

TRICARE ACD Manual Change Webinar

Session 4: Other Important Changes

April 21, 2021



Agenda



- Welcome and Introductions
- Utilization Management
- Program Integrity
- Additional Contractor Responsibilities
- Implementation Timeline
- Q&As

Webinar Housekeeping



- Phone lines and Adobe Connect are in listen-only mode
- Questions may be submitted via the ACD email (dha.acd@mail.mil) or via the Q&A box in the Adobe Connect platform
- Please be respectful with your questions/comments
- Webinar is being recorded
- Slides and a PDF of the manual are available for download via Adobe Connect during the presentation in the downloads box
- Slides and recordings will be posted on www.health.mil/autism following this presentation

ACD Manual Changes – Published



- TRICARE Operations Manual Chapter 18, Section 4:
“DoD Comprehensive Autism Care Demonstration”
 - Published: March 23, 2021

- <https://manuals.health.mil/pages/DisplayManualHtmlFile/2021-03-23/AsOf/TO15/C18S4.html>

Utilization Management (9.1)



- UM reviewers are BCBA's or like-specialty who are employed by the contractor
 - These UM roles are different from the ASN
- A contractor-specific tool is used for UM
 - Similar to all other UM tools for other medical benefits
- All Treatment Plans will be reviewed for clinical necessity by the UM reviewer before approving units
- If no progress has been made after 6 months of services, then the contractor shall engage the ABA provider to address
- Expectation that there will be a reduction in services over time
 - Dependent on the beneficiary

Program Integrity (9.2)



- Streamlined all PI activities to align with TOM Chapter 13
- Fraud, waste, and abuse continues to be problematic for the ACD
- Please read the DoD OIG reports
 - [North Region Report](#)
 - [South Region Report](#)
- Various government agencies are still investigating cases
- Accurately document your session activities
 - Who rendered the session
 - What you did
 - How long you did that activity
- Rendered services for TRICARE reimbursement must be in compliance with the ACD

