Autism Care Demonstration (ACD)
for ABA providers

Humana Military | TRICARE®

Agenda for discussion: Part 1

01 | Autism Care Demonstration (ACD)

02 | Who is eligible

03 | Changes in the ACD

04 | Provider enrollment

05 | Referrals and authorizations

Autism Care Demonstration (ACD)

- *TRICARE Operations Manual (TOM), Chapter 18, Section 4*

- The TRICARE Autism Care Demonstration (ACD) covers Applied Behavior Analysis (ABA) for all TRICARE beneficiaries diagnosed with Autism Spectrum Disorder (ASD)

- The demonstration began July 25, 2014 and will continue through December 31, 2023

Eligibility for ACD program

- The ACD covers ABA services for eligible beneficiaries who have been diagnosed with ASD using the DSM-5 criteria and also who have been issued a referral for ABA services by a TRICARE-authorized Primary Care Manager (PCM) or by a specialized ASD-diagnosing provider

- Active duty dependents must be enrolled in the Exceptional Family Member Program (EFMP) through the sponsor's branch of service and registered for Extended Care Health Option (ECHO) with case managers in the TRICARE region

Changes in the ACD

Timeline of changes

3/23/2021: ACD publishes

5/01/2021

- Removal of referral requirement from diagnosing provider for outcome measures
- Confirmation diagnosis requirement removed
- Elimination of additional 90 days for ECHO

7/01/2021

- Vineland/Social Responsiveness Scale (SRS) changes to one-year cycle
- New Behavior Technicians (BT): National Provider Identifier (NPI) required

8/01/2021

- New CPT codes and T1023 removed

- CPT Medically Unlikely Edits (MUE) changes
- Utilization Management (UM) implemented
- Revised ABA provider requirements
- Addition of Parenting Stress Index (PSI)/Stress Index for Parents of Adolescents (SIPA)
- Active provider placement

10/01/2021

- Revised beneficiary eligibility
- Autism Services Navigator (ASN) for new beneficiaries
- Parent toolkit and beneficiary resources available
- Addition of Nurse Practitioner (NP) as diagnosing providers

1/01/2022

- ABA provider education begins
- Directory update

Existing beneficiaries and new beneficiaries

Existing

- Any beneficiary already enrolled in the ACD as of 10/01/2021

- Current authorizations will remain and are not impacted

- Revisions to existing authorizations are not permitted

New

- Any beneficiary not currently receiving ABA services as of 10/01/2021

- Any beneficiary requesting ABA services after a gap of 12 months or more

- Will be assigned an ASN

- **NOTE:** Beneficiaries transferring regions and continuing ABA services are not considered new to the ACD

Autism Services Navigator (ASN)

- Autism-specific care manager

- Assigned to new beneficiaries entering the ACD on or after October 1, 2021

- Primary advocate for the beneficiary

- Take the lead role and coordinate with other assigned case managers when applicable

- Primary point of contact for the beneficiary/family

Autism Services Navigator (ASN) responsibilities

- Serve as a single point of contact readily accessible by phone or email to the beneficiary and family during business hours

- Coordinate all medical and behavioral services such as Physical Therapy (PT), Occupational Therapy (OT) or Speech Language Pathology (SLP)

- Coordinate and participate in medical team meetings and document a summary that will be available to the PCM and/or referring provider and to the government

- Facilitate continuity of care when the beneficiary moves

- Conduct an initial care management assessment to develop a written Comprehensive Care Plan (CCP)

- Notify the medical home, PCM and/or referring provider and parent/caregivers that the CCP has bene established

- Share the CCP with respective providers

- Update the CCP at least every six months

Comprehensive Care Plan (CCP)

- A plan that is developed and maintained by the Autism Services Navigator (ASN)

- The outcome measures are incorporated

- Discharge/transition planning shall be addressed

- This will identify all care and services for the diagnosis of ASD

- Will allow for a more consistent and beneficiary-centric approach to care

- The ASN will update the CCP at least every six months to include updated outcome measures

Annual required training

- ACD-Corporate Service Providers (ACSP) and Sole Providers are required to attend a contractor-hosted training beginning 1/01/2022

