



Autism Services Demonstration

*A provider's guide to
the Autism Services
Demonstration*



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Autism Services Demonstration Overview

The Department of Defense (DoD) Enhanced Access to Autism Services Demonstration was established to test the feasibility and advisability of permitting TRICARE reimbursement for Educational Interventions for Autism Spectrum Disorders (EIA) delivered by paraprofessional providers. This demonstration provides information that will enable DoD to determine the following:

- If there is increased access to these services
- If the services are reaching those most likely to benefit from them
- If the quality of those services is meeting an appropriate standard of care currently accepted by the professional community of providers, including the Behavior Analyst Certification Board
- That state licensure and certification requirements, where applicable, are being met

The Enhanced Access to Autism Services Demonstration allows non-certified educational intervention service providers, or tutors, to provide autism services to military family members in the United States. The demonstration is effective for services provided on or after March 15, 2008. Humana Military Healthcare Services (Humana Military) administers the enhanced autism services in the TRICARE South Region.

Tutors who have not completed the requirements below cannot provide ABA services under the Autism Demonstration. Authorized supervisors will be required to direct and oversee the tutors who provide the “hands on” work and verify that the tutors are trained and able to perform the services required to treat children with autism.

From the TRICARE Operation Manual Enhanced Access to Autism Services Demonstration:

Prior to providing EIA services under the Demonstration, shall have completed 40 hours of classroom training in ABA techniques in accordance with the BACB Guidelines for Responsible Conduct for Behavior Analysts (<http://www.bacb.com>), undergone a criminal background check.

- Completed a minimum of 12 semester hours of college coursework in psychology, education, social work, behavioral sciences, human development or related fields and be currently enrolled in a course of study leading to an associate’s or bachelor’s degree by an accredited college or university; or
- Completed a minimum of 48 semester hours of college courses in an accredited college or university; or
- A High School diploma or GED equivalent and have completed 500 hours of employment providing ABA services as verified by the ACSP.

Note: For provider applications go to the Provider portal and click “Autism Demo” from the “Quick Links” box located on the right side of the page at www.humana-military.com.

Provider Responsibilities

Provider Responsibilities

Before you recommend a child for enrollment in the Demonstration, confirm the following beneficiary eligibility requirements:

- At least 18 months of age
- Enrolled in the Extended Care Home Option (ECHO)
- Diagnosis is made by a TRICARE authorized Primary Care Manager (PCM) who is a board-certified physician or a TRICARE authorized PhD clinical psychologist working primarily with children.
- Diagnosed with:
 - Autistic Disorder
 - Childhood Disintegrative Disorder
 - Asperger's Syndrome
 - Pervasive Developmental Disorder Not Otherwise Specified
- Provide Humana Military with the beneficiary's Individualized Family Service Plan (IFSP) or the Individualized Education Program (IEP) documenting that the beneficiary is receiving Early Intervention Services or Special Education, respectively. If the child is home schooled or enrolled in a private school and not required by State law to have an IEP, the PCM or Specialized ASD Provider must certify to Humana Military that the child requires participation in the Demonstration.

In order for care to be authorized a Behavior Plan (BP) must be submitted to the Case Manager and must include:

- Beneficiary's name, DOB, date Functional Behavioral Assessment and Analysis was completed, sponsor's Social Security Number (SSN), name of referring provider; and
- Background and history that clearly demonstrates the condition, diagnosis, family history, length of time the beneficiary has been receiving EIA services and identification of any services/therapies being received through community resources; and
- How the EIA Supervisor will coordinate EIA services with available community services; and
- Goals that provide a detailed description of the targeted skills and behaviors that will be addressed through EIA sessions and the objectives that will be measured; and
- Administration of any diagnostic tests to assess skill acquisition or behavior modification; and
- Frequency and method of assessing progress; and
- Extent of parental training to implement and reinforce skills and behaviors and to provide support for implementing strategies within a specified setting.

