsor, not per ECHO beneficiary. Families only pay the cost share if they use ECHO benefits during that calendar month.

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<tr>
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<td>$75</td>
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<td>$250</td>
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Monthly cost shares must be collected by the Provider.

The maximum cumulative TRICARE liability for all ECHO and Autism Demonstration benefits, excluding the ECHO Home Health Care (EHHC) benefit, is $36,000 per fiscal year. Unlike the monthly cost share, the maximum liability cannot be “shared” between family members. For example, if an ECHO beneficiary in the household has used only $20,000 toward the $36,000 limit, the $16,000 difference cannot be used or credited to another ECHO beneficiary in the same family.

Provider Requirements

Applied Behavior Analysis services are available for all TRICARE-eligible beneficiaries as part of the TRICARE Basic Program. If appropriate, a provider may refer an Active Duty Family Member to receive ABA reinforcement under the Autism Demonstration. Before you recommend a child for enrollment in the Autism Demonstration, confirm the beneficiary is enrolled in the Extended Care Health Option (ECHO).

ABA reinforcement services are provided by non-certified ABA tutors working under the supervision of a qualified bachelor’s level Board Certified Assistant Behavior Analyst (BCaBA) or a master’s level or above Board Certified Behavior Analyst (BCBA/BCBA-D).

Autism Demonstration Corporate Services Provider

An Autism Demonstration Corporate Services Provider (ACSP) is an individual, corporation, foundation or public entity that meets the TRICARE definition of a CSP under 32 CFR 199.6€(2)(ii)(B) that predominantly renders services of a type uniquely allowable under the ECHO and meets the following requirements:

- Submit evidence to ValueOptions that professional liability insurance in the amounts of $1 million per claim and $3 million in aggregate, unless state requirements specify greater amounts, is maintained in the ACSP’s name;
- Submit claims to ValueOptions using assigned CPT and HCPCS codes as detailed in the Claims Filing and Reimbursement section of this Guide;
Submit to ValueOptions all documents necessary to support an application for designation as a TRICARE ACSP;
Enter into a Participation Agreement with ValueOptions;
Employ directly or contract with ABA Supervisors and/or ABA Tutors;
Certify that all ABA Supervisors and Tutors meet the education, training, experience, competency, supervision and Autism Demonstration requirements;
Comply with all applicable organizational and individual licensing or certification requirements in the state, county, municipality or other jurisdiction in which ABA services are provided under the Autism Demonstration;
Maintain employment or contractual documentation in accordance with applicable federal, state and local requirements and corporate policies regarding ABA Supervisors and Tutors;
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
Comply with all other requirements applicable to TRICARE-authorized providers.

Autism Demonstration Supervisors

To become a TRICARE-authorized provider, an ABA supervisor must meet the professional requirements specified in the Autism Demonstration and contract or directly employ qualified tutors.

ABA supervisors must be certified by the Behavior Analyst Certification Board (BACB) as a Board Certified Behavior Analyst (BCBA) or Board Certified Associate Behavior Analyst (BCaBA) where such state-issued license or certification is not available. To become a TRICARE-authorized provider, ABA supervisors must:

- Submit evidence of professional liability insurance in the amounts of $1 million per claim and $3 million in aggregate, unless state requirements specify greater amounts; insurance must remain in effect during the entire time a provider is authorized under the Autism Demonstration.
- Agree to cooperate fully with ValueOptions participation criteria compliance, quality of care, and service audits.
- Supervisors must be certified by TRICARE.
  - To become a TRICARE-certified provider, visit [www.MyTRICARE.com](http://www.MyTRICARE.com) and follow the navigation for Forms to Provider Certification or contact TRICARE Provider File Operations at PGBA at (800) 403-3950 - follow the prompts for Provider File Maintenance.
- Enter into an ABA Corporate Services Provider agreement. Contact ValueOptions at [ABAprovhelpTRICARE@jax.valueoptions.com](mailto:ABAprovhelpTRICARE@jax.valueoptions.com) or (800) 700-8646 to obtain an agreement form.
- Have a current, unrestricted state-issued license or certification to provide ABA services, or be certified by the BACB.
- Agree to a Criminal History Review.
- 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.
- Meet all applicable requirements of the states in which services are provided, including remote supervision of ABA tutors and oversight of ABA services provided where the beneficiary resides.
• Agree to cooperate fully with a designated utilization and clinical quality management organization that has a contract with the DoD for the geographic area in which the provider does business.

**Note:** Completion of an application does not qualify the provider as a TRICARE network provider. A ValueOptions TRICARE Network Application must be completed and can be obtained by contacting ValueOptions at provhelptricare@jax.valueoptions.com or (800) 700-8646.

### Autism Demonstration Tutors

Tutors must meet the following criteria:

• **Educational background** to include one of the following:
  - 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
  - Have a high school diploma or GED equivalent and have completed 500 hours of employment providing ABA services as verified by ABA Corporate Service Provider agreement.

• Complete 40 hours of documented classroom training in ABA techniques in accordance with the Behavior Analyst Certification Board (BACB) guidelines for Responsible Conduct for Behavior Analysts. Training requirements may be met through orientation, classroom or shadowing conducted by the ABA Supervisor;

• Undergo a criminal background check to include current federal, state and county criminal and sex offender reports for all locations the ABA tutor has resided or worked in during the previous 10 years;

• An application must be accompanied by a college transcript and verification of continued enrollment if applicable, or a high school diploma/GED certificate with evidence to support 500 hours of work in ABA therapy, and signed attestation of the tutor background check.