- Humana Military will report attendance to DHA

- Non-compliance will result in 10% claims penalty until compliance is met

New CPT codes 8/01/2021

- **97157:** Multiple family group adaptive behavior treatment guidance

- **97158:** Group adaptive behavior treatment by protocol modification

- **99366:** Medical team conference, with patient

- **99368:** Medical team conference, without patient

Provider enrollment

TRICARE certification requirements

- Certification is the process to confirm that providers meet TRICARE requirements to become authorized providers
- All providers rendering care to a TRICARE beneficiary must be TRICARE certified in order to receive payment
- All providers must obtain a National Provider Identifier (NPI)
- Existing providers without an NPI will have until 8/01/2021 to obtain one
- All providers new to the ACD on or after 7/01/2021, must already possess an NPI
- All providers must complete the Basic Life Support (BLS) or Cardiopulmonary Resuscitation (CPR) equivalent certification as demonstrated by completion of a hybrid course comprised of a web-based instruction component and a live component to demonstrate skills on a dummy
- Online only courses, including virtual options like Facetime, Zoom, etc., are not accepted
- This certification must be maintained and current

TRICARE certification requirements

- TRICARE recognizes these authorized provider types
  - Assistant behavior analyst
  - Authorized ABA supervisors
  - Behavior technician
- ACD-Corporate Service Providers (ACSP) and sole providers
  - ACSP include autism centers, autism clinics and sole providers

Note: Once certified, providers can apply to join the TRICARE East network

- ACSP/Sole providers must
  - Submit evidence of professional liability insurance
  - Enter into a participation agreement, Addendum B, approved by the Director, DHA or designee
  - Re-sign all of their participation agreements within 120 calendar days of the implementation of manual change
    - ACSP/Sole provider practices prior to 7/01/2021 must resign all of the participation agreements no later than 8/01/2021
- **Note:** All ACSP and sole provider requirements are located in the *TRICARE Operations Manual, chapter 18, section 4 (8.3)*

TRICARE certification requirements

- Authorized ABA supervisors must submit a copy of a criminal history review, eff 7/01/2021

- Assistant behavior analysts and behavior technicians new to the demonstration after 7/01/2021 must also submit a copy of a criminal history background check

- The criminal history background check shall include current federal, state and county criminal and sex offender reports for all locations where the provider resided or worked during the previous 10 years

- Any provider convicted of a felony of any kind, or a misdemeanor involving crimes against a child or domestic violence is ineligible to become a TRICARE- authorized provider

TRICARE certification: Application ABA providers

- ABA certification applications are submitted online

- [ABA resources for providers](#)

- Choose the application by provider type

TRICARE certification: Tracking your certification form

- The tracking feature can be found under the link to each application

Behavior Analyst certification

For BCBA or BCBA-D certified providers

For providers certified by the Behavior Analyst Certification Board (BACB) as a Board Certified Behavior Analyst (BCBA) or a Board Certified Behavior Analyst - Doctoral (BCBA-D).

Apply for Behavior Analyst certification

NEW! Check the status of your application →

TRICARE recertification requirements

- If a provider has not submitted a claim in two years

- When practicing in a new state

- When rendering services as a new provider type (for example, a behavior technician who becomes an assistant behavior analyst must submit a new certification application as an assistant behavior analyst)

Humana Military contracting

- ACSP/Sole provider certification process must be complete
- [Submit a request to join the network](#)
- A contracting representative will email a contract with instructions
- Credentialing applications will be processed for ABA supervisors
- Network providers will appear in the online provider directory

Humana Military credentialing

- Only required for Humana Military contracted providers

- ABA supervisors are required to submit credentialing applications to join the network

- Recredentialing is required every three years

- Acceptable credentialing applications:
  - Humana Military credentialing application
  - State application
  - Council for Affordable Healthcare (CAQH) number/application

- For contracted groups, submit your application or CAQH number to your TRICARE Community Liaison (TCL) **or**

- Providers who submit roster loads will include CAQH number on roster template

- Your TCL will submit your application to Humana Military's credentialing department for processing

- You can find your TCL contact information in provider self-service

- You can contact your TCL by calling (800) 444-5445

Humana Military provider directory

- ABA supervisors will appear in the provider directory
  - Name
  - Work address
  - Phone and fax number
  - Hours of operation
  - Accepting new patients (yes or no)
  - Ages served
  - Telemedicine capability
  - Available session settings (in-home, clinic-based or both)
- Keep your provider data current
- Updates will be submitted by the provider in provider self-service

Referrals and authorizations

Referrals and authorizations

- PCM/Specialized-diagnosing provider must submit a referral to Humana Military for ABA services

