



US Family Health Plan Autism Care Demonstration

PROVIDER TRAINING

Program Description

Autism Care Demonstration (ACD)

The Comprehensive Autism Care Demonstration (ACD) provides TRICARE reimbursement for Applied Behavior Analysis (ABA) services to TRICARE eligible beneficiaries diagnosed with Autism Spectrum Disorder (ASD)

The overarching goal of this demonstration is to analyze, evaluate, and compare the quality, efficiency, convenience, and cost effectiveness of ABA services that do not constitute proven medical care provided under the medical benefit coverage requirements that govern the TRICARE Program.

According to TRICARE Operations Manual (TOM), Chapter 18, Section 3, paragraph 1.0, *Department Of Defense (DoD) Comprehensive Autism Care Demonstration (ACD)*

<https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-09-17/AsOf/TOT5/C18S3.html>

Goals of ACD

*“Member/Patient/Beneficiary”
are used interchangeably.*

- Analyzing and evaluating the appropriateness of the ACD under TRICARE in light of current and future Behavior Analyst Certification Board (BACB) Guidelines for “Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers” (2014 or current edition);
- Determining the appropriate provider qualifications for the proper diagnosis of ASD and for the provision of ABA, and assessing the added value of assistant behavior analysts and Behavior Technicians (BTs) beyond ABA provided by Board Certified Behavior Analysts (BCBAs);
- Assessing, across the TRICARE regions and overseas locations, the ASD beneficiary characteristics associated with full utilization of the ACD’s tiered delivery model versus utilization of sole provider BCBA services only, or non-utilization of any ABA services, and isolating factors contributing to significant variations across TRICARE regions and overseas locations in delivery of ABA;
- Determining what beneficiary age groups utilize and benefit most from ABA interventions;
- Assessing the relationships between receipt of ABA services and utilization of established medical interventions for children with ASD, such as Speech-Language Pathology (SLP) services, Occupational Therapy (OT), Physical Therapy (PT), and pharmacotherapy; and
- Assessing the feasibility and advisability of establishing a beneficiary cost-share for ABA services as a treatment for ASD.

Eligibility Criteria

TRICARE beneficiaries must meet at least one of the following qualifications to be eligible for ABA services under TRICARE's Autism Care Demonstration:

- A dependent of an Active Duty service member enrolled in US Family Health Plan and registered for the Extended Care Health Option (ECHO) program
- A RETIREE/RETIREE family member enrolled in TRICARE Prime or TRICARE Select
- Covered under the Transitional Assistance Management Program
- Covered under TRICARE For Life
- A participant in TRICARE Young Adult
- A participant in the North Atlantic Treaty Organization or Partnership for Peace
- No longer TRICARE-eligible, but participates in the Continued Health Care Benefits Program

Diagnosis of Autism Spectrum Disorder

Eligible beneficiaries must have an autism spectrum disorder (ASD) (F84.0) diagnosis by a TRICARE-authorized primary care provider (PCP) or specialized ASD-diagnosing provider.

Diagnosis occurs under the TRICARE basic benefit. TRICARE beneficiaries nominated for the ACD must have their TRICARE-authorized ASD-diagnosing and referring provider submit either a referral or diagnostic evaluation stating a diagnosis of ASD using DSM-5 criteria to initiate the process for enrollment into the ACD.

Diagnostic Diagnosis Requirements

A referral or diagnostic evaluation indicating an ASD diagnosis

The date of the initial ASD diagnosis

A completed DSM-5 Diagnostic Checklist

Complete results of an approved validated assessment tool

- Any one of the following validated assessment tools meet this requirement:
 - Screening Tool for Autism in Toddlers and Young Children (STAT)
 - Autism Diagnostic Observation Schedule-Second Edition (ADOS-2)
 - Autism Diagnostic Interview-Revised (ADI-R)
 - Childhood Autism Rating Scale-Second Edition (CARS-2)
 - Gilliam Autism Rating Scale, Third Edition (GARS-3)
(If the GARS-3 is completed, a diagnostic evaluation demonstrating the diagnosing provider used other methodology to supplement the parent questionnaire to render a diagnosis also is required.)

Additional Post Diagnosis Requirement *(Active Duty Family Member ONLY)*

Registration or provisional registration in ECHO (for active duty family members).

- Active duty family members must be registered in ECHO to participate in the ACD
- Active duty family members not currently enrolled in ECHO will receive provisional registration for up to 90 days
- During the 90 days, the beneficiary's DEERS record will reflect a "400" eligibility code indicating he or she can access the ECHO benefit and continue the process of ACD enrollment and initiating ABA services

(Additional information regarding ECHO is provided at end of training slides.)