**Note:** Tutors cannot be TRICARE certified; however, all evidence of eligibility criteria must be submitted to ValueOptions prior to services being rendered.

### Provider Authorizations

To request authorization, the treating provider should have the beneficiary family contact ECHO/ABA Customer Service or their Case Manager at (866) 323-7155.

### Treatment Management

An initial Behavior Plan is due after the care is authorized. The Behavior Plan must include:

• Beneficiary’s name, DOB, date Functional Behavioral Assessment and Analysis were completed, sponsor’s Social Security Number (SSN), name of referring provider;
• Background and history that clearly demonstrates the condition, diagnosis, family history, length of time the beneficiary has been receiving ABA services and identification of any services/therapies being received through community resources;
• How the ABA Supervisor will coordinate ABA services with available community services;
• Goals that provide a detailed description of the targeted skills and behaviors that will be addressed through ABA sessions and the objectives that will be measured;
• Administration of any diagnostic tests to assess skill acquisition or behavior modification;
• Frequency and method of assessing progress; and
• Extent of parental training to implement and reinforce skills and behaviors and to provide support for implementing strategies within a specified setting.

After the initial authorization of ABA services, ongoing care must also be authorized. At least every six months, or as specified by TRICARE, an updated Behavior Plan with a Progress Report must be submitted. The Progress Report must include:

• Beneficiary’s name, DOB, inclusive dates of the evaluation period, sponsor’s SSN, name of referring provider;
• Summary of progress;
• Summary of challenges to meeting goals and objectives;
• Parent/caregiver participation in implementing the Behavior Plan during the evaluation period;
• Detailed review/update of all Behavior Plan elements;
• Dates of the plan being updated; and
• Number of ABA hours of service to be provided each month by the ABA supervisor and the ABA tutor.

ABA supervisors are responsible to ensure the Behavior Plan is being administered by the tutor in an effective manner. Tutors should meet the minimum evidence-based standards as indicated by the current BACB Task List, BACB Professional Disciplinary Standards, BACB Guidelines for Responsible Conduct for Behavior Analysts, and current BACB rules and regulations.

Note: ABA supervisors must provide no less than two hours of supervision per month for each beneficiary seen by a contracted or employed tutor.

Providers must ensure ongoing compliance with all participation requirements and report to ValueOptions within 30 days of notification of any BACB sanctions for any violations or loss of BACB certification.

At intervals specified by ValueOptions, ABA supervisors must cooperate with tutor and supervisor audits as outlined in the TRICARE Operations Manual, Chapter 18, Section 8, Paragraph 10.

Reporting Paperwork

ABA Tutor Supervision/Observation Form
TRICARE ABA Initial Behavior Plan
TRICARE ABA Progress Report

These documents are available in the Provider Tools section of this Guide. You can also find them in the Behavioral Health Provider portal at Humana-Military.com.
Claims Filing and Reimbursements for Autism Demonstration

Claims for ABA services will be submitted by the ACSP on a Centers for Medicare and Medicaid (CMS) 1500 Claim Form as follows:

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

The Functional Behavioral Assessment and Analysis and initial Behavior Plan will be invoiced using Healthcare Common Procedure Coding System (HCPCS) “S5108, Home care training to home care client, per 15 minutes.” Reimbursement for the Functional Behavioral Assessment and Analysis includes the intellectual work and diagnostic evaluation required to establish the initial Behavior Plan.

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

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

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

**Development of the required Progress Report and updated Behavior Plan** will be invoiced using Current Procedural Terminology (CPT) 99080, “Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form.”

**Conducting the required quarterly progress meetings** with the beneficiary’s caregivers will be invoiced using CPT 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.”

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

- The TRICARE Maximum Allowable Charge (TMAC, also known as 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
- The billed charge.

Please see www.tricare.mil/CMAC/default.aspx to find TMAC rates for codes 99080 and 90887.
Exclusions

TRICARE will not cost-share:

- Group ABA sessions
- Training of ABA tutors
- Charges for program development, administrative services, and the assessment required for developing the ABA Progress Report and updating the Behavior Plan
- More than one Autism Demonstration service provided to the same beneficiary during the same time period, such as supervision of the tutor
- Reassessment of established Autism Demonstration participants. This will be conducted as part of the routine supervision services and is not separately reimbursable
- Training of parents. Parental training shall be provided while billable ABA services are being provided to the beneficiary

Program Overview

Beginning July 25, 2013, the Department of Defense expanded Autism services to NADFMs, including retiree family members, with the introduction of the Applied Behavioral Analysis (ABA) Pilot Program.

The ABA Pilot Program offers access to additional areas of ABA reinforcement from approved, supervised Board Certified Assistant Behavioral Analysts (BCaBA) and paraprofessional ABA tutors. The program is an enhancement to the current TRICARE Basic ABA benefit.

The ABA Pilot is available in the United States and D.C. The program will run for one year (July 25, 2013, to July 24, 2014) and any extension requires new legislation.

The Pilot program covers ABA reinforcement services that:
- Implement basic principles of Applied Behavior Analysis and target behaviors associated with the core deficits of Autism Spectrum Disorder (ASD)
- Focus on changing the child’s behavior by observing and measuring the behavior in real-life environments
- Use scientific behavioral data to identify functional relationships between environmental events and behavior
- Gather behavioral data to track progress in reaching behavioral objectives identified in the Treatment Plan and periodically modify the Plan to adapt to the child’s response to the intervention
- Incorporate parent training so family members/caregivers can teach and support skills during typical family activities
- Require meetings between family members/caregivers and those designing and implementing the intervention program.

