

TRICARE Autism Care Demonstration: Documentation and Claims

April 2018



“Medically Ready Force...Ready Medical Force”

Overview



■ Autism Care Demonstration (ACD) – Information

■ Review of ACD requirements

- Beneficiary eligibility
- Provider eligibility
- Program requirements

■ Documentation

- DoD Office of the Inspector General (OIG) Audit Findings
- Overview
- Progress notes (each CPT Code)
- Treatment plan

■ Claims

■ ACD Points of Contact

■ Questions

ACD – Information



- Announcement: extension of ACD to December 31, 2023
- Update of ACD statistics (as of December 31, 2018):
 - ❑ ACD participants: 14,538
 - ❑ ABA providers: Over 28,000 (1756 newly added in 1Q 2018)
 - ❑ New referrals: 1641
 - ❑ Cost: \$262M/year (estimated to increase to over \$400 M/year by 2023)
- Ongoing initiatives:
 - ❑ TRICARE quality management audits
 - ❑ Outcome measures
 - ❑ Parent/caregiver surveys
 - ❑ Department of Defense (DoD) Office of the Inspector General (OIG) audits
 - ❑ Stakeholder meetings/information sessions

Review of ACD requirements: Beneficiary eligibility



- ABA services are covered for all qualifying dependents of:
 - Active Duty Service members (ADSM)
 - Retired Service members
 - Certain National Guard and Reserve members
 - Participants in TRICARE Young Adult (TYA)
 - North Atlantic Treaty Organization (NATO) dependent beneficiaries

- Eligible beneficiaries must be:
 - Diagnosed with autism spectrum disorder (ASD) by a TRICARE-authorized ASD diagnosing provider (P-PCM or specialized ASD diagnosing provider)
 - Enrolled in Exceptional Family Member Program (EFMP) – Active Duty Family Members (ADFM)
 - Registered in Extended Care Health Option (ECHO) - ADFMs

Review of ACD requirements: Provider eligibility



- TRICARE-authorized applied behavior analysis (ABA) providers must possess:
 - State License/Certificate; Certification; Credential
 - BLS/CPR equivalent
 - Criminal history review
 - Supervision competency (when applicable)
 - Participation Agreement

- TRICARE-authorized ABA providers include:
 - Authorized ABA supervisors
 - Assistant behavior analysts (working under the supervision of an authorized ABA supervisor)
 - Certified behavior technicians (working under the supervision of an authorized ABA supervisor)

Review of ACD requirements: Program Requirements



- Referral for:
 - ABA services
 - Outcome measures (when not completed by a specialized ASD diagnosing provider)
- Assessment
- Treatment plan (documentation of each visit)
- Authorization – every 6 months
- Periodic ABA Program Review
- Outcome measures
 - Every 6 months (PDDBI)
 - Every 2 years (Vineland-3, SRS-2)

Documentation

DoD OIG ABA Audits Findings



- South Audit: The Defense Health Agency Improperly Paid for Autism-Related Services to Selected Companies in the TRICARE South Region
 - ❑ Published: 10 MAR 2017 <https://media.defense.gov/2017/Dec/19/2001858335/-1/-1/1/DODIG-2017-064.PDF>
 - ❑ Determined that many payments were improper
- North Audit: TRICARE North Region Payments for Applied Behavior Analysis Services for the Treatment of Autism Spectrum Disorder
 - ❑ Published: 16 MAR 2018 <https://media.defense.gov/2018/Mar/22/2001893494/-1/-1/1/DODIG-2018-084.PDF>
 - ❑ Determined that 2/3 (\$80M of \$120M) of payments for ABA services were improper, mostly due to missing or inadequate documentation

Documentation Overview: References



■ Requirements for medical record documentation found in:

32 CFR 199.2

<http://manuals.tricare.osd.mil/pages/DisplayManualFile.aspx?Manual=FR16&Change=2&Type=AsOf&Filename=C2.PDF>

TPM Chapter 1, Section 5.1 “Requirements for Documentation of Treatment in Medical Records”

http://manuals.tricare.osd.mil/pages/DisplayManualFile.aspx?Manual=TP15&Change=19&Type=AsOf&Filename=C1S5_1.PDF

