

Referral for Applied Behavior Analysis (ABA)

As part of the Comprehensive Autism Care Demonstration (ACD), TRICARE requires a complete referral for Applied Behavior Analysis (ABA) services that includes a definitive diagnosis of Autism Spectrum Disorder (ASD) from an approved ASD-diagnosing provider or specialized ASD-diagnosing provider to include a validated assessment tool and results submitted to the contractor. The DSM criteria must be documented in the DSM-5 diagnostic checklist. The complete referral must be submitted and approved prior to the start of ABA services. For complete guidance, please reference *TRICARE Operations Manual (TOM)*, Ch. 18, Sec. 3, Para. 4.

Beneficiary name: _____

Date of Birth (DOB) (mm-dd-yyyy): _____ DoD benefit #: _____

Referring provider: _____

Tax ID/NPI: _____

ASD diagnosis, including symptom severity level:

Medical/Psychological co-morbidities: _____

_____ Initial ASD diagnosis date: _____

Note: If the beneficiary was first diagnosed with ASD at age eight years or older, then a specialized ASD diagnosing provider evaluation is required.

If patient is a dependent of the service member, is he/she registered in Extended Care Health Option (ECHO)? ☐ Yes ☐ No

Service(s) requested:

Units	Frequency (per day/ week/month)	CPT code	Description
		97151	Includes behavior identification assessment and treatment plan, to include 1 one unit for each completed outcome measures. Outcome measures include the PDDBI, PSI/SIPA, Vineland-3 and SRS-2.

Note: Please review the [TRICARE Operations Manual](#) and the CPT Code crosswalk for any maximum units billed or frequency limitations.