A TRICARE beneficiary must have their PCM or ASD Specialist submit information

necessary to allow the Managed Care Support Contractor to confirm eligibility. Referrals and clinical information may be faxed to the market ECHO Case Manager.

After the initial authorization of EIA services, ongoing care must also be authorized. At least every six months, or as specified by the Case Manager, an updated BP with an EIA Progress Report (EPR) must be submitted that includes:

- Beneficiary's name, DOB, inclusive dates of the evaluation period, sponsor's SSN, name of referring provider; and
- Summary of progress; and
- Summary of challenges to meet goals and objectives; and
- Parent/caregiver participation in implementing the BP during the evaluation period; and
- Detailed review/update of all BP elements; and
- Dates of the plan being updated; and
- Number of EIA hours of service to be provided each month by the EIA Supervisor and the EIA Tutor.

EIA Supervisors are responsible to ensure the BP is being administered by the Tutor in an effective manner. To confirm that the quality of services provided by EIA Tutors meets the minimum evidence-based standards as indicated by the current BACB Task List, the BACB Professional Disciplinary Standards, the BACB Guidelines for Responsible Conduct for Behavior Analysts, and Current BACB rules and regulations, the EIA Supervisors must provide no less than two hours direct supervision per month per beneficiary for any contracted or employed Tutor.

Providers must ensure ongoing compliance with all participation requirements and report to Humana Military within 30 days of notification of any BACB sanctions for any violations or loss of BACB certification.

At intervals specified by Humana Military, EIA Supervisors must cooperate with participation criteria compliance and quality of care and service audits.

Provider Updates and Changes

If you are an authorized autism provider of care for the TRICARE South Region it is necessary for us to keep your information as up to date as possible. Updates and changes would include but are not limited to address changes or other locations where your services are available, addition or deletion of tutors, and adding or changing a Tax Id Number (TIN). Humana Military will need to process this information to ensure your provider file is current for referrals, availability, and claim payment accuracy. Please fax all updates and changes to (502) 301-6563

Audit Process

Audit Process

Audits are performed to ensure compliance of the autism demo program. An audit request may come to you by mail requesting documentation of Tutor supervision.

The TRICARE Operations Manual Chapter 20, Section 10 item 5.3.2. requires two (2) hours direct supervision per month per beneficiary for each tutor who delivers ABA therapy services to a TRICARE beneficiary. Because there has been much confusion regarding this requirement and how to comply with it, Humana Military has developed a simple form to help you document Tutor supervision. We ask you to use the EIA Documentation of Tutor Observation/Supervision or a form with similar data elements as it will simplify your documentation and will be the only documentation you will need to provide Humana Military when you receive an audit request for documentation.

Please be sure the Autism Spectrum Disorder (ASD) supervisor signs (do not print) and dates the documentation each time he or she provides supervision. Also, be sure to include the time so it is obvious two hours of supervision was provided. Below are the actions that need to be taken when an audit requesting evidence of Tutor Supervision is received:

- Use ink when completing the EIA Documentation of Tutor Observation/Supervision
- Sign and date the Supervision form
- Provide the Tutor's name
- Provide the name of the beneficiary the Tutor is working with during your direct supervision
- Provide the date and times of supervision. Be sure you provide 2 hours direct supervision for each tutor per beneficiary for services provided during the month. If a tutor did not provide any service during a month, indicate that.
- Only send the EIA Documentation of Tutor Observation/Supervision Form.

You can download this form from www.humana-military.com. Go to the Provider portal, and then click "Autism Demo" from the "Quick Links" box located on the right side of the page. The EIA Documentation of Tutor Observation/Supervision form is listed under "Related Links" at the bottom of the page.

TRICARE Extended Care Health Option

The TRICARE Extended Care Health Option (ECHO) provides financial assistance to Active Duty Family Members (ADFM) who qualify based on specific mental or physical disabilities and offers beneficiaries an integrated set of services and supplies beyond the basic TRICARE programs—TRICARE Prime, TRICARE Prime Remote for ADFM (TPRADFM), TRICARE Standard, or TRICARE Extra.