TOM Chapter 18, Section 4, paragraph 17.2

<http://manuals.tricare.osd.mil/pages/DisplayManualFile.aspx?Manual=TO15&Change=23&Type=AsOf&Filename=C18S4.PDF>

Documentation

CPT Code 0359T



ABA assessment and ABA treatment plan

- Goals should be medical or clinical in nature;
- Goals should not be:
 - Educational,
 - Vocational,
 - Daily chores,
 - Etc.
- Treatment plan documentation (see next slide)

Documentation

Treatment plan



Treatment plan elements

- Identifying information (demographics)
- Background/History (medical [to include early childhood development and prenatal history, diagnosis and symptom severity, medications, co-morbid conditions,], educational, social, family, other services, etc.)
- Assessment (measures used to include but not limited to parent input/interview, findings, behavior deficits/excesses, Behavior Intervention Plan, etc.)
- Goals/Objectives (to include parent/caregiver goals)
- Signatures (authorized ABA supervisor, parent/caregiver)

Documentation

Progress note: General



■ Every progress note must include:

- Name of the beneficiary
- Name signature of the rendering provider
- The date and time of session;
- Length of therapy session;
- Notation of the patient's current clinical status evidenced by the patient's signs and symptoms (i.e., functional status)
- Content of the session;
- Statement summarizing the techniques attempted during the session;
- Description of the response to treatment, the outcome of the treatment, and the response to significant others; and
- Statement summarizing the patient's degree of progress towards the treatment goals

Documentation

CPT Code 0360T/0361T



Observational Behavioral Follow-Up Assessment – Supervised Fieldwork

- Narrative of the supervision session completed by the supervisor.
 - Note must document observing the certified BT with the beneficiary implementing at least one ABA intervention associated with a specific Treatment Plan goal.
- BACB checklist form insufficient for medical record documentation
- Examples of notes:
 - Who was present, what was observed as in the treatment fidelity for a technique or new skill or new goal, what feedback was given should be included.

Documentation

CPT Code 0364T/0365T



Adaptive Behavior Treatment by Protocol

- Every rendering provider for a 1:1 session must complete a narrative note for reimbursement.
- Data collection is insufficient for a medical record.
- Example of the narrative portion should contain elements such as:
 - the child's compliance with the targets,
 - any difficulties or issues with a specified target or goal,
 - description of what took place and the response
- Also, include anything notable about behavior, family changes, etc.

Documentation

CPT Code 0368T/0389T



Adaptive Behavior Treatment by Protocol Modification

- Conditions for use of 0368T/0369T:
 - Beneficiary present:
 - BCBA works directly 1:1 with 1 beneficiary to develop a new or modified protocol
 - BCBA demonstrates a new or modified protocol to a BT and/or parents/caregivers
 - BCBA works with the beneficiary in developing a transition/discharge plan - TP update
 - Beneficiary not required to be present (although highly encouraged)
 - BCBA leads treatment team meetings (with the parents/caregivers, the assistant behavior analysts, and/or BTs) to discuss the TP modifications
- Narrative summary of the session to include elements such as who was present, what was assessed or revised or observed during that session, also what was demonstrated to whom.

Documentation

CPT Code 0370T



Family Adaptive Behavior Treatment Guidance

- Every rendering provider must complete a narrative note for reimbursement.
- Example, the narrative portion should contain elements such as:
 - the parent's participation/understanding of the targets/interventions,
 - any difficulties or issues with a specified target or goal,
 - description of what took place and the response
- Also, include anything notable about behavior, family changes, etc.