The TRICARE Comprehensive Autism Care Demonstration (ACD) covers Applied Behavior Analysis (ABA) services. An authorization is required for all ABA services, including the initial assessment and development of the treatment plan.

Per TRICARE, ABA services are only allowed with providers/groups that meet the requirements outlined in the ACD. ABA providers/groups must be contracted and credentialed with US Family Health Plan.

Providers should register for the provider portal on our website: www.usfhp.net to verify member eligibility and check claims status.

To speak with a US Family Health Plan, call 800-241-4848.

Annual training is required for ABA providers and will be updated and posted annually on the US Family Health Plan provider website.

Provider Requirements & Authorizations

Provider Requirements

CPR/BLS Certification

- Complete and maintain Cardiopulmonary Resuscitation and Basic Life Support certification through approved courses.

Criminal History Background Check

- Providers with felony convictions or crimes against children are ineligible.
 - Supervisors: Provide a Criminal History Review.
 - Assistants and BTs: Provide a comprehensive background check including Federal, State, and County reports for the last 10 years.

ACSPs and Sole Providers:

- Liability Insurance: Maintain insurance of \$1 million per claim and \$3 million in aggregate.

Types of Providers

These are the types of providers that would administer Autism Care:

ACD-Corporate Services Providers (ACSPs) And Sole Providers

- ACSPs include autism centers, autism clinics, and Sole Providers (regardless of setting of rendered ABA services, i.e., home or clinic). In many cases, ACSPs will have contractual agreements with individual assistant behavior analysts and BTs under their supervision to render ABA services. Autism schools are not authorized providers under the ACD.

Authorized ABA Supervisors (BCBA, BCBA-D, or Clinical Psychologist)

- Have a master's degree or above in a qualifying field as defined by the state licensure/certification where defined or in the absence of state licensure/certification, a graduate degree from an accredited institution in behavior analysis, psychology, special education, or a related field; and
 - Have a current:
 - Unrestricted state-issued license or state certification for full clinical practice if practicing in a state that offers state licensure or state certification in behavior analysis or psychology; or
 - Certification from the BACB where such state-issued license or certification is not available.

TOM, Chapter 18, Section 3, paragraphs 8.3, 8.4

Types of Providers, cont'd

Assistant Behavior Analysts

Have a bachelor's degree or above in a qualifying field as defined by the state licensure/ certification where defined or in the absence of state licensure/certification, a degree in a field accepted by a certification body approved by the Director, DHA; and

- Have a current:
 - Unrestricted state issued license or state certification if they practice in a state that offers state licensure or state certification; or
 - Certification from the BACB or the Qualified Applied Behavior Analysis (QABA) certification board.
 - Note: Should a state licensure or state certification specify criteria for an assistant behavior analyst that results in a previously authorized TRICARE assistant behavior analyst not meeting the requirements for state licensure or state certification, that provider may be recognized by TRICARE as only a BT without having to obtain the BT certification (if allowed by state law) and shall be subject to all BT requirements once the state licensure language becomes effective. A certification as an ABA provider must be maintained.
- Assistant behavior analysts must receive supervision in compliance with their certification board. Assistant behavior analysts must work under the supervision of an authorized ABA supervisor who meets the requirements specified in paragraph 8.4.1.
- Assistant behavior analysts who conduct supervision of BTs must be in compliance with their certification board for supervisory activities.

TOM, Chapter 18, Section 3, paragraphs 8.3, 8.4

Types of Providers, cont'd

Behavior Technicians (BTs)

- All BTs must possess a current Registered Behavior Technician (RBT), Applied Behavior Analysis Technician (ABAT), or Board Certified Autism Technician (BCAT) certification, or state certification, before applying for TRICARE-authorized provider status.
- Note: Should a state licensure or state certification specify a BT certification type, that state designation must be followed.
- The contractor shall certify a BT as a TRICARE provider within 10 business days from the receipt of a complete application that meets all requirements for certification. DP certifies by collecting individual credentials yearly.
- BTs must receive ongoing supervision in compliance with their certification board.

TOM, Chapter 18, Section 3, paragraphs 8.3, 8.4

Provider Credentialing Requirements

ASD Diagnosing and Referring Providers

ASD diagnosing and referring providers include: TRICARE-authorized PCMs and specialized ASD diagnosing providers.

TRICARE authorized PCPs for the purposes of the diagnosis and referral include: TRICARE authorized pediatric physicians, pediatric family medicine, and pediatric nurse practitioners (NPs).