For questions regarding ABA Pilot Program policy, consult the TRICARE Policy Manual 6010.57-M, Chapter 7, Section 3.19; and TRICARE Operations Manual 6010.56-M, Chapter 18, Section 15.

Family Requirements

Eligibility

Eligible families must first be NADFMs. The Pilot is available to beneficiaries, age 18 months and older, who are diagnosed with an ASD by a TRICARE-authorized Physician Primary Care Manager (P-PCM) or Specialized ASD Provider, and referred to the ABA Pilot.

For the purposes of diagnosing 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; or by a TRICARE-authorized specialty ASD provider. 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.
In order to participate in the ABA Pilot, the beneficiary 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.

A second referral and prior authorization for ABA reinforcement is required once the initial ABA assessment is complete. The ABA provider will submit the initial assessment and the initial Treatment Plan to the referring provider. The referring provider will then issue the referral for ABA reinforcement under the ABA Pilot.

Beneficiary Cost Share Liability

Whether using TRICARE Standard/Extra or TRICARE Prime, the sponsor/NADFM cost share is 10 percent of the TRICARE Maximum Allowable Charge (TMAC).

The maximum cumulative TRICARE liability for benefits is $36,000 per fiscal year. This cost share does not count toward the annual deductible or catastrophic cap.

Provider Requirements

Applied Behavior Analysis services are available for all TRICARE-eligible beneficiaries as part of the TRICARE Basic Program. If appropriate, a provider may refer a Non-Active Duty Family Member to receive ABA reinforcement under the ABA Pilot Program.

ABA reinforcement services are provided by ABA tutors or bachelor's level Board Certified Assistant Behavior Analyst (BCaBA) working under the supervision of a master's level or above Board Certified Behavior Analyst (BCBA or BCBA-D).

Autism Corporate Service Provider

The Autism Corporate Service Provider shall:

- Submit evidence to ValueOptions that professional liability insurance in the amounts of $1 million per claim and $3 million in aggregate, unless state requirements specify greater amounts, is maintained in the ACSP’s name;
- Submit claims to ValueOptions using assigned CPT and HCPCS codes as detailed in the Claims section of this Guide;
- Submit to ValueOptions all documents necessary to support an application for designation as a TRICARE ACSP;
- Enter into a Participation Agreement with ValueOptions;
- Employ directly or contract with ABA Supervisors, BCaBAs and/or ABA Tutors;
- Certify that all ABA Supervisors, BCaBAs and ABA Tutors meet the education, training, experience, competency, supervision and ABA Pilot requirements;
• Comply with all applicable organizational and individual licensing or certification requirements in the state, county, municipality or other jurisdiction in which ABA reinforcement are provided under the ABA Pilot;
• Maintain employment or contractual documentation in accordance with applicable federal, state and local requirements and corporate policies regarding ABA Supervisors, BCaBAs and ABA Tutors;
• 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
• Comply with all other requirements applicable to TRICARE-authorized providers.

ABA Supervisors

To be approved as an ABA supervisor for the ABA Pilot program, providers must meet the following criteria:
• Have a master’s degree or above in a qualifying field as defined by the BACB; and
• Have a current, unrestricted state-issued license or certificate to provide ABA; or
• Have a current certification from the BACB as a BCBA or BCBA-D where such state-issued license or certification is not available;
• Employ directly or contract with BCaBAs and ABA tutors; and
• Report to ValueOptions within 30 days of notification of a BACB sanction issued to the ABA supervisor for violation of BACB disciplinary standards or notification of loss of BACB certification. Loss of BACB certification shall result in termination of the ABA Corporate Services Provider Agreement with the ABA supervisor with an effective date of such notification.
• 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
• 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
• Meet all applicable requirements of the states in which they provide ABA reinforcement, including those states in which they provide remote supervision of BCaBAs and ABA tutors and oversee ABA reinforcement provided where the beneficiary resides; and
• Have TRICARE certification:
  o To become a TRICARE-certified provider, visit www.MyTRICARE.com and follow the navigation for Forms to Provider Certification or contact TRICARE Provider File Operations at PGBA at (800) 403-3950 – follow the prompts for Provider File Maintenance.
• 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
• Cooperate fully with ValueOptions participation criteria compliance, quality of care, and service audits.
• Comply with all other applicable requirements to TRICARE-authorized providers; and
• Comply with TRICARE documentation requirements as specified in the TRICARE Policy Manual, Chapter 1, Section 5.1.
BCaBA Pilot Tutors

To be approved as a bachelor's level ABA tutor, providers must meet the following criteria:

- Have a bachelor’s degree or above in a qualifying field as defined by the Behavior Analyst Certification Board (BACB); and
- Have a current, unrestricted state-issued license or certificate to provide ABA; or
- Have a current certification from the BACB as a BCaBA where such state-issued license or certification is not available; and

**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.

Paraprofessional ABA Pilot Tutors

To be approved as a paraprofessional ABA tutor, providers must meet the following criteria:

- 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 ABA Corporate Service Provider.
- Have documentation verifying completion of 40 hours of classroom training provided by a BCBA or BCBA-D trainer, maintained by the ABA supervisor and the ABA tutor, that includes:
  - 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.

Both Tutor types must meet additional criteria to participate in the ABA Pilot Program:

- Have undergone a Criminal History Review as specified by TRICARE policy; and
- Receive one hour of direct supervision per 10 hours of ABA reinforcement for each beneficiary to whom the ABA Tutor provides ABA reinforcement per month. The ABA Supervisor ensures tutoring is conducted 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 ValueOptions.