Potential ECHO beneficiaries must be ADFMs, have a qualifying condition, and be registered to receive ECHO benefits. A record of ECHO registration is stored with a beneficiary's DEERS information.

Conditions qualifying an ADFM for TRICARE ECHO coverage include:

- Moderate or severe mental retardation
- A serious physical disability
- An extraordinary physical or psychological condition of such complexity that the beneficiary is homebound
- A diagnosis of a neuromuscular developmental condition or other condition in an infant or toddler (under age 3) that is expected to precede a diagnosis of moderate or severe mental retardation or a serious physical disability
- Multiple disabilities, which may qualify if there are two or more disabilities affecting separate body systems

TRICARE providers, especially Primary Care Managers (PCMs), are responsible for managing care for TRICARE beneficiaries. Any TRICARE provider (PCM or specialist) can inform the patient's sponsor about the ECHO benefit. Beneficiaries should be referred to Humana Military for assistance with eligibility determination and ECHO registration. This ensures that the beneficiary and provider have a complete understanding of the benefit and have taken the necessary steps for efficient claims processing.

Note: Active duty sponsors with family members seeking ECHO registration must enroll in their service's Exceptional Family Member Program (EFMP) and register for ECHO in order to be eligible for ECHO benefits. There is no retroactive registration into the ECHO program.

Prior authorization must be obtained from Humana Military for all care provided under the ECHO program or providers run the risk of having ECHO claims denied.

ECHO Provider Responsibilities

- Providers may be requested to provide medical records or assist beneficiaries with completing EFMP documents.
- Network and participating providers must submit ECHO claims to Wisconsin

TRICARE Extended Care Health Options

- Physicians Services (WPS).
 - A provider rendering applied behavior analysis (ABA) must be a TRICARE-certified provider that meets the following criteria:
 - Has a current state license to provide ABA services
 - Is certified by the Behavior Analyst Certification Board as either a Board Certified Behavior Analyst or Board Certified Associate Behavior Analyst
- Note:** Under the DoD Enhanced Access to Autism Services Demonstration, non-certified paraprofessional providers may render certain educational intervention services and ABA under close supervision. For more information, see “DoD Enhanced Access to Autism Services Demonstration” later in this section.
- Providers must obtain prior authorization for all ECHO services.

TRICARE can pay for the “hands on” ABA services when provided by a TRICARE-certified provider. However, TRICARE will not pay for such services when provided by family members, trainers, or other individuals who are not TRICARE-certified providers.

ECHO Benefits

Coverage through the TRICARE basic programs may not be sufficient for those eligible beneficiaries with qualifying needs. TRICARE ECHO provides the following additional benefits for these beneficiaries.

ECHO Basic Benefits

- Medical, habilitative, and rehabilitative services
- Training to use assistive technology devices
- Special education, including ABA therapy and Educational Interventions for Autism Spectrum Disorders (EIA) services through the Enhanced Access to Autism Services Demonstration
- Institutional care when a residential environment is required
- Transportation under certain limited circumstances and coverage for a medical attendant when needed to ensure safe transport of the beneficiary
- Assistive services, when needed to receive an authorized ECHO benefit, such as those from a qualified interpreter or translator
- Durable equipment (e.g., electrical or mechanical lifting device for a wheelchair-bound beneficiary)
- ECHO respite care—16 hours per month to provide relief for primary caregivers*

ECHO Costs

Effective October 14, 2008, the government’s maximum cost-share for certain ECHO services is \$36,000 per fiscal year. Services included in this change are:

TRICARE Extended Care Health Options

- Institutional care
- Transportation to and from institutions or facilities
- Rehabilitation
- Special education (which can include ABA)
- Training

An ECHO maximum monthly cost-share of \$2,500 applies to services provided under Sections 6.1, 7.1 (excluding rehabilitation), 12.1, 13.1, and 14.1 of the TRICARE Policy Manual, and accrues to the fiscal year maximum cost-share:

- Assistive services
- Diagnostic services
- Durable equipment
- ECHO respite care
- Treatment (excluding rehabilitation)

Maximum cost-share limits under the ECHO program are per beneficiary, regardless of the number of dependents with the same sponsor receiving ECHO benefits in that period.