Authorized specialty ASD diagnosing providers include: TRICARE-authorized physicians board-certified or board-eligible in developmental-behavioral pediatrics, neurodevelopmental pediatrics, child neurology, child psychiatry; doctoral-level licensed clinical psychologists, or board-certified doctors of nursing practice (DNP). For DNPs credentialed as developmental pediatric providers, dual American Nurses Credentialing Center (ANCC) board certifications are required as follows:

- Either a pediatric NP or a family NP; and
- Either (Family, or Child/Adolescent) Psychiatric Mental Health Nurse Practitioner (PMHNP) or a (Child/ Adolescent) Psychiatric and Mental Health Clinical Nurse Specialist (PMHCNS).

For DNPs credentialed as psychiatric and mental health providers, single ANCC board certification is required as follows: as either a (Family or Child/Adolescent) PMHNP or a PMHCNS.

Diagnoses and referrals from Physician Assistants (PAs) or other providers not having the above qualifications shall not be accepted.

DP certifies the diagnosing providers individually and credentials all other ABA providers by their group.

Applied Behavior Analysis (ABA) Services

ABA SERVICES

Under the demonstration authority, TRICARE covers clinically necessary and appropriate ABA services for the diagnosis of ASD only. ABA services are one component of a comprehensive array of services. Additionally, **ABA providers are authorized to render only ABA services under the demonstration authority.** The following paragraphs identify approved ABA services under the demonstration:

ABA Services Benefit

ABA services for the diagnosis of ASD may be provided **solely by a master's level or above authorized ABA supervisor and/or under the tiered delivery model, where an authorized ABA supervisor will plan, deliver, and supervise an ABA program.** Both models are authorized and the model selected is based on the needs of the beneficiary. The Treatment Plan (TP) is based on which model is being implemented. See paragraphs 11.4 and 11.5 for definitions of sole and tiered delivery models.

TOM, Chapter 18, Section 3, paragraphs 8.0, 8.1

Initial Authorization for Assessment & Development of Treatment Plan

Prior to coverage for ABA services, the beneficiary must be diagnosed with autism spectrum disorder (ASD) by a TRICARE-authorized Primary Care Provider (PCP) or a specialized ASD diagnosing provider using DSM-5 criteria and receive a referral for ABA services that includes the ASD diagnosis, symptom severity level and level of support required according to DSM-5 ASC criteria.

For the purposes of the diagnosis and referral:

TRICARE authorized PCPs include:

- Pediatric physicians, pediatric family medicine, and pediatric nurse practitioners (NPs).

TRICARE authorized specialty ASD diagnosing providers include:

- Physicians board-certified or board-eligible in developmental-behavioral pediatrics, neurodevelopmental pediatrics, child neurology, child psychiatry, or doctoral-level licensed clinical psychologists, or board-certified doctors of nursing practice (DNP).

For the INITIAL assessment request 97151 code and the number of units needed up to 32 (8 hours) to perform the assessment, outcome measures and create the treatment plan. (One additional unit for each outcome measure performed during the assessment may be added to the request above the 32 units if needed.)

Also submit the documentation of the ASD (F84.0) diagnosing provider and a copy of the referral for the ABA initial behavior assessment and outcome measures. The referral from the ASD diagnosing provider should include the symptom severity level and level of support required according to DSM-5 ASC criteria. The referral is effective for two years.

Once the initial assessment, outcome measures and treatment plan (TP) are completed submit a second request with the documentation of the assessment, outcome measures, and TP with the planned ABA treatment service codes (97153, 97155, 97156, and 97158).

Include in this request code 97151 (behavior assessment) for the reassessment that is needed prior to the request for subsequent 6-month authorization period. Up to 24 units (6 hours) is allowed to perform the reassessment, required outcome measures and update the treatment plan. (One additional unit for each outcome measure performed during the assessment may be added to the request above the 24 units if needed.)

For subsequent 6-month ABA services authorizations submit reassessment, outcome measures and updated treatment plan with codes 97151 and the planned ABA treatment codes.

An ABA supervisor must conduct the initial assessment to develop the treatment plan. The assessment can begin once the authorization is approved.

For the initial and each 6-month behavior assessment, ACD required outcome measures should be performed and submitted with the ABA therapy authorization request.

Required outcome measures: PDDBI, SRS 2, Vineland III, and Parental Stress Index

Authorization for Initial ABA Treatment & Subsequent 6-Month Reassessments

Authorization Documentation for ABA Therapy

Beginning August 1, 2021, the TRICARE Autism Care Demonstration requires outcome measures with initial ABA treatment request and each subsequent reauthorization. TRICARE requires the submittal of outcome scores and relevant data, signature of respondents with identification of relationship to beneficiary, be submitted on the following outcome measures:

Pervasive Developmental Disorder Behavior Inventory (PDDBI, 2–18.5 years)

- Must be completed using the standard or extended form at baseline, and every six months thereafter, by the authorized ABA supervisor.
- The Parent Form and Teacher Form must be completed and submitted every six months thereafter to align with the TP submission and preauthorization.