**Note:** Remote supervision through the use of real-time methods is authorized. For this purpose, “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. This is usually done by electronic transmission over the Internet.
Provider Authorizations

Treatment Management

1. Autism Spectrum Disorder Diagnosis from an appropriate provider

In the ABA Pilot, beneficiaries, age 18 months and older, must be diagnosed with an ASD by a TRICARE-authorized Physician Primary Care Manager (P-PCM) or Specialized ASD Provider. For the purposes of diagnosing ASD, TRICARE-authorized P-PCMs include: TRICARE-authorized family practice, internal medicine or pediatric physicians, whether they work in the purchased care or direct care system. Other PCMs, including NP & PA, may not refer beneficiaries for ABA assessment or ABA for ABA Pilot participant coverage purposes.

TRICARE-authorized specialty ASD providers may also diagnose ASD. 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.

2. Prior Authorization from ValueOptions

Authorization by ValueOptions is required prior to either initiation of the ABA assessment or beginning ABA reinforcement. Referral for initial ABA assessment will precede the referral for ABA reinforcement. Referral for ABA reinforcement is generated when results of the initial assessment deem reinforcement necessary. Each authorization period for ABA reinforcement shall be for one year. A new referral is required for each period of authorized care.

The initial referral and prior authorization to the Board Certified Behavior Analyst is for the ABA assessment only.

Contact the ValueOptions ECHO/ABA Customer Service Line at (866) 323-7155 for additional information on prior authorization.

3. Referral for Initial ABA Assessment

To participate in the ABA Pilot, a beneficiary 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.

The assessment includes data from:
- Direct observation, measurement and recording of behavior
- A functional assessment that may include a functional analysis to address problematic behaviors
- Parent/caregiver interview and parent report rating scales

In addition, the ABA assessment must include baseline psychometric testing:
- Autism Diagnostic Observation Schedule, Second Edition (ADOS-2) (Lord, C., et.al., 2012); and
- Vineland Adaptive Behavioral Scale II (Vineland-II) (Sparrows, 2005), to include the Maladaptive Behavior Scale

If the ABA provider conducting the initial ABA assessment is not qualified to administer these measures, the referring provider must refer the beneficiary to a TRICARE-authorized provider who possesses the requisite training (e.g., a licensed clinical psychologist) to provide this psychometric testing. Alternatively, the TRICARE-authorized referring provider may administer the psychometric measures listed above, but only if qualified.

Regardless of who conducts the standardized testing, it is the responsibility of the ABA provider conducting the ABA assessment to ensure that the results 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. Psychometric testing alone does not determine TRICARE authorization for ABA.

4. Treatment Plan Development

The initial referral for assessment also includes the development of the initial ABA Treatment Plan.

The Treatment Plan should include:
- The beneficiary’s name, date of birth, date of the initial ABA assessment and initial ABA Treatment Plan were completed, the sponsor’s ID, name of the referring provider;
- Background and history (include information that clearly demonstrates the beneficiary’s condition, diagnoses, medical comorbidities, family history, and how long the beneficiary has been receiving ABA), objectives and goals, TRICARE-eligible family member/caregiver training and ABA recommendations;
- Documentation of the specific, problematic behavioral targets and corresponding specific ABA intervention to treat each target;
- Summary of baseline ASD psychometric testing results on the ADOS-2 and Vineland-II.
  - 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 Treatment Plan objectives and goals should address each deficit.
- ABA objectives and goals, to include a detailed description of the targeted skills and behaviors to be addressed through specific ABA interventions for each target and the objectives to be measured. Objectives and goals are individualized based on beneficiary need and address identified deficits in:
  - Social interaction
  - Communication
  - Behavior
- 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. 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 Treatment Plan. Any Treatment Plan 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.
- The number of hours per week recommended for ABA reinforcement services and direct, one-to-one services by the BCBA or BCBA-D.
5. ABA Reinforcement

A second referral and prior authorization for ABA reinforcement is required once the initial ABA assessment is complete. The ABA provider will submit the initial assessment and initial Treatment Plan to the referring provider.

Based on the results of the initial ABA assessment, the referring provider will submit a second referral for ABA Reinforcement under the ABA Pilot program. The referral and prior authorization shall not exceed the expiration of the Pilot on July 24, 2014.

6. ABA Reassessment

The ABA Treatment Plan is updated by the Board Certified Behavior Analyst and will be based on periodic reassessment of progress toward objectives and goals.

The Vineland-II must be repeated every 180 days as a measure of treatment progress. However, individual reviews for continued treatment will consider all facts and circumstances, including referring provider input, parent/caregiver involvement and concerns, and any factors contributing to impediments to demonstrated progress.

The Vineland-II should be submitted to the referring provider and ValueOptions.

Reporting Paperwork

ABA initial assessment that includes the results of ADOS-2 and Vineland-II
Repeat Vineland-II every 180 days
Initial Treatment Plan
Treatment Plan Update, sent one month prior to the end of the authorization
ABA Tutor Supervision/Observation Form

The ABA Tutor Supervision/Observation Form is available in the Provider Tools section of this Guide or in the Behavioral Health Provider portal at Humana-Military.com.
Claims Filing and Reimbursements for ABA Pilot

Claims for ABA Pilot services will be submitted by the ACSP on a Centers for Medicare and Medicaid Services (CMS) 1500 Claim Form.

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).