Cost-shares under ECHO are in addition to those incurred for services provided under the basic TRICARE benefit (e.g., TRICARE Prime, TPRADFM, TRICARE Standard, TRICARE Extra).

Note: ECHO sponsor/beneficiary cost-shares do not accrue toward the catastrophic cap.

For More Information

For more information regarding TRICARE ECHO, refer to Chapter 9 of the TRICARE Policy Manual at <http://manuals.tricare.osd.mil>. Refer to the resources listed below for additional information and assistance:

- Humana Military Healthcare Services, Inc.
 - www.humana-military.com
- ECHO Web site
 - www.tricare.mil/echo
- EFMP information
 - www.militaryhomefront.dod.mil/efm

Claims & Reimbursements

Claims

TRICARE requires claims to be filed electronically with the appropriate Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant standard electronic claims format. If a non-network provider must submit claims on paper, TRICARE requires them to be submitted on a CMS-1500 (professional charges) claim form. A sample of this claim form can be found in the “Forms” section of this booklet. The following information provides guidelines for processing claims in the South Region.

Note: The allowed cost of services provided by the Enhanced Access to Autism Services Demonstration on or after October 14, 2008, accrue to the ECHO fiscal year government maximum cost-share. See the “TRICARE Extended Care Health Option” section of this booklet for details.

Electronic Claim Filing Options

There are several options for filing your claims electronically:

XPressClaim on myTRICARE.com

With XPressClaim, you can submit secure TRICARE CMS-1500 claims and receive instant payment results. You can also print a patient summary receipt while your patient is still in the office. There is no cost to use XPressClaim. To sign up, visit www.myTRICARE.com and look for XPressClaim under the Provider section.

Electronic Data Interchange Gateway

If your system can create HIPAA-compliant claims formats and you prefer to send your claims directly to the payer, then PGBA’s Electronic Data Interchange (EDI) Gateway may be right for you. PGBA built the EDI Gateway to handle all of their inbound and outbound HIPAA-compliant EDI transactions. The communications protocols supported are Asynchronous Dial-up, File Transfer Protocol (FTP), and CONNECT: Direct/NDM. To enroll or learn more about the EDI Gateway, contact the EMC Help Desk at 1-800-325-5920, menu option 2.

Supporting Documentation

TRICARE claims that require hard copy supporting documentation can still be filed electronically. PGBA’s dedicated fax number to receive supporting documentation for electronically submitted claims is (803) 462-3992. Please include the EDI Attachment Form when faxing supporting documentation. This form can be downloaded at www.humana-military.com by going to the “Provider Forms” page from the “Tools and Resources” section on the Provider portal.

Claims with Other Health Insurance

When filing claims that have other health insurance (OHI) with TRICARE as

secondary payer, you can avoid having to send a hard copy explanation of benefits (EOB) from the primary payer if you can transmit the required information electronically. PGBA needs to know the amount the primary insurance paid. If the primary insurance is a preferred provider organization (PPO), health maintenance organization (HMO), Medicare, or other insurance where there is a limited liability for the patient, then you also need to indicate the OHI-allowed amount. The OHI-allowed amount represents the amount paid by the primary insurer plus any out-of-pocket expenses owed by the patient. In cases where the primary insurance paid zero, include the reason nothing was paid.