Parenting Stress Index, Fourth Edition, Short Form (PSI-4), (0–12 years)

- The Short Form is required at baseline and every six months thereafter.

Stress Index for Parents of Adolescents (SIPA) or Current Edition (11–19 years + 11 months)

- The Profile Form is required with Initial ABA treatment authorization requests and with each reauthorization.

Vineland-3 or Current Edition (0–90 years)

- Due with Initial Authorization ABA treatment request, due annually thereafter.
- The Parent Form, the Interview Form (if completed by a Tricare authorized provider), or the Teacher Form is required.

Social Responsiveness Scale, Second Edition (SRS-2) or Current Edition (2.5–99 years)

- Due with initial Authorization ABA treatment request, due annually thereafter.
- The Parent Form is required.

All beneficiaries must have all outcome measures completed before requesting the initial authorization for treatment. Results must include the full report with scores. Outcome measures are to be completed no greater than 90 calendar days prior to each outcome measure's current due date. (A referral is not required for ABA providers [BSBA or BCBA-D] to administer the Outcome Measure testing.)

OUTCOME MEASURES REQUIREMENTS

Outcome Measure	Initial ABA Treatment Authorization	6 Month Reassessment	Annual ABA Reassessment
PDDBI	X	X	X
Parenting Stress Index	X	X	X
SRS 2	X		X
Vineland-3	X		X

Treatment Plan (TP)

ABA Services Documentation

ABA assessments and TP documentation (completed by the authorized ABA supervisor) must include:

❑ Identifying Information

The beneficiary's name, date of birth, date the initial ABA assessment and initial ABA TP were completed, the beneficiary's DoD Benefit Number (DBN) or sponsor's Social Security Number (SSN), and the name of the referring provider;

❑ Reason for Referral

The ABA TP and TP updates must include the ASD diagnosing/referring provider's ASD diagnosis, to include symptom severity level/level of support required according to DSM-5 ASD criteria.

❑ Background Information

Background and history to include, but is not limited to, information that clearly reports the beneficiary's condition, diagnoses, medical co-morbidities (to include over-the-counter (OTC) medications), family history, school enrollment status, number of hours enrolled in school, the number of hours receiving other support services such as OT, PT, and SLP, documentation of the age of the child and year of the initial ASD diagnosis, and how long the beneficiary has been receiving ABA services.

❑ Summary of Assessment Activities

The TP must include objectively measured behavioral excesses and deficits that impede the beneficiary's safe, healthy, and independent functioning in all domains applicable (language, development, social communication, and clinical adaptive behavior skills). This assessment may indicate a need for a behavior intervention plan (paragraph 11.6) for each target behavior excess and deficit. The TP shall include the list of assessments administered. The initial ABA assessment must include the PDDBI Parent Form Domain/Composite Score Summary Table.

Treatment Plan (TP), cont'd

□ TP Goals

The ABA TP must clearly define measurable targets in all relevant DSM-5 (or most current edition) symptom domains, including parent/caregiver goals as identified in the initial assessment, and objectives and goals individualized to the strengths, needs, and preferences of the beneficiary and his/her family members. The ABA TP goals must address core symptoms of ASD:

- Social Communication and Social Interaction Behavior (to include restricted, repetitive, and/or stereotypical patterns of behavior, interests, and/or activities);
- Restrictive/Repetitive/Stereotypical Patterns of Behavior (i.e., stereotyped/ repetitive motor movements, insistence on sameness, inflexible adherence to routines, highly fixated interests, hyper/hypo-activity to sensory input).
- Goals must be measurable, objective, achievable, developmentally appropriate, and clinically significant.
- Goals must be described as follows:
 - Objective, baseline and ongoing measurement levels for each target behavior/symptom in terms of frequency, intensity, and duration;
 - A description of treatment interventions and techniques specific to each of the targeted behaviors/symptoms;
 - Identify the objective measures of assessment for each goal specified; and
 - Functional goals must be specific to the beneficiary, objectively measurable within a specified time frame, attainable in relation to the beneficiary's prognosis and developmental status, relevant to the beneficiary and family, and directly related to the core symptoms of ASD as defined by the DSM.