Initial ABA assessment: with development of the initial ABA Treatment Plan will be coded using Current Procedural Terminology (CPT) code 1181F. Three G codes must also be filed on the same claim for the initial assessment:

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>1181F</td>
<td>Initial ABA assessment to determine indication for ABA</td>
<td>This informational code must be included</td>
</tr>
<tr>
<td>G8539</td>
<td>Initial ABA assessment and Initial ABA Treatment Plan development, per 15-minute time unit</td>
<td>Pay code; claim will not pay without other codes listed</td>
</tr>
<tr>
<td>G9165</td>
<td>Current patient status</td>
<td>This informational code must be included</td>
</tr>
<tr>
<td>G9166</td>
<td>Initial ABA Treatment Plan goal</td>
<td>This informational code must be included</td>
</tr>
</tbody>
</table>

Note: All informational codes must have an amount greater than $0, but these codes will not pay the amount listed.

Psychologists and psychiatrists who only provide psychometric testing should use CPT codes 96101-96103 and 96118-96120 for standardized developmental, mental, emotional and behavioral screening instruments. BCBAs and BCBA-Ds who provide testing will bill that time as part of the initial ABA assessment.

If the initial ABA assessment concludes that ABA is not appropriate, the ABA provider will use CPT code 1181F and Healthcare Common Procedure Coding System (HCPCS) code G8542 meaning “No deficiencies identified for which ABA would provide medical benefit, care plan not required per 15 minutes.”

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

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

ABA training provided to the family member/caregiver: by an ABA provider, in-person, will be billed using HCPCS code SS110 meaning “TRICARE eligible family member/caregiver training.”

ABA provided to the beneficiary: by an ABA provider will be billed using HCPCS code SS115 meaning “Beneficiary ABA by a TRICARE authorized provider.”
ABA repeat assessments to determine beneficiary’s progress and development of the ABA Treatment Plan update prior to each reauthorization period will be coded using the following:

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>1450F</td>
<td>Reassessment of symptoms for possible ABA</td>
<td>This informational code must be included</td>
</tr>
<tr>
<td>G8539</td>
<td>ABA repeat assessment and ABA Treatment Plan update, per 15-minute time unit</td>
<td>Pay code; claim will not pay without other codes listed</td>
</tr>
<tr>
<td>G9165</td>
<td>Current patient status</td>
<td>This informational code must be included</td>
</tr>
<tr>
<td>G9166</td>
<td>ABA Treatment Plan goal update</td>
<td>This informational code must be included</td>
</tr>
</tbody>
</table>

**Note:** All informational codes must have an amount greater than $0, but these codes will not pay the amount listed.

If reassessment determines the **beneficiary is ready to be discharged** from ABA Pilot, CPT code 1450F is used with codes G8542, “continued ABA is not indicated” and G9167, “discharge from ABA.”

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

- The TRICARE Maximum Allowable Charge (TMAC, also known as CMAC); or
- $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.

**Exclusions**

TRICARE will not cost-share:

- ABA provided in a group format
- ABA rendered by a provider type other than those authorized to provide ABA
- ABA rendered by a provider not authorized and certified under TRICARE
- ABA for all other diagnoses that are not ASD/PDD
- 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 Treatment Management section 1.
- ABA provided when there is no ABA referral from a TRICARE-authorized ASD referring provider as specified in Treatment Management section 3.
- 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 Treatment Management section 5
- 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
- Educational and vocational rehabilitation services
- Respite care
Frequently Asked Questions for ABA Programs

1. Q: Who approves authorizations for autism services in the South Region?  
A: ValueOptions has the responsibility for approving authorizations. For information about obtaining an authorization, please call the ECHO/ABA Customer Service Line at (866) 323-7155.

2. Q: How do I become a TRICARE provider for ABA services?  
A: If you wish to participate as a TRICARE provider for ABA service, you must first complete the TRICARE certification application for Applied Behavior Analysts and fax to PGBA at (803) 462-3992. Once TRICARE certified, you can apply for approval to participate in the ABA programs.

3. Q: What are the ABA Benefits under TRICARE?  
A: Basic Benefit: This benefit is available to all eligible TRICARE beneficiaries. Services under this program are provided by a BCBA or BCBA-D working directly with the beneficiary and his/her family. BCaBAs and behavioral tutors are not eligible to provide services under this program.

   The Enhanced Access to Autism Services Demonstration: This benefit is available only to ADFMs enrolled in the ECHO. This program utilizes BCBA/BCBA-D and BCaBA Supervisors who provide direct supervision of Behavioral Tutors. A separate application is required for this program.

   The ABA Pilot program: This program is available only to NADFMs. This program utilizes BCBA/BCBA-D Supervisors who provide direct supervision to BCaBA Tutors and Behavioral Tutors. A separate application is required for this program.

   If you currently employ behavioral tutors and you are interested in becoming an approved provider for the Autism Demonstration project and/or the ABA Pilot program, please contact abaprovhelptricare@jax.valueoptions.com and request an application.

4. Q: Does a new ABA Supervisor or Tutor need to be approved by ValueOptions before providing services to beneficiaries?  
A: A provider must complete an ABA Supervisor/Tutor application and an Autism Corporate Services Provider (ACSP) agreement and submit to ValueOptions via fax at (866) 429-8995. You may obtain copies of these forms by visiting the Behavioral Health Provider Forms page of Humana-Military.com or emailing ProvhelpTRICARE@jax.valueoptions.com.

   Supervisors and/or tutors should not begin providing services to TRICARE beneficiaries until they have been notified in writing by ValueOptions that they are approved for the Autism Demonstration and/or ABA Pilot. In addition, all ABA reinforcement services must be authorized prior to starting services.
Completion of the ABA Supervisor application does not qualify the provider as a TRICARE network provider. Providers interested in joining the TRICARE network will also need to complete the ValueOptions/TRICARE network application. TRICARE South Applications can be found on the Behavioral Health Provider Forms page of Humana-Military.com or emailing ProvhelpTRICARE@jax.valueoptions.com.