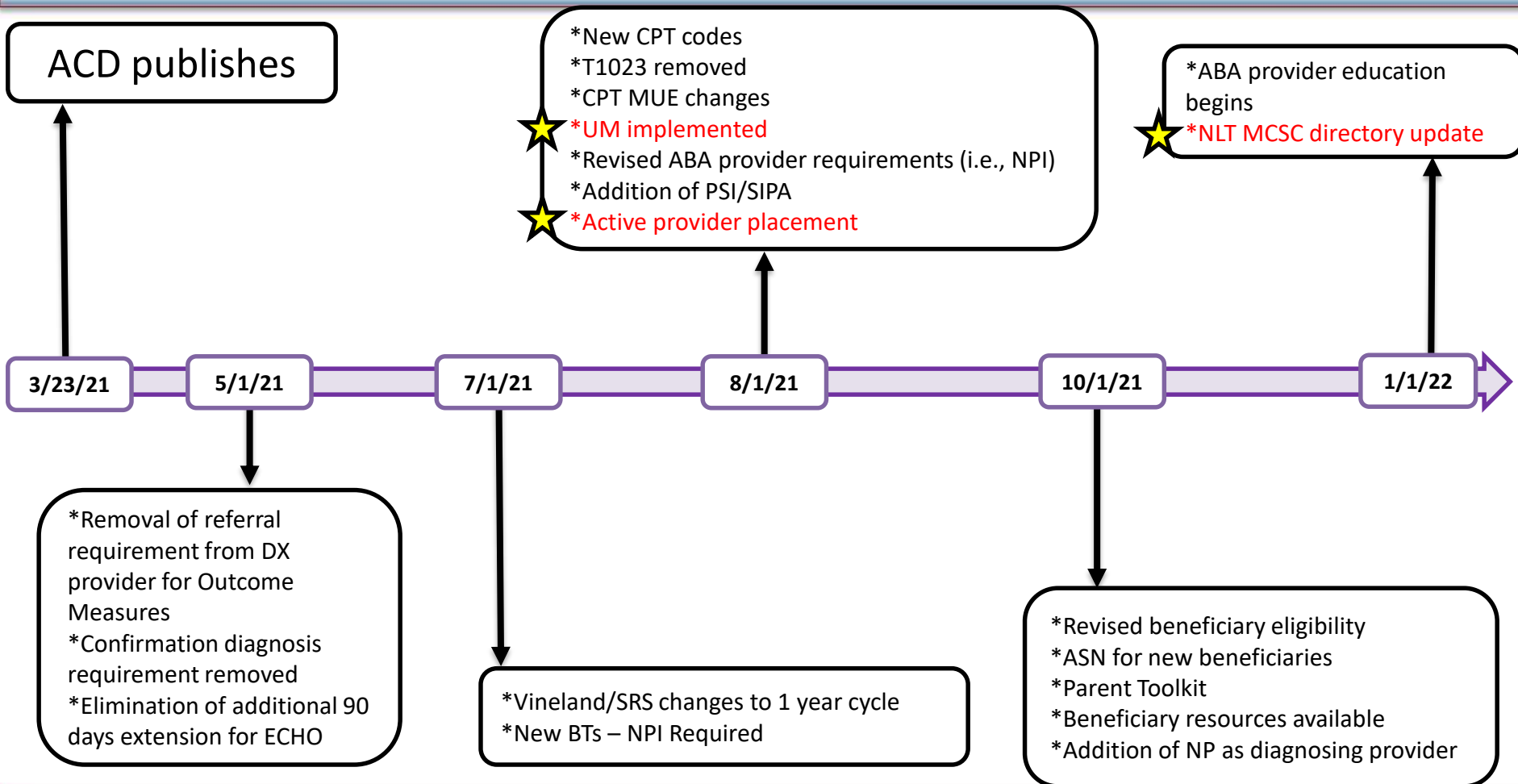
Additional Contractor Responsibilities

(9.3)



- Contractor Webpage
 - Directory
 - Education/Resources
 - Provider portals
- Care coordination
- BT certification – 10 business days (from date of receipt of a complete application packet)
- Active provider placement (starting 8/1/21)
- Access to Care (ATC) standards
 - 28 days to obtain an ABA assessment
 - 28 days to begin treatment
- MTF directed referrals/family choice – does not ensure ATC

Phased Implementation Timeline



“Medically Ready Force...Ready Medical Force”

Please submit policy questions regarding
this manual change to the ACD email

dha.acd@mail.mil

Do not send PII/PHI

QUESTIONS

Submitted Questions



- *What will the provider education trainings look like?*
 - *The contractors will provide information regarding the format and attendance options regarding the annual provider education training.*

- *What is the billing code for attending the provider training? Are there CEUs?*
 - *The provider education is geared towards educating providers on the TRICARE benefit, ACD requirements, correct billing practices, etc. There are no billable units for attending the provider training. There are no CEUs available for this training.*

- *Who needs to take the provider education training?*
 - *According to the TOM, all ACSPs and Sole Providers practices will be required to take the training. This means that whoever is responsible for the practice, must take the training. However, according to paragraph 8.3.9, all authorized providers agree to abide by the rules/regulations, therefore, the responsible provider should be sharing this training information.*

Submitted Questions



- *What is the timeline for participation agreements to be sent out to providers to re-sign? The deadline to re-sign is 8/1 and we would like time to receive and review the document. When will these be sent out and how?*
 - Communication regarding the re-signing of the participation agreements will be provided by the contractors.*

- *Chapter 18 of the updated TOM includes an addendum that is to be signed by the provider. Where should this addendum be sent? Will a copy signed by the DHA be returned to the provider?*
 - The addendum is the participation agreement. The contractors will provide guidance on their process for re-signing.*

Submitted Questions



- *What happens if a provider submits a reauthorization request 30-60 days before the current authorization expires, but the contractor doesn't provide the reauthorization in a timely fashion?*
 - ❑ *Per 8.6.2.4, the contractor shall complete 100% of the reviews for all compliant TPs within 5 business days to provide a determination. If submitted timely, the contractor should not be the reason for the delay.*
 - ❑ *The 30-60 days period allows for the contractor to request information as needed from the provider.*

- *For treatment plans that are due within the allowed 60-day submission window ahead of 8-1-2021: Are providers allowed to default to the current standards? For example, if a report expires on 8-5-2021, is the provider allowed to submit the treatment plan on 7-5-2021 under the new revisions?*
 - ❑ *For TPs submitted prior to 8/1/21, the contractors' systems will not be ready to review TPs with the new provisions. Only after 8/1/21 will the contractors be able to incorporate the changes.*