(8.7.1.5 TP Goals continued on next slide)

TOM, Chapter 18, Section 3, paragraph 8.7

Treatment Plan Goals, cont'd

- When developing goals for beneficiaries with suspected or diagnosed co-morbid medical or behavioral health conditions, the authorized ABA supervisor must coordinate with the appropriate skilled and licensed professionals in order to assess the most appropriate treatment intervention. For the authorized ABA provider to address co-morbid condition targets, documentation on the TP must demonstrate coordination with the appropriate medical specialty services, to include the name of the consulting provider. For example:
- A beneficiary with a co-morbid diagnosis of a motor disorder who has TP goals addressing speech or motor skill development would require coordination with SLP, OT, or PT as appropriate.
- A beneficiary with a co-morbid diagnosis of anxiety disorder would require coordination with the appropriate behavioral health provider.
- A beneficiary with a feeding disorder would require coordination with the appropriate medical provider to include but not limited to: physician, dietitian, OT, or SLP.

TOM, Chapter 18, Section 3, paragraph 8.7

Treatment Plan (TP), cont'd

ABA Services Recommendations

- ❑ TP recommendations of units of ABA services are based on a combination of:
 - the DSM-5 (or most current edition) symptom domains and
 - levels of support required per DSM-5 ASD criteria, results of outcome measures (for TP updates), and the capability of the beneficiary to participate actively in ABA services.
- ❑ A recommendation for the number of hours, submitted as units, of all relevant ABA services (see CPT codes for all covered services) under the ACD must be included. If recommended units (hours) are not being rendered, then an explanation (i.e., family availability, family preference, BT turnover, etc.) is required to be documented in the subsequent TP.
- ❑ A recommendation for the number of monthly hours, submitted as units, and measurable objectives and goals for parent/caregiver treatment guidance on implementation of selected treatment protocols with the beneficiary at home and in other settings where applicable is required. Participation by the parent(s)/caregiver(s) is required, and re-authorization for ABA services is contingent upon their involvement. If parent(s)/caregiver(s) participation is not possible, the TP must document the reasons for non-participation (i.e., the parent/caregiver is deployed, is physically unable to deliver the ABA services, etc.). All attempts to mitigate the lack of involvement/participation must be documented by the ABA provider. Implementation of the TP should begin with parent guidance sessions (CPT code 97156 or 97157), especially if other ABA services are delayed because the authorized ABA supervisor is hiring a new BT for the TP.
- ❑ TP must identify recommended units for each requested CPT code including the location of rendered services.
- ❑ Documentation of parent/caregiver engagement and implementation of the ABA TP must be included as a required TP goal that is reassessed every six months during the ABA TP update. Reasons for lack of/inability for parental involvement must be documented.
- ❑ Recommendation for continued ABA services (if continuation is indicated) to include a recommendation for the number of weekly units of one-on-one ABA services, including documentation of clinical necessity if additional units are required.

TOM, Chapter 18, Section 3, paragraph 8.7

Treatment Plan (TP), cont'd

□ TP Progress

ABA reassessments and TP updates must document the evaluation of progress for each current behavior target identified on the initial ABA TP and prior TP updates. Documentation of the ABA reassessment and TP update must be completed every six months and include all of the following but not limited to (the contractor may request additional information based on best practices):

- Date and time the reassessment and TP update was completed.
- ABA provider conducting the reassessment and TP update.
- Evaluation of progress on each treatment target (i.e., Met, Not Met, Discontinued).
- Description of progress toward short and long-term treatment goals for the identified targets in each domain utilizing either graphic representation of ABA TP progress or an objective measurement tool consistent with the baseline assessment. Documentation should identify interventions that were ineffective and required modification of the TP. TP updates must document TP modifications that were the result of the outcome evaluations.
- Revisions to the ABA TP must include identification of new behavior targets, objectives, and goals, to include TP modifications based on the cumulative 6-month assessment of the PDDBI and other outcome measures evaluation.
- The contractor shall engage the authorized ABA supervisor to review the TP if no progress has been made and the provider must incorporate revisions to the individual TP to address the lack of progress.

TOM, Chapter 18, Section 3, paragraph 8.7

Treatment Plan (TP), cont'd

□ ABA Service Documentation

All ABA documentation must be completed according to the following, *continued*:

- Signatures
 - The ABA TP and TP updates must contain signatures by the authorized ABA supervisor, and the parent/caregiver to ensure the parent/caregiver is fully cognizant of the care being provided to their child.
- The reassessments, to include the completion of the PDDBI, and TP updates are required every six months (one assessment for each authorization period) and must be dated as being conducted during that time frame. Reassessments must be completed and submitted no later than 30 calendar days prior to the end of the current authorization for review for re-authorization. Any delay in submission of the ABA reassessment and TP updates may delay the subsequent authorization for ABA services.

TOM, Chapter 18, Section 3, paragraph 8.7

97151

Assessment of Behavior

Description: Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan

CPT code 97151 is a timed, 15-minute, increment code.