5. Q: Which providers can conduct the required psychometric testing?
   A: To perform the psychometric testing, the provider must be a TRICARE-authorized provider that is providing the testing within the scope of their license as regulated by the applicable state where the service is rendered. Families can call the ECHO/ABA Customer Service Line at (866) 323-7155 for a list of appropriate providers.

6. Q: Am I required to be a TRICARE network provider?
   A: No, but we encourage you to become part of the network so you can render services to all TRICARE beneficiary types. TRICARE Prime beneficiaries are required to seek services from a network provider, to avoid higher out-of-pocket costs. TRICARE Standard beneficiaries are able to seek services from a non-network provider. Network providers are also preferred providers, and are the first referrals beneficiaries receive.

7. Q: How will providers be reimbursed for services?
   A: Providers will be reimbursed at rates in accordance with information on http://tricare.mil/aba.

8. Q: Will becoming a TRICARE network provider affect my rates?
   A: No, you will be paid according to TRICARE policy.

9. Q: How do I become a network provider?
   A: Upon completing the certification process, you may obtain a copy of the TRICARE South application by visiting the Behavioral Health Provider Forms page of Humana-Military.com or emailing ProvhelpTRICARE@jax.valueoptions.com.

10. Q: How do I get a referral?
    A: Basic Benefit: The beneficiary’s PCM submits a referral to ValueOptions for ABA services.

    Autism Demonstration: The beneficiary family calls ValueOptions’ ECHO/ABA Customer Service Line at (866) 323-7155 for ECHO enrollment determination and initial authorization in the Autism Demonstration.

    ABA Pilot: The beneficiary’s PCM submits a referral for a comprehensive ABA assessment. An assessment is completed by a BCBA, BCBA-D, or other TRICARE-authorized ABA provider practicing within the scope of their state license or state certification. The assessment is returned to the PCM. Upon receiving the assessment, the PCM submits a second referral, for ABA reinforcement under the ABA Pilot.

11. Q: How do I remove a supervisor, BCaBA, or tutor from my practice?
    A: You will need to send written notification to ValueOptions with the name of the Tutor and the effective date of the change. This can be sent via fax to (866) 429-8995 or e-mail to abaprovhelptricare@jax.valueoption.com.
12. Q: How do I get more information on TRICARE and the Autism Demonstration and/or ABA Pilot program?
   A: Information is available at Humana-Military.com and www.tricare.mil.
Acronyms

ABA   Applied Behavior Analysis
ACSP  Autism Corporate Services Provider
ADFM  Active Duty Family Member
ADOS-2 Autism Diagnostic Observation Schedule, Second Edition
ADSM  Active Duty Service Member
AS    Asperger's Syndrome
ASD   Autism Spectrum Disorder
BACB  Behavior Analyst Certification Board
BCaBA Board Certified Associate Behavioral Analyst
BCBA  Board Certified Behavioral Analyst
BP    Behavioral Plan
CHAMPUS Civilian Health and Medical Program of the Uniformed Services (now called TRICARE)
CMAC  CHAMPUS Maximum Allowable Charge (also known as TMAC – TRICARE Maximum Allowable Charge)
CMS   Centers for Medicare and Medicaid Services
CMS-1500 CMS Professional Claim Form
COB   Coordination of benefits
CPT   Current Procedural Terminology
DEERS Defense Enrollment Eligibility Reporting System
DHA   Defense Health Agency
DOB   Date of Birth
DoD   Department of Defense
DOS   Date of Service
ECHO  Extended Care Health Option
EFMP  Exceptional Family Member Program
EFT   Electronic Funds Transfer
EHHC  ECHO Home Health Care
EIN   Employee Identification Number
EMC   Electronic media claims
EOB   Explanation of Benefits
ERA   Electronic Remittance Advice
HCPCS Healthcare Common Procedure Coding System
HGB   Humana Government Business
HIPAA Health Insurance Portability and Accountability Act of 1996
ICD-9 International Classification of Diseases, Ninth Revision
ID    Identification
IDEA  Individuals with Disabilities Education Act
IEP   Individual Education Plan
IFSP  Individualized Family Service Plan
IVR   Interactive Voice Response
MCSC  Managed Care Support Contractor
MHS   Military Health System
MTF   Military Treatment Facility
NADFM Non-Active Duty Family Member
NADSM Non-Active Duty Service Member
NPI   National Provider Identifier
OHI   Other Health Insurance
PCM   Primary Care Manager
PGBA  PGBA, LLC
Important Contact Information

Authorization Inquiries
ValueOptions ECHO/ABA Customer Service Department
VOecho@jax.valueoptions.com
Or (866) 323-7155

Claims Inquiries and TRICARE Certification
PG BA: (800) 403-3950
XPress Claims: (866) 698-7422

TRICARE South Region
Claims Department
P.O. Box 7034
Camden, SC 29020-7031
www.myTRICARE.com

Supervisor and Tutor Applications
ValueOptions
Attn: Credentialing
P.O. Box 551188
Jacksonville, FL 32255-1188
(800) 700-8646

For Initial Credentialing:   ProveHelpTricare@jax.valueoptions.com
ABA Supervisor and Tutor applications:  ABAProvHelpTricare@jax.valueoptions.com
Or Fax to: (866) 429-8995