Claim Tips

To ensure claims process cleanly, preventing rejects or denials and rework, please note the following tips:

- Claims may deny when the supervisor and tutor services are billed on the same day. In order to prevent a denial the supervisor should submit the tutor and supervisor start and stop times. We recommend the supervisor bill the S5108 when the EIA supervisor is performing direct supervision of the tutor.
- TRICARE fiscal year is October 1 through September 30th. The maximum allowed amount for this program is \$36,000.00. Claims filed for services exceeding this cap within a fiscal year will deny as non-covered.
- Rendering provider NPI must be present on the claim in order to prevent denials.
- A rendering provider must be submitted on the claim or the claim is considered incomplete and will deny.
- Authorization for autism services must be on record and match the services rendered to receive payment, otherwise the services filed will deny as non-covered.
- Corrected claims can be re-submitted electronically or on paper. Please be sure to include supporting documentation that includes the dates of service and times in question. Without supporting documentation and/or additional information applied to the corrected claim, the claim may deny as a duplicate.

HIPAA National Provider Identifier Compliance

Effective May 23, 2008, all covered entities must use their National Provider Identifiers (NPIs) and submit NPIs on HIPAA standard electronic transactions in accordance with the Implementation Guide. When filing claims with NPI(s), billing NPIs are always required and rendering provider NPIs, when applicable, are also required. Providers treating TRICARE beneficiaries as a result of referrals should also obtain the referring provider's NPI and include it on transactions, if available, per the Implementation Guide for the transaction.

Claims & Reimbursements

HIPAA Transaction Standards and Code Sets

For your TRICARE claims, the following HIPAA standard formats must be used:

- ASC X12N 837—Health Care Claim: Professional, Version 4010 and Addenda
- ASC X12N 837—Health Care Claim: Institutional, Version 4010 and Addenda

TRICARE contractors and other health care payers are prohibited from accepting or issuing transactions that do not meet the standards. In order to avoid cash flow disruptions, it is imperative that you use the HIPAA-compliant claims formats.

If you need any assistance with HIPAA standard formats for TRICARE, you may call the PGBA EMC Help Desk at 1-800-325-5920.

Filing Paper Claims

When filing a paper claim, make sure that you complete the CMS-1500 accurately and fully. Submit the paper claims to:

TRICARE South Region
Claims Department
P.O. Box 7031
Camden, SC 29020-7031

The most appropriate Current Procedural Terminology (CPT®) code must be used when billing TRICARE—do not unbundle charges into separate CPT codes when a single code is more appropriate. If the CPT code you are billing does not match the services authorized, the claim will be denied. Institutional providers billing with certain revenue codes require submission of Level II Healthcare Common Procedure Coding System (HCPCS) codes for description of services and supplies.

The signature of the provider, or an acceptable facsimile, is required on all claims.

Corrected Claims

When submitting a correction to those claims previously accepted by PGBA for processing, the claims must be flagged as corrected claims. For details about how to submit corrected claims electronically, refer to the PGBA HIPAA Companion Guides for 837 claims on www.myTRICARE.com. If submitting a corrected claim on paper, write “Corrected” across the top of the claim form and resubmit the form.

Timely Filing

All TRICARE provider claims must be submitted to PGBA for payment within one year of the date the service was rendered or according to the provider contract.

Returning Incorrect Payments

If you receive a duplicate or overpayment for a claim for TRICARE beneficiaries,

TRICARE requests that this payment be returned to TRICARE Finance.

Please include a copy of the remittance advice and a cover letter explaining exactly why the money is being returned.

If a remittance advice is not included, please provide information about the beneficiary and the claim (including the recoupment case number) to help ensure that the refund is credited to the correct claim.

Return duplicate payments or overpayments to:

PGBA
Attn: TRICARE Finance
TRICARE Refunds/AG900 PGBA
P.O. Box 100279
Columbia, SC 29202-3279

If you do not return the overpayment, then PGBA may, after written notice, offset the amount of double payment against future claim payments.

Provider Reimbursements

The maximum cumulative Government liability for benefits provided under the ECHO and the Demonstration is \$36,000 annually based on a fiscal year beginning on October 1st of each year. Reimbursable services must be pre-authorized and include:

- Evaluation using the Functional Behavioral Assessment and Analysis*
- Development of the initial BP, the EPR, and the updated BP*
- Quarterly, in-person meetings between the EIA Supervisor and the primary caregivers
- One-on-one services; Group EIA sessions are not a covered benefit
- When EIA services are rendered jointly, in-person, during EIA supervision, only the EIA supervisor time may be reimbursed

**There is a maximum of not more than four hours allowed for conducting the initial Functional Behavioral Assessment and Analysis and establishment of the initial BP.*

If you are already providing ABA therapy to a beneficiary under the ECHO program, you must obtain authorization from the ECHO Case Manager before transitioning the beneficiary to the Demonstration.