Documentation

Additional Comments



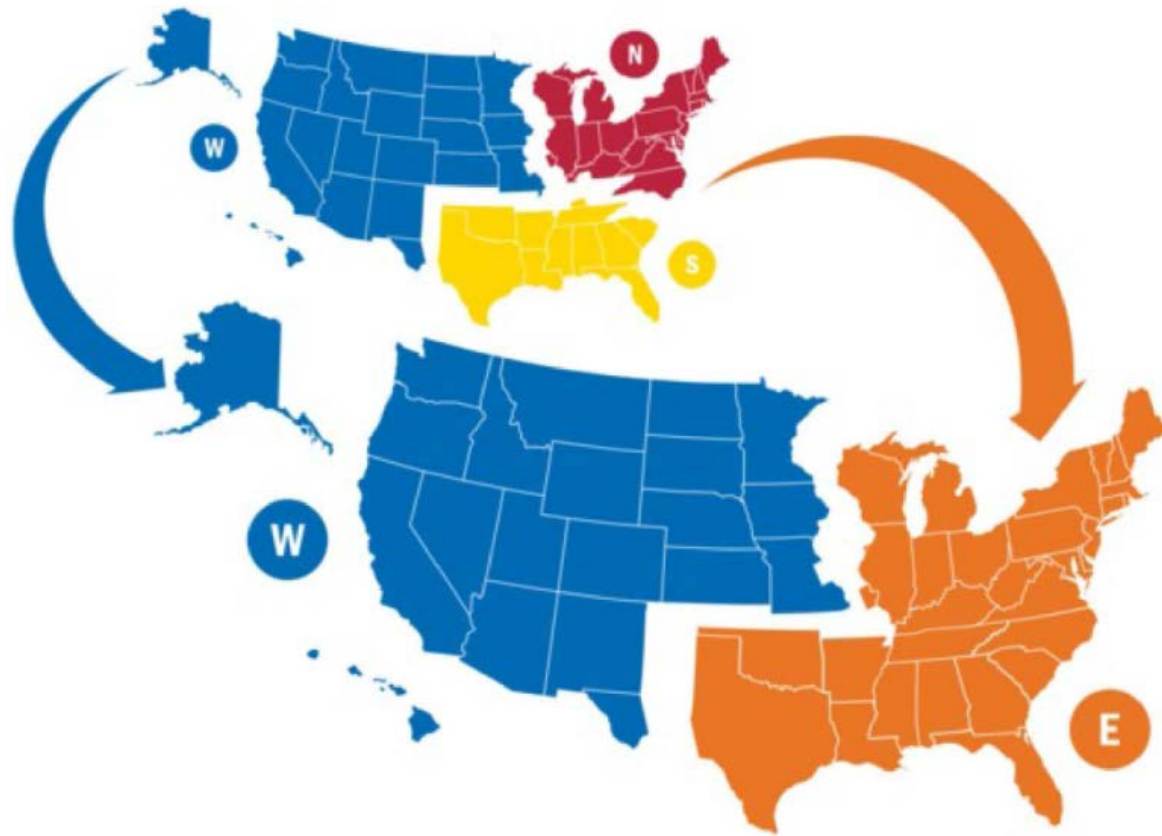
- Changing/Deleting/Modifying notes after they have been written is prohibited; however, adding an amendment is permitted
- Reimbursement for covered ABA CPT codes are for the direct service time which includes the pre and post work for the session. Separate billing for note documentation, report writing, updating of charts and data sheet, or producing of materials is prohibited

Claims



- Electronic submission – critical elements to highlight:
 - Place of service: applicable codes
 - 02 – Telehealth (remote supervision only)
 - 03 – School (used only if approved in treatment plan)
 - 11 – Office
 - 12 – Home
 - 99 – Other (used when in the community the majority of the session)
 - Procedures, services, and supplies – this is where to enter the “GT” modifier when rendering remote supervision (in conjunction with 02)
 - Rendering provider must be identified for each session
- Each rendering provider must have their own claim line and matching session note

TRICARE Region under T-2107



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ACD: Points of Contact



- The Regional TRICARE® Contractors have ABA trained representatives available to help assist family members/caregivers to access timely ABA services. The Regional Contractor phone numbers are:
- HealthNet Federal Services (West Region): 1-844-866-9378; #1; #5 (ask to speak with their Autism specialists)
- Humana Military (East Region): Main line – 1-800-444-5445; ABA Customer Service – 1-866-323-7155;
- Also see: <http://www.tricare.mil/Plans/SpecialPrograms/ACD> for updates as we transition to our new contractors