Clinical Updates
(Behavior Plans, Treatment Plans, Progress Reports, referrals, requests to update authorization)
ValueOptions
Attn: ECHO
P.O. Box 551188
Jacksonville, FL 32255-1188

Or Fax to: (866) 811-4422
Humana-Military.com
## ABA Benefits

<table>
<thead>
<tr>
<th>Basic Benefit (OPBH 50)</th>
<th>Autism Demo (OPBH 51)</th>
<th>ABA Pilot (OPBH 52/53)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who's Eligible</strong></td>
<td>All TRICARE eligible</td>
<td>Only Active Duty Family Members (ADFM)</td>
</tr>
<tr>
<td><strong>Criteria to receive ABA</strong></td>
<td>Must have an ABA specific referral from a:</td>
<td>Enrolled in ECHO. Eligibility and registration are prerequisites to ECHO benefits being authorized</td>
</tr>
<tr>
<td></td>
<td>· PCM (physician or NP);</td>
<td></td>
</tr>
<tr>
<td></td>
<td>· Physician board-certified or board-eligible in behavioral developmental pediatrics;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>· Neurodevelopmental pediatrics;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>· Pediatric neurology or child psychiatry; or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>· Ph.D. clinical psychologist working primarily with children</td>
<td></td>
</tr>
<tr>
<td><strong>Prior Authorization?</strong></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Providers authorized</strong></td>
<td>BCBA or BCBA-D only</td>
<td>ABA Supervisor (BCBA and BCaBA)</td>
</tr>
<tr>
<td><strong>Providers conducting service</strong></td>
<td>BCBA or BCBA-D</td>
<td>ABA Tutors and Supervisors</td>
</tr>
<tr>
<td><strong>Limitation on services</strong></td>
<td>None at this time</td>
<td>$36,000/Fiscal Year</td>
</tr>
<tr>
<td><strong>Approved Codes</strong></td>
<td>S5108 (Functional Behavioral Assessment, Initial Treatment Plan, and ABA rendered by authorized provider)</td>
<td>S5108 (Initial Functional Behavioral Assessment, Initial Treatment Plan, and ABA reinforcement rendered jointly by Supervisor and Tutor)</td>
</tr>
<tr>
<td></td>
<td>99080 (Treatment plan updates)</td>
<td>H2019 (ABA reinforcement rendered directly by Tutor)</td>
</tr>
<tr>
<td></td>
<td>90887 (Progress meetings w/family)</td>
<td>99080 (Development of progress report and updated BP)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>90887 (Quarterly progress meetings with bene’s caregivers)</td>
</tr>
</tbody>
</table>

### Pilot Assessment (OPBH 53)
- 1181F (Initial assessment by BCBA) with G8539 (Initial assessment & TP per 15 min units); G9165 (patient status code); AND G9166 (initial ABA TP goal); OR if deficiencies found use G8542 with 1181F
- 96110 & 96111 (psychometric testing)

- Pilot ABA & Reinforcement (OPBH 52)
  - S5108 (ABA reinforcement rendered jointly by Supervisor and BCaBA/Tutor)
  - H2019 (ABA reinforcement rendered directly by BCaBA/Tutor)

- S5110 (Family/caregiver training by BCBA)
- S5115 (Beneficiary ABA by BCBA)
- 1450F (Reassessment & TP update by BCBA) with G8539 (repeat assessment & TP per 15 min units); G9165 (patient status code); AND G9166 (ABA TP goal update); OR if discharge is indicated, use G8542 (continued ABA not indicated); and G9167 (discharge from ABA) with 1140F
Sample Forms

Use the attached forms to report treatment and progress for ABA programs to ValueOptions.

ABA Basic Paperwork
Initial Treatment Plan
TRICARE ABA Progress Report
Treatment Plan Update

Autism Demonstration Paperwork
TRICARE ABA Initial Behavior Plan
TRICARE ABA Progress Report
ABA Tutor Supervision/Observation Form

ABA Pilot Paperwork
ABA initial assessment that includes the results of ADOS-2 and Vineland-II
Repeat Vineland-II every 180 days
Initial Treatment Plan
Treatment Plan Update, sent one month prior to the end of the authorization
ABA Tutor Supervision/Observation Form

All forms can be submitted via secure fax to (866) 811-4422.

These documents are also available for download in the Behavioral Health Provider Portal at Humana-Military.com.
ABA Tutor Supervision/Observation Form

☐ AUTISM DEMO Beneficiary  ☐ ABA PILOT Beneficiary

Total number of hours rendered for the month: ________

IDENTIFYING DATA

Patient’s Name: ___________________________  DOB: ___________  Sponsor #: ___________________________

SUPERVISOR INFORMATION

Supervisor’s Name: ___________________________  Tutor’s Name: ___________________________

Supervised Session Date: ________________  Start Time: ________________  End Time: ________________

Supervision provided:  ☐ In Person  ☐ Remote

Goals addressed by Tutor in Session:

-----------------------------------------------------------------------------------------------------------------------------

Targeted Skills:

☐ Communication  ☐ Adaptive  ☐ Motor  ☐ Academic
☐ Mental Health Issues  ☐ Cognitive  ☐ Development  ☐ Behavior
☐ Vocational  ☐ Social  ☐ Health/Physical  ☐ Other: ___________________________

Tutor’s ABA Technique(s) Utilized:

-----------------------------------------------------------------------------------------------------------------------------

Beneficiary Response to Tutor ABA Technique(s):  ☐ Positive  ☐ Negative  ☐ No response

Teaching critiques provided by the Supervisor to the Tutor:

-----------------------------------------------------------------------------------------------------------------------------

Parent/Caregiver(s) present at session:  ☐ Yes  ☐ No

Parent/Caregiver participated in session:  ☐ Yes  ☐ No

Tutor provided services in accordance with BACB Guidelines for Responsible Conduct for Behavior Analysts?