Reassessment is conducted as part of routine supervision services and is not separately reimbursable.

Claims for Demonstration services must be submitted on a Centers for Medicare and Medicaid (CMS) 1500 using the following codes:

Claims & Reimbursements

- S5108 Home Care training to home care client, per 15 minutes**
- Functional Behavioral Assessment and Analysis including initial BP
 - EIA services rendered jointly by an EIA Supervisor and an EIA Tutor, in person, during directly supervised fieldwork of the Tutor by the Supervisor
 - Reimbursement during Tutor supervision is limited to the higher rate as determined by the ECHO case manager. There is no reimbursement for Tutor services using H2019 during the time in which the Supervisor is supervising and billing with code S5108.
- H2019 Therapeutic behavioral services, per 15 minutes**
- EIA services provided directly by an EIA Tutor
- 99080 Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form**
- Development of the required EPR and updated BP
 - This code is an episode of care and is not defined in minutes or units.
 - Reimbursement is limited to the negotiated rate up to the TRICARE maximum allowable charge which is based on the ZIP code where the beneficiary resides.
- 90887 Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible person, or advising them how to assist patient.**
- Conducting the required quarterly progress meetings with the TRICARE beneficiary's caregivers
 - This code is an episode of care and is not defined in minutes or units.
 - Reimbursement is limited to the negotiated rate up to the TRICARE maximum allowable charge which is based on the ZIP code where the beneficiary resides.

Billing for tutor services must be submitted by the TRICARE authorized EIA Supervisor; tutors may not bill directly for services.

Codes or reimbursements are subject to change.

Provider Tools

Acronyms

ABA	Applied behavior analysis
ACSP	Autism Demonstration Corporate Service Provider
AD	Autistic Disorder
ADDP	TRICARE Active Duty Dental Program
ADFM	Active duty family member
ADSM	Active duty service member
APA	American Psychiatric Association
AS	Asperger’s Syndrome
ASC	Ambulatory surgery center
ASD	Autism Spectrum Disorder
BACB	Behavioral Analyst Certification Board
BCAC	Beneficiary Counseling and Assistance Coordinator
BCaBA	Board Certified Associate Behavioral Analyst
BCBA	Board Certified Behavioral Analyst
BP	Behavioral Plan
BRAC	Base Realignment and Closure Commission
BSR	Beneficiary Service Representative
CDD	Childhood Disintegrative Disorder
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services (<i>now called TRICARE</i>)
CHAMPVA	Civilian Health and Medical Program of the Department of Veterans Affairs (<i>Veterans Affairs health care program</i>)
CHCBP	Continued Health Care Benefit Program
CMAC	CHAMPUS Maximum Allowable Charge (<i>also known as TMAC – TRICARE Maximum Allowable Charge</i>)
CMS	Centers for Medicare and Medicaid Services (<i>formerly HCFA</i>)
CMS-1500	Professional Claim Form
COB	Coordination of benefits
CPT	Current Procedural Terminology
CSP	Corporate Services Provider
DCAO	Debt Collection Assistance Officer
DEERS	Defense Enrollment Eligibility Reporting System
DME	Durable medical equipment
DMEPOS	Durable medical equipment, prosthetics, orthotics, and supplies
DOB	Date of birth
DoD	Department of Defense
DOS	Date of Service
DRG	Diagnosis-related group
DTF	Dental treatment facility
Duts	Days, units, times