- Pre-authorization is required for all ABA services

- Humana Military will issue an authorization for an initial assessment and Treatment Plan (TP) development to an authorized ABA supervisor

- An approved authorization will cover six months of ABA services

- A new referral from the PCM or ASD-diagnosing provider is required every two years

- A validated assessment tool must be administered by a TRICARE-authorized diagnosing provider

- The DSM criteria must be documented in a DHA-approved checklist in the referral

- The results must be submitted to Humana Military

- TRICARE-authorized diagnosing providers may use one of the following:
  - 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)

  Note: effective date for this requirement is 10/01/2021

- A diagnosis based on clinical interview alone is not sufficient documentation to support clinical necessity of services

- A parent questionnaire alone is not sufficient

Referrals and authorizations: Required outcome measures

- All outcome measures must be completed and reported, using norm-referenced, valid and reliable evaluation tools prior to issuing the treatment authorization

- **Pervasive Developmental Disorder Behavior Inventory (PDDBI):** Due with the initial assessment (Parent form) and then every six months during the reauthorization (Parent and teacher forms)

- **Vineland-3:** Due at baseline and every year thereafter

- **SRS-2:** Due at baseline and every year thereafter

- **8/01/2021 – PSI-4 or SIPA:** Due at baseline and every six months thereafter

- **Effective 8/1/2021:** The Vineland-3 and SRS-2 must be completed and reported prior to the issuing of the treatment authorization. This measure is required every year thereafter.

Note: The Domain/Composite Score Summary Table, including all domain and composite scores, must be submitted to the contractor.

Referrals and authorizations: Parenting Stress Index (PSI)

- Designed to evaluate the magnitude of stress in the parent–child system

- The short form is a 36-item inventory that focuses on three major domains of stress: child characteristics, parent characteristics and situational/demographic life stress

- The short form is required

- Required at baseline and every six months thereafter

- Applicable for ages one month to 12 years old

- Administration time: up to 20 minutes

Referrals and authorizations: Stress Index for Parents of Adolescents (SIPA)

- The SIPA is a screening and diagnostic instrument that identifies areas of stress in parent–adolescent interactions, allowing examination of the relationship of parenting stress to adolescent characteristics, parent characteristics, the quality of the adolescent–parent interactions and stressful life circumstances

- The profile form is required

- Required at baseline and every six months thereafter

- Applicable for ages 11 to 19 years

- Administration time: up to 20 minutes

Referrals and authorizations

- Preauthorization is required for all ABA services
- As early as 60 calendar days and no later than 30 calendar days in advance, a re-authorization should be requested by the ABA provider
- Humana Military cannot back date late submissions
- Outcome measures must be completed/submitted prior to issuing the next six-month treatment authorization
- Humana Military will work with the ABA provider to revise the TP if the beneficiary is not making sufficient progress as shown on the outcome measures prior to authorization

- Every two years from the initial authorization, a new referral, with level of support, is required and must be submitted for ongoing ABA services
- The new referral is not a new diagnostic evaluation, but rather a review of the beneficiary's progress, and update to the DSM criteria to include an update for the level of supports required
- These subsequent referrals may be accepted up to six months in advance

Agenda for discussion: Part 2

01 | CPT codes

02 | Claims requirements

03 | Audits

04 | Resources

CPT codes

Claims: Covered CPT codes

- The CPT codes are listed in the *TRICARE Operations Manual Chapter 18, Section 4*

- Will be paid in accordance with TRICARE policies

- Only ACSP or authorized ABA supervisors may bill for TRICARE ABA services

- The rendering provider must be indicated on the claim

Claims: Category 1 CPT codes

- *TRICARE Operations Manual Chapter 18, Section 4* allows for the following CPT codes to be billed for services rendered under the ACD program: (remember these services must be authorized prior to rendering services)
- **97151:** ABA assessment and ABA TP
- **97153:** Adaptive behavior treatment by protocol
- **97155:** Adaptive behavior treatment by protocol modification
- **97156:** Family Adaptive Behavior Treatment Guidance
- **T1023:** Outcome measures completed and submitted by BCBA/BCBA-D, valid until 7/31/2021
- **97157:** Multiple family group adaptive behavior

treatment guidance
- **97158:** Group adaptive behavior treatment by protocol modification
- **99366:** Medical team conference, with patient
- **99368:** Medical team conference, without patient

Claims: Reimbursement – CPT 97151 (Assessment)