The initial ABA assessment, ABA TP development, and the ABA reassessments and TP updates, conducted by the authorized ABA supervisor during a one-on-one encounter with the beneficiary and parents/caregivers, must be coded using CPT code 97151, "Behavior Identification Assessment."

This code is intended for reporting initial assessments and reassessments by the authorized ABA supervisor once every six months.

CPT code 97151 is a timed code (per 15 minutes), meaning this code is reimbursed per authorized units provided by an authorized ABA supervisor (or as delegated to an assistant behavior analyst).

CPT code 97151 may not be conducted via telehealth.

97151

Assessment of Behavior (continued)

US Family Health Plan, will authorize CPT code 97151 for up to 32 units (eight hours) for the initial request of ABA services to complete an initial ABA assessment and TP development (to include administration, scoring, and review of the PDDBI). CPT code 97151 must be used within 14 calendar days of the first date of service for CPT code 97151 and is a use or lose concept.

US Family Health Plan, will, after the initial assessment, authorize CPT code 97151 for up to 24 units (six hours) for reassessments and TP updates for every subsequent authorization.

US Family Health Plan may authorize one additional unit of indirect CPT code 97151 per measure for providers that complete the Vineland, the SRS, and the PSI/SIPA, when prior authorized.

US Family Health Plan, will authorize CPT code 97151 for up to 32 units (eight hours) for the initial request of ABA services to complete an initial ABA assessment and TP development (to include administration, scoring, and review of the PDDBI). CPT code 97151 must be used within 14 calendar days of the first date of service for CPT code 97151 and is a use or lose concept.

US Family Health Plan, will, after the initial assessment, authorize CPT code 97151 for up to 24 units (six hours) for reassessments and TP updates for every subsequent authorization.

A second opinion authorization (for 32 units of CPT code 97151) may be permitted to overlap with another approved authorization. Two “ongoing” treatment authorizations of direct service (CPT codes 97153, 97155, 97156, 97157, and 97158) are not permitted.

97151

Behavior Identification Assessment Elements

Elements of ABA assessment include:

- One-on-one observation of the beneficiary (must be completed in person, face-to-face).
- Reviewing previous assessments and health records.
- Conducting interviews with parents/caregivers to further identify and define deficient adaptive behaviors.
- Administering assessment tools, to include the administration of the PDDBI.
- Interpreting assessment results.
- Development of the TP, to include design of instructions to the supervised assistant behavior analysts and/or BTs (under the ACD).
- Discussing findings and recommendations with parents/caregivers.
- Preparing the initial ABA assessment, semi-annual ABA re-assessment (to include progress measurement reports), initial ABA TP and semi-annual ABA TP updates.

97153

Adaptive Behavior Treatment by Protocol

Description: Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each **15** minutes

CPT code 97153 is a timed, 15 minutes, increment code.

CPT code 97153 must be used for direct one-on-one ABA services delivered per ABA TP protocol to the beneficiary. Direct one-on-one ABA services are most often delivered by the supervised BT or assistant behavior analyst under the tiered delivery model, but they can also be delivered by the authorized ABA supervisor under the sole provider or tiered delivery model.

US Family Health Plan, will not authorize CPT code 97153 for greater than 32 units (eight hours) per day or 160 units (40 hours) per week without a clinical necessity review for determination.

CPT code 97153 may not be conducted via telehealth.

97155

Adaptive Behavior Treatment by Protocol Modification

Description: Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes

CPT code 97155 is a timed, 15-minute increment code.

CPT code 97155 is used by authorized ABA supervisors (or as delegated to an assistant behavior analyst) for direct one-on-one time with one beneficiary to develop a new or modified protocol. This code may also be used to demonstrate a new or modified protocol to a BT with the beneficiary present. The focus of this code is the addition or change to the protocol.

CPT code 97155 must be completed at least one time per month by the authorized ABA supervisor.

US Family Health Plan, will complete a post-claims payment review, and if this requirement is not met, a 10% penalty on all ABA claims for that beneficiary will be recouped for the entire six-month authorization.

Team meetings and supervision of any type are not reimbursable under CPT code 97155.

US Family Health Plan will not authorize for greater than eight units (two hours) per day.

97156

Family Adaptive Behavior Treatment Guidance

Description: Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes

CPT code 97156 is a timed, 15-minute increment code. US Family Health Plan, will not authorize CPT code 97156 for greater than eight units (two hours) per day.

It is important that family members or caregivers learn to apply the same treatment protocols to reduce maladaptive behaviors and reinforce appropriate behavior. It is expected that as families become more capable of providing treatment protocols or as beneficiary symptoms improve, the amount of one-on-one ABA services provided by an ABA provider will decrease. Unless therapeutically contraindicated, the family and/or guardian must actively participate in the continuing care of the beneficiary. Documentation of contraindication must be documented in the TP for continued eligibility for the ACD.