Submitted Questions



- *For beneficiaries receiving ABA services and who change regions/MCSC (ex: East to West), will their ABA referral still be valid from the previous MCSC or will they need a new referral?*
 - Yes. This revision will ensure that transferring beneficiaries will still have an active referral (if it is still valid). A new authorization will be required, but the referral will be honored and transferred by the contractor/ASN.*

- *Do all BTs need to be RBT certified?*
 - All BTs require certification by one of the three approved certifying bodies: BACB, BICC, QABA.*

- *How will BTs meet their supervision requirements?*
 - Reimbursement for supervision was terminated 1/1/19. Supervisors have the flexibility to complete supervision requirements according to their certifying body's guidelines.*

Submitted Questions



- *What if something new comes up and we need to do additional assessment outside of the 14-day period of 97151?*
 - *If something new is identified, then you can use CPT code 97155 to probe/modify the TP goals or targets. The assessment as defined in CPT code 97151 is to develop the TP for the next 6 months. We expect there to be changes in the TP's targets over that duration, and CPT code 97155 is for the purpose of those revisions/updates.*

- *Can you document using 97155 and not make any changes?*
 - *Yes. However, your session note should reflect what occurred and why something was/was not changed.*

Submitted Questions



- *When is the start date for using code 97155 1x per month or else a penalty will be given?*
 - All CPT code changes apply for new authorizations on or after 8/1/21.*

- *Per the updated TOM, code 97155 must be rendered at least once per month. Is that to mean at least 1 unit per month? Is there any further clarification on the length of a session to meet that monthly requirement?*
 - The requirement is for one session per month. Whether that is one unit or several units depends on the TP and the beneficiary's progress or lack of progress.*

Submitted Questions



- *For the new Codes, are 97155 & 97153 eligible for concurrent billable after 8/1?*
 - ❑ *Concurrent billing of CPT Codes 97155 and 97153 are prohibited now and in the future. Should those codes be concurrently billed, only the higher rate will be reimbursed and the other will deny.*

- *With concurrent billing now not authorized come 1 May, how can a child with ASD have an ABA provider present during OT, PT, or speech therapy?*
 - ❑ *This example of concurrent billing has been excluded for the duration of the ACD (see TOM Chapter 18, Section 4, Change 45, paragraph 17.1, 1st bullet: “Fraudulent billing practices (to include concurrent billing, i.e., billing for two services at the same time).”).*

- *I know that 99366/99368 would not include teachers as a QHP, but would this apply to an IEP meeting where BCBA, OT, and SLP were all present?*
 - ❑ *No, an IEP meeting is not a medical team conference. IEP meetings do not focus on medical care. The IEP meeting is a school-based function.*

Submitted Questions



- *When we receive a referral for ABA, we complete the evaluation and offer parent training to start as we hire more staff. Does the parent training have to be delivered in person or can it be delivered via telehealth? How long can parent training be offered solely before direct patient care must start?*
 - *The initial 6-month authorization will require that the parent training be rendered in person. As for the duration of the rendering parent training/guidance, that is based on the TP. If the TP is geared towards only parent guidance, then that would be acceptable too.*
 - *Remember, the COVID-19 exception to policy remains in effect through the end of the pandemic period.*

- *To make sure I understand, telehealth is acceptable for all codes until pandemic is over?*
 - *No, only CPT Code 97156 is authorized for rendering via TH per the exception to care provision authorized through the pandemic period. All other CPT codes are prohibited from rendering via TH.*

Submitted Questions



- *When the core symptoms of ASD (e.g., rigid routines), impair acquisition of an ADL, can that be targeted?*
 - *As a reminder, the goals and interventions should target the core symptoms of ASD. Therefore, targeting the behaviors that interfere with a skill might be appropriate; the skill itself is not the focus.*

- *Does DHA intend to make all the questions publicly available? Will there be an FAQ posted online to address questions that are not answered during the webinar?*
 - *DHA has received a number of comments and questions on changes to the TOM. We are currently working on a consolidated document and will post the Q&As on www.health.mil/autism once complete (anticipated date: early May).*

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