- The initial ABA assessment and ABA TP and every six months ABA reassessment and TP update by the authorized ABA supervisor (or as delegated to an assistant behavior analyst)

- Approved every six months

- CPT code 97151 is a timed code; 15 minute increments

- May not be conducted via telemedicine

- **(Formerly) MUEs:** 16 units (four hours)

  - All 16 units must be billed within a two-week period

    MUEs: effective 8/01/2021, 32 units (eight hours)

    - Must be used within 14 calendar days of the first date of service and is a use or lose concept

Claims: Reimbursement – CPT 97151 (Reassessment)

- The initial ABA assessment and ABA TP and every six months ABA reassessment and TP update by the authorized ABA supervisor (or as delegated to an assistant behavior analyst)

- Reassessment every six months

- May not be conducted via telemedicine

- **(Formerly) MUEs:** 16 units (four hours)

  - All 16 units must be billed within a two-week period

    MUEs: effective 8/01/2021 - 24 units (six hours)

    - must be used within 14 calendar days of the first date of service and is a use or lose concept

Note: All outcome measures completed by ABA providers are considered an indirect service and to be completed under CPT 97151

Claims: Reimbursement – CPT 97153

- Adaptive behavior treatment by protocol

- These codes are generally used by the BT for one-on-one ABA services with the beneficiary

- Authorized ABA supervisors and assistant behavior analysts can also deliver this service

- May not be conducted via telemedicine

- 97153 is a timed code; 15 minute increments

- **MUEs:** 32 units/day (eight hrs/day) or

- 160 units/week (40 hours)

- Requests for greater than 160 units/week require clinical necessity review

Claims: Reimbursement – CPT 97155

- Adaptive behavior treatment by protocol modification is rendered by an authorized ABA supervisor (or as delegated to an assistant behavior analyst) for direct one-on-one time with one beneficiary to develop a new or modified protocol

- Must be completed one time per month by an ABA supervisor

- Non-compliance will result in 10% claims penalty for all claims related to the six month authorization

- 97155 is a timed code; 15-minute increments

- **MUEs:** eight units/day (two hrs/day)

Claims: Reimbursement – CPT 97156

- Family adaptive behavior treatment guidance

- Authorized ABA supervisor (or as delegated to an assistant behavior analyst) treatment guidance to the parents/ caregivers

- First session must be within the first 30 calendar days of the treatment authorization

- Only in home or clinic/office setting

- Not allowed in a school setting

- Minimum of six parent/caregiver sessions are required every six months

- May be conducted via telemedicine only after the first six month authorization

- 97156 is a timed code; 15 minute increments

- **MUEs:** eight units/day (two hrs/day)

Claims: Reimbursement – CPT 97157

- Multiple-family group adaptive behavior treatment guidance by the authorized ABA supervisor (or as delegated to an assistant behavior analyst) for guiding parents/caregivers to utilize the ABA TP protocols

- Groups must not exceed eight participants

- May not be conducted via telemedicine

- 97157 is a timed code; 15-minute increments

- **MUEs:** six units (1.5 hrs/day)

Claims: Reimbursement – CPT 97158

- Group adaptive behavior treatment by protocol modification by the authorized ABA supervisor in a group setting

- Groups must not exceed eight participants

- May not be conducted via telemedicine

- 97158 is a timed code; 15-minute increments

- **MUEs:** six units (1.5 hrs/day)

Note: 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.

Claims: Reimbursement – CPT 99366 and 99668

- Medical team conference face-to-face in person or via telemedicine
- 99366 with the beneficiary present
- 99368 without the beneficiary present
- Criteria
  - Three qualified healthcare professionals from different specialties or disciplines that provide direct care to the beneficiary
  - Must have provided services face-to-face within the past 60 days
  - No more than one individual from the same specialty
  - Must be present for the entire medical conference

- One unit of each code can be approved on each six-month authorization
- ABA providers must use the ACD special processing code AS when submitting claims for these CPT codes
- The ASN must be present when assigned for provider reimbursement of the medical team conference

Claims

Claims: Electronic submission

- Network and non-network provider claims, under the ACD, shall be submitted electronically using the appropriate codes
  - For services rendered on or after January 1, 2019, Category I CPT codes must be used
- Claims will be paid via Electronic Funds Transfer (EFT)
- Claims may be filed electronically using the web-based claims application within provider self-service

- All providers who submit claims electronically must register with Wisconsin Physicians Service (WPS); this includes submitting claims using the web based claims application
- This process takes one to two days to fully complete and update in all systems