The code, CPT code 97156, is used by the authorized ABA supervisor for guiding the parents/caregivers to utilize the ABA TP protocols to reinforce adaptive behaviors. Authorized ABA supervisors may delegate family/caregiver guidance to assistant behavior analysts working under their supervision but only the authorized ABA supervisor may bill for this service using this code.

The beneficiary is not required to be present for the parent/caregiver sessions; however, presence of the beneficiary is encouraged.

97156

Family Adaptive Behavior Treatment Guidance (continued)

US Family Health Plan will work with the family and the provider to resolve barriers for parent/caregiver sessions. The first session will be within the first 30 calendar days of the treatment authorization.

US Family Health Plan will not, if this requirement is not met for two consecutive authorization periods, renew ABA services for a subsequent authorization period for that beneficiary.

Parent/caregiver sessions for CPT code 97156 may be conducted via telehealth only after the first six-month authorization period per authorized provider. Additionally, all services provided via telehealth must adhere to state laws governing telehealth services.

Parent/caregiver sessions conducted remotely must include the GT and 95 modifier when submitting claims. Remote Family Adaptive Behavior sessions must be in compliance with TPM, Chapter 7, Section 22.1.

97157

Multiple-Family Group Adaptive Behavior Treatment Guidance

Description: Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes

CPT code 97157 is a timed, 15-minute increment code.

It is important that parents or caregivers learn to apply the same treatment protocols to reduce maladaptive behaviors and reinforce appropriate behavior. This code is used by the authorized ABA supervisor (or as delegated to an assistant behavior analyst) for guiding the parents/caregivers to utilize the ABA TP protocols. This code is to be used for identifying behavior excesses and deficits, and teaching parent(s)/caregiver(s) to utilize treatment protocols designed to reduce maladaptive behaviors and/or skill deficits in a group setting. This code is not authorized for a support group or group psychotherapy. The beneficiary should not be present for the multi-family parent/caregiver sessions.

Groups must not exceed eight participants (i.e., each individual parent/caregiver, or pair of parents/caregivers, counts as one participant and only one claim may be filed per beneficiary).

May only be used in a clinic/office-based setting.

US Family Health Plan, will not authorize CPT code 97157 for more than six, 15-minute units (1.5 hours) per day.

97158

Group Adaptive Behavior Treatment with Protocol Modification

Description: Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each **15** minutes

CPT code 97158 is a timed, 15-minute increment code.

The code, CPT code 97158, is used by the authorized ABA supervisor to beneficiaries in a group setting. The focus of the skills group will be to address specific measurable goals to address targeted social deficits and problem behaviors utilizing various techniques (e.g., modeling, rehearsing, corrective feedback). The authorized ABA supervisor must adjust the level of assistance (e.g., prompts) given to each member based on their skill level and ongoing progress in the group.

CPT code 97158 must only be used when the beneficiary's TP identifies goals targeted for generalization of mastered skills. As beneficiaries demonstrate generalized skills, it would be expected that one to one services decrease as group services increase, then ABA services fade altogether.

Groups must not exceed eight participants.

CPT code 97158 may not be conducted via telehealth.

Reimbursement Rates for ABA Services

Reimbursement of claims in accordance with the guidance in paragraph 8.11 will be established based on independent analyses of commercial and CMS ABA reimbursement rates. The national rates for ABA services will then be adjusted by geographic locality using the Medicare Geographic Practice Cost Indices (GPCIs).

ABA reimbursement rates will be updated at the same time as the annual CHAMPUS Maximum Allowable Charge (CMAC) Update and will be effective May 1st. The rates will also be posted at <http://www.health.mil/rates>.

Concurrent billing is excluded for all ACD Category I CPT codes except when the family and the beneficiary are receiving separate services and the beneficiary is not present in the family session. Documentation must indicate two separate rendering providers and locations for the services.

The balance billing provisions for non-participating providers as outlined in the TRM, Chapter 3, Section 1, paragraph 4.0 do not apply. ABA providers may not bill the beneficiary more than 100% of the rates posted at <https://www.health.mil/rates>.

Negotiated provider rates lower than those directed in this paragraph are not allowed.

US Family Health Plan, will pay the higher rate and deny the other if CPT codes 97153 and 97155 are billed concurrently.

Educational Resources

Each state/county has a Special Education office given responsibility by the Federal Department of Education to implement guidelines (ages birth through 21) for the IEDA (IEP). These are resources are provided to all children and is often the first step for intervention.