Provider Tools

ECHO	Extended Care Health Option
ECT	Electroconvulsive therapy
EFMP	Exceptional Family Member Program
EFT	Electronic funds transfer
EHHC	ECHO Home Health Care
EIA	Educational Interventions for Autism Spectrum Disorders
EIN	Employee identification number
EMC	Electronic media claims
EOB	Explanation of benefits
EPR	EIA Progress Report
ERA	Electronic remittance advice
FDA	U.S. Food and Drug Administration
HBA	Health Benefits Advisor
HCFA	Health Care Financing Administration (<i>now CMS</i>)
HCPCS	Healthcare Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act of 1996
HMO	Health maintenance organization
ICD-9	International Classification of Diseases, Ninth Revision
ID	Identification
IDEA	Individuals with Disabilities Education Act
IEP	Individual Education Plan
IFSP	Individualized Family Service Plan
IVR	Interactive Voice Response
MCSC	Managed care support contractor
MHS	Military Health System
MMSO	Military Medical Support Office
MRI	Magnetic resonance imaging
MTF	Military treatment facility
NAS	Nonavailability statement
NATO	North Atlantic Treaty Organization
NCI	National Cancer Institute
NDC	National Drug Code
NOAA	National Oceanic and Atmospheric Administration
NPI	National Provider Identifier
NQMC	National Quality Monitoring Contractor
OHI	Other health insurance
OPPS	Outpatient prospective payment system
OTR	Outpatient treatment report
P&T	Pharmacy and Therapeutics
PCM	Primary care manager
PDTS	Pharmacy Data Transaction Service
PGBA	PGBA, LLC
PHP	Partial hospitalization program
PHS	Public Health Service

POS	Point of service
PPO	Preferred provider organization (<i>TRICARE Extra</i>)
PPS	Prospective payment system
RTC	Residential treatment center
SHCP	Supplemental Health Care Program
SNF	Skilled nursing facility
SPOC	Service point of contact
SSN	Social Security number
SUDRF	Substance use disorder rehabilitation facility
TAMP	Transitional Assistance Management Program
TDEFIC	TRICARE Dual-Eligible Fiscal Intermediary Contract
TDP	TRICARE Dental Program
TEOB	TRICARE Explanation of Benefits
TFL	TRICARE For Life
TIN	Tax Identification Number
TMA	TRICARE Management Activity
TOS	Type of Service
TPR	TRICARE Prime Remote
TPRADFM	TRICARE Prime Remote for Active Duty Family Members
TRDP	TRICARE Retiree Dental Program
TRS	TRICARE Reserve Select
TSC	TRICARE Service Center
U.S.	United States
USFHP	US Family Health Plan
USPHS	United States Public Health Service
VA	Department of Veterans Affairs
WPS	Wisconsin Physicians Service