Claims: Reimbursement

- *TRICARE Operations Manual Chapter 18, Section 4, 8.11.7.6* states negotiated provider rates lower than those directed in this policy are not allowed

- ABA reimbursement can be found online

- ABA providers may not bill the beneficiary more than 100% of the rates posted

- ABA reimbursement rates will be updated at the same time as the annual CHAMPUS Maximum Allowable Charge (CMAC) update, and will be effective May 1 of each year

- To be reimbursed appropriately, the rendering provider must be on each line item

- Start and stop times are also required on each line

Claims: Exclusions

- *TRICARE Operations Manual, Chapter 18, Section 4, paragraph 8.10* lists services that are not billable under the ACD

  - Training of Behavior Technicians (BT)

  - ABA services for any other diagnoses other than ASD

  - Billing for emails and phone calls

  - Billing for ABA services while the beneficiary is at another medical appointment to include another family member's appointment

  - Billing of direct and indirect supervision of BTs and assistant behavior analysts

- Review the entire list of exclusions in the *TOM, Chapter 18, Section 4, paragraph 8.10*
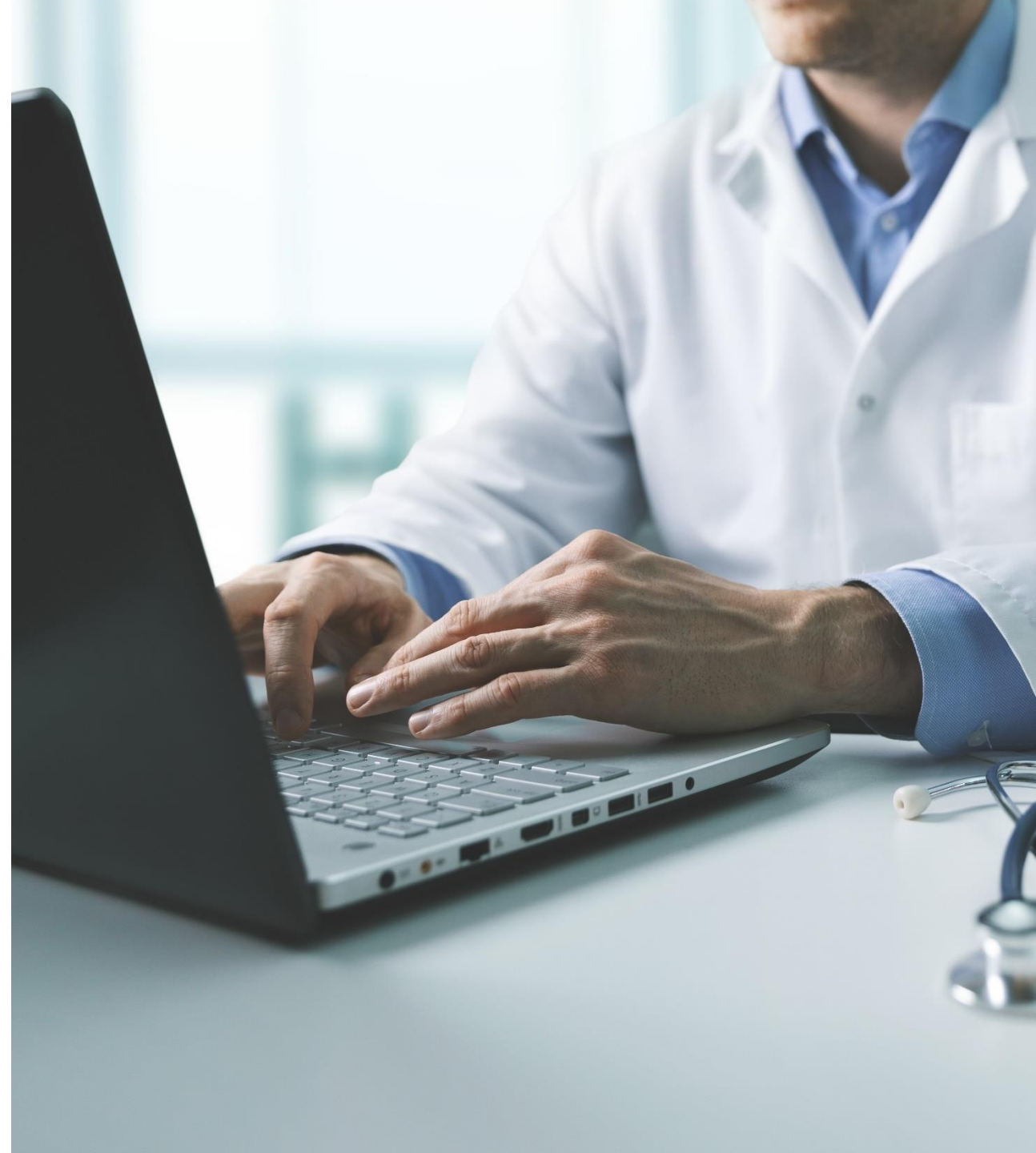
Audits