Programs by Age:

Age 0 – 3: Infants and Toddlers

Age 3 – 5: Pre-School Special Education – contact local school system Child Find office. (frequently embedded within the school building)

Age 5 – 21: Special Education – contact local school system office for assistance with IEP and other resources etc.

Age 3 – 21: Specially designed instruction that focuses on the movement of students with disabilities from school to postsecondary outcome, and provides information to students, parents, educators, and community agencies about the transition process.

National Resources

National resources can be a good place to start in order to find local resources as many national resources have local chapters.

Autism Speaks (www.autismspeaks.org)

U.S. Autism and Asperger Association (www.usautism.org)

Interactive Autism Network (www.ianproject.org)

The Autistic Self Advocacy Network (www.autisticadvocacy.org)

Autism Science Foundation (www.autismsciencefoundation.org)

Pathfinders for Autism (www.pathfindersforautism.org)

Additional Information on ECHO Benefit for Active Duty Family Members

Extended Care Health Option (ECHO)

According to TRICARE Policy Manual (TPM)
Chapter 9, Section 1.1, paragraphs 1.0 - 3.0, *General*

The Extended Care Health Option (ECHO) is a supplemental program to the TRICARE Basic Program and provides eligible Active Duty Family Beneficiaries (ADFMs) with an additional financial resource for an integrated set of services and supplies designed to assist in the reduction of the disabling effects of the beneficiary's qualifying condition (see Sections 2.1 through 2.5). The ECHO is not an enrollment program but does require registration (see Section 3.1).

<https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-09-12/AsOf/TPT5/C9TOC.html>

ECHO Overview

- The ECHO is available only to eligible ADFMs. Enrollment in TRICARE Prime or TRICARE Select is required.
- Eligibility and registration are prerequisites to ECHO benefits being authorized.
- Written authorization for ECHO benefits is a prerequisite to claim adjudication.
- ECHO-eligible beneficiaries who are enrolled in TRICARE Prime or TRICARE Select shall meet all applicable requirements of that program, including those regarding the assignment and use of a Primary Care Provider (PCP) (TRICARE Prime only) when services are requested and provided through the ECHO.
- TRICARE is primary payer for medical services and items that are provided under Part C of the Individuals with Disabilities Education Act (IDEA) in accordance with the Individualized Family Service Plan and which are otherwise allowable under the TRICARE Basic Program or the ECHO.
- **EXCLUSIONS**
All benefits available through the TRICARE Basic Program are excluded from the ECHO.
Note: please refer to policy for full listing of exclusions.

TPM, Chapter 9, Section 1.1, paragraphs 2.0, 3.0

ECHO Enrollment Process for Active Duty

- **Active Duty Family Beneficiaries must be enrolled in the *Exceptional Family Beneficiary Program (EFMP)*** through the sponsor's branch of service (i.e., Army, Navy, Air Force, etc.).
- US Family Health Plan validates EFMP enrollment through DEERS (*Defense Enrollment Eligibility Reporting System*).
- If member shows as being on EFMP, Case Manager is notified to complete ECHO eligibility review.
- If member meets ECHO eligibility criteria, US Family Health Plan assists the member/family with the ECHO registration in DEERS, noting eligibility dates and name of assigned case manager.
 - Case management participation is a requirement for ECHO.
- The sponsor/beneficiary ECHO cost-share for every month in which ECHO benefits, including the ECHO Home Health Care (EHHC) benefits, are received is according to the sponsor's pay grade, regardless of the number of dependents of that same sponsor receiving ECHO benefits in that month.
 - Monthly cost-share depends upon sponsor's grade.
- With verified diagnosis meeting Echo Criteria there is the possibility of a 90-Day Provisional.

T-5 Manual Exceptions

- Chapter 18 Section 3
 - 4.3.1 – DP are excluded from the ASN role Not Applicable
 - 6.0-6.9 – Excluded from The contractor’s Autism Services Navigator (ASN) requirement and all associated paragraphs.
 - 8.5 – ABA Provided Under The TRICARE Overseas Program (TOP) Not Applicable
 - 8.6.5.2 – Excluded from the ASN requirement Not Applicable
 - 8.7.1.5.3 – Excluded from the ASN requirement and CCP
 - 9.1.7 – Excluded from ASN role, but not the requirement in 9.1.6
 - 9.3.3.4 - Not Applicable
 - 9.3.14 – Not Applicable

Educational Statement

The information contained in this presentation is intended for educational purposes only and is not intended to define a standard of care or exclusive course of treatment, nor be a substitute for treatment. The information contained in this presentation should not be considered legal advice. Recipients are encouraged to obtain legal guidance from their own legal advisors.