☐ Yes  ☐ No  If no, please explain conduct and actions taken.

-----------------------------------------------------------------------------------------------------------------------------

Supervisor Signature (Required)  Agency Name (Required)  Date

Return this form via email to ABAaudits@jax.valueoptions.com or by fax to (866) 811-4422.
TRICARE® ABA INITIAL BEHAVIOR PLAN

IDENTIFYING DATA
Patient’s Name: ___________________________ DOB: ____________ Sponsor ID #: ___________________________

DSM 5 Diagnosis
Axis I - ______/_____/______/______/______ Axis II - ______/______

BEHAVIOR ANALYST INFORMATION
ABA Provider’s Name: ___________________ Phone#: (___) _______ Fax#: (___) _______
Date of Functional Assessment: ____________ Referring Provider: ____________________________

Beneficiary’s history, include condition, diagnosis and family history:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

How long has the beneficiary received Applied Behavior Analysis (ABA)? __________________________

Community services or therapies that are also being accessed:
School ☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Early Intervention Programs ☐
Community Center ☐ Medicaid funded ☐ State Waiver programs ☐ Other: __________________________

How will ABA services be coordinated with services or therapies listed above and with the referring provider?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
TRICARE® ABA INITIAL BEHAVIOR PLAN

Goals and Objectives (should be specific, measurable and time limited):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Targeted Skills:

- Communication
- Adaptive
- Motor
- Academic
- Mental Health Issues
- Cognitive
- Development
- Behavior
- Vocational
- Social
- Health/Physical
- Other: _____________________

How skills will be addressed and objectives will be measured:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Frequency and method of assessing progress:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Plan to train parent/caregiver(s) to implement and reinforce skills and behaviors:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Plan to train parent/caregiver(s) on strategies within specific settings (i.e. home, school, etc.):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
TRICARE® ABA INITIAL BEHAVIOR PLAN

Diagnostic Tests administered:

Vineland-II Score:

<table>
<thead>
<tr>
<th>Communication</th>
<th>Daily Living</th>
<th>Socialization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor</td>
<td>Adaptive Behavior</td>
<td>Maladaptive Behavior</td>
</tr>
</tbody>
</table>

Notes from Vineland-II:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

ADOS-2 Score:

<table>
<thead>
<tr>
<th>Communication</th>
<th>Social</th>
<th>Communication &amp; Social</th>
</tr>
</thead>
</table>

Notes from ADOS-2:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Summary and Recommendations Progress (Include extent of parental involvement to implement plan):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Clinical justification for frequency/intensity of requested services:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
TRICARE® ABA INITIAL BEHAVIOR PLAN

Requesting: ☐ Basic ABA     Reinforcement: ☐ Autism Demo ☐ ABA Pilot

Hrs. of ABA services requested each week: By Supervisor _______________ By Tutor(s) _______________

Name of Tutor(s):

________________________________________________________________________________________

________________________________________________________________________________________

Supervisor’s Signature ___________________________ Date ____________
IDENTIFYING DATA

Patient’s Name: ____________________________________________________________

DOB: ___________________________ Sponsor ID #: ______________________________

Date first seen: _________________ Current evaluation period: _____________ to _____________

Request for: ☐ Basic ABA ☐ Autism Demo ☐ ABA Pilot

PROVIDER INFORMATION

Behavior Analyst Name and Credentials: ___________________________________________

Phone: ________________________ Fax: __________________________________________

Tutor(s), if applicable: _______________________________________________________

Hours of ABA services requested each week:

By Supervisor: ____________________________ Tutor: ________________________________

Targeted Skills:

☐ Communication ☐ Adaptive ☐ Motor ☐ Academic
☐ Mental Health Issues ☐ Cognitive ☐ Development ☐ Behavior
☐ Vocational ☐ Social ☐ Health/Physical ☐ Other: ______________________________

Narrative summary of progress (Include breaks in service if applicable):
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
Patient’s Name: ___________________________ Sponsor ID #: ___________________________

List specific and measurable goals and objectives that appear on the Initial Report and give status of each – progress made, date of mastery, etc.:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Parents/caregivers participation in training:

As agreed in initial plan: □ Always □ Frequently □ Sometimes □ Never
Participated at every ABA service: □ Always □ Frequently □ Sometimes □ Never
Reinforce skills on own: □ Always □ Frequently □ Sometimes □ Never

Challenges and barriers to progress. State how barriers are to be addressed:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Patient’s Name: ______________________ Sponsor ID #: __________________

**New Goals & Target Dates:**

- 
- 
- 
- 
- 
- 
- 
- 

**Recommendations/updates for Continuation of Services:**

- 
- 
- 
- 
- 
- 
- 

**Vineland Score (Pilot only):**

<table>
<thead>
<tr>
<th>Communication</th>
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</tbody>
</table>

Notes from Vineland-II:

- 
- 

**Signature Analyst/Supervisor and Credentials** ___________________________ Date ___________________________
Contact ValueOptions

For Credentialing questions  ProvHelpTricare@jax.valueoptions.com
(800) 700-8646

For ABA-specific questions  ABAProvHelpTricare@jax.valueoptions.com

For Authorization questions  (866) 323-7155

Secured Networks Fax  (866) 429-8995
Secured Clinical Fax  (866) 811-4422