Audits

Humana Military conducts annual audits that will include:

- A sample of records for each ACSP/sole provider group will be requested
- A combination of administrative records, medical documentation reviews and one medical team conference progress note
- Outreach and education to ACSP/sole provider groups with inconsistencies or errors identified will be conducted
- Humana Military will initiate progressively more severe administrative action, commensurate with the seriousness of the identified problem, ending in prepayment review

- Recoupment of all over payments determined to be insufficient for claims payment

Administrative claims review

- Target detection and prevention efforts of services that post the greatest risk of fraud and abuse to the TRICARE program and beneficiaries to include suspect billing practices
- See *TOM, Chapter 18, Section 4 (8.9.7)*

Medical records documentation – clinical and non-clinical

- Review ABA session progress notes to ensure compliance with the requirements set for by DHA
- See *TOM, Chapter 18, Section 4 (8.9.8)*

Audits

New ACSP/sole provider review

- Monitor all new ACSP/sole providers entering the ACD program for administrative and documentation review

- Conduct probe audit sample following 180 days in the program

- Results of the audit will be shared with new providers as well as education if any inconsistencies were found

- See *TOM, Chapter 18, Section 4 (8.9.9)*

Annual reviews

- Conduct an annual audit of a statistically valid number of claims for all providers, to include collecting proof of documentation

- See *TOM chap 18, section 4 (8.9.10)*

Audit letters

- Letters will be mailed to the entity's billing address
- You will have 15 days to respond
- Instructions for return of records will be included in the letter
- If there is no response, a second letter will be mailed
- If there is no response to the second letter, the entity will be considered non-compliant

Humana Military
305 North Hurstbourne Parkway
1B-Forum III
Louisville, KY 40222

Humana Military | TRICARE

August 10, 2021

Re: Beneficiary: James McSample
Sponsor SSN: XXX-XX-1234
Date of Birth: 3/03/2011
Date(s) of service: 5/01/2021
Claim number: 20211234567890
Company: Behavior Inc
Rendering provider: Joe Friday
Address: 431 Main St
City, State, ZIP Code: Louisville KY 40213
NID: XXX

Subject: TRICARE request for medical records

Dear Director:

As the regional contractor for TRICARE East, Humana Military is conducting reviews on submitted claims for appropriate use of CPT codes as required by the TRICARE Operations Manual. Please send a copy of the complete medical records/progress notes for the specified dates of service billed on the claim identified above for the listed beneficiary. This request is made in accordance with HIPAA regulations (see enclosure).

A complete medical record includes: progress notes, graphs and any other documents related to this beneficiary's care for the date(s) of service listed.

You are required to submit the complete medical record within 15 calendar days from the date of this letter. Failure to do so will result in non-compliance with TRICARE requirements under the Autism Care Demonstration (ACD). Non-compliance is subject to corrective actions, which may include payment recoupment and/or being placed on prepayment review. Provider administrative expenses such as charges for claims completion, furnishing medical records, etc. are not separately allowable (TRICARE Reimbursement Manual, Ch. 1, Sec. 19).

Please fax a copy of this letter and the medical records to (844) 742-8300 or by mail to:

Humana Military
ATTN: Jennifer Bruner, Medical Affairs
305 N. Hurstbourne Pkwy
1B-Forum III
Louisville KY 40222

If there are any questions regarding this request, please call (502) 318-0821.

Resources

Resources

- [TRICARE Operations Manual, Chapter 18, Section 4](#)

- [Humana Military: ABA resources for providers](#)

- Humana Military: (866) 323-7155

- [Defense Health Agency (DHA): Comprehensive Changes to the Autism Care Demonstration](#)

- [Rates: Applied Behavior Analysis Maximum Allowed Amounts](#)

- [public.govdelivery.com/accounts/USMHS/subscriber/new](#)

Thank you