Sample Forms

CMS-1500 Form

Sample CMS-1500 Form

1500
HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

ICA
ICA

1 MEDICARE (Medicare #) <input type="checkbox"/>	2 MEDICAID (Medicaid #) <input type="checkbox"/>	3 TRICARE (Sponsor's SSN) <input type="checkbox"/>	4 CHAMPVA (Member ID) <input type="checkbox"/>	5 GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/>	6 FECA (Self/Spouse) <input type="checkbox"/>	7 OTHER (Other) <input checked="" type="checkbox"/>	8 INSURED'S I.D. NUMBER (For Program in Item 1) 555-55-5555
9 PATIENT'S NAME (Last Name, First Name, Middle Initial) Smith, Bob A.				10 PATIENT'S BIRTH DATE (MM/DD/YY) 01/01/03		11 SEX (M/F) <input checked="" type="checkbox"/>	
12 PATIENT'S ADDRESS (No., Street) 123 Paradise Road				13 PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input checked="" type="checkbox"/> Other <input type="checkbox"/>		14 INSURED'S NAME (Last Name, First Name, Middle Initial) Wayne Jones	
15 CITY Florence				16 STATE SC		17 INSURED'S ADDRESS (No., Street) Same	
18 ZIP CODE 12345				19 TELEPHONE (Include Area Code) (555) 555-1234		20 CITY	
21 OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				22 PATIENT STATUS Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>		23 STATE	
24 OTHER INSURED'S POLICY OR GROUP NUMBER				25 EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		26 INSURED'S POLICY GROUP OR FECA NUMBER None	
27 OTHER INSURED'S DATE OF BIRTH (MM/DD/YY)				28 AUTO ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		29 INSURED'S DATE OF BIRTH (MM/DD/YY)	
30 EMPLOYER'S NAME OR SCHOOL NAME				31 OTHER ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		32 EMPLOYER'S NAME OR SCHOOL NAME	
33 INSURANCE PLAN NAME OR PROGRAM NAME				34 RESERVED FOR LOCAL USE		35 INSURANCE PLAN NAME OR PROGRAM NAME	
36 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: Signature on File				37 DATE 02/14/2010		38 SIGNED	
39 DATE OF CURRENT ILLNESS (First symptom or injury/accident or pregnancy) (MM/DD/YY)				40 PATIENT HAS HAD SAME OR SIMILAR ILLNESS (GIVE FIRST DATE) (MM/DD/YY)		41 DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM MM/DD/YY TO MM/DD/YY)	
42 NAME OF REFERRING PROVIDER OR OTHER SOURCE K. Brown, MD				43 NPI A55555		44 HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM/DD/YY TO MM/DD/YY)	
45 RESERVED FOR LOCAL USE				46 OUTSIDE LAB? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		47 \$ CHARGES	
48 DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate items 1, 2, 3 or 4 to Item 24E by Line) 1. 299.00				49 MEDICAD RESUBMISSION (CODE ORIGINAL REF. NO.)		50 PRIOR AUTHORIZATION NUMBER	
51 DATE(S) OF SERVICE (From MM/DD/YY To MM/DD/YY)		52 PLACE OF SERVICE (EMS)		53 PROCEDURES, SERVICES, OR SUPPLIES (Specify Unusual Circumstances) (CPT/HCPCS MODIFIER)		54 DIAGNOSIS POINTER	
55 \$ CHARGES		56 DAYS OR UNITS		57 UNIT/FACILITY		58 REFERRING PROVIDER ID #	
1 02 05 10 02 05 10		S5108		1		65 00 1 NP 3322221111	
2 02 05 10 02 05 10		H2019		1		30 00 1 NP 3322221111	
3 02 05 10 02 05 10		H2019		1		30 00 1 NP 3322221111	
4						NP	
5						NP	
6						NP	
59 FEDERAL TAX I.D. NUMBER 99-1234567		60 PATIENT'S ACCOUNT NO. 12345987		61 ACCEPT ASSIGNMENT? (FOR OPT. ASSIGN. SEE BACK) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		62 TOTAL CHARGE \$ 115 00	
63 SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made a part thereof.) T. Jones		64 SERVICE FACILITY LOCATION INFORMATION Office Name 123 Main St. Florence, SC 12345-2345		65 BILLING PROVIDER INFO & PH # (555) 555-5555		66 AMOUNT PAID \$	
67 SIGNED 02/14/10		68 DATE		69 A 1123456789		70 B 111222233	

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

Guide to Sample CMS-1500 Form

- 1.) Block three indicating TRICARE should be selected
- 1A.) This is the place for the sponsor's social security number.
- 2.) This is the space for the patient's name
- 3.) This is the place for the patient's date of birth and patient sex
- 4.) This is the place for the sponsor's name
- 5.) This is the place for the patient's address
- 6.) This is the place to indicate the patient's relationship to the sponsor (self, child, etc)
- 7.) The space is for the sponsor's address
- 8.) This is the place for the patient status (is the patient single, married, etc)
- 9A, 9B, 9C, 9D) All these spaces should be filled out if the patient has other health insurance.
- 10A, 10B, 10C, 10D) These spaces are to be filled out when the services rendered on the claim are related to work circumstances, auto accident, or other accidents.
- 11 & 11A) These are related to the sponsor's other health insurance
- 11B) This space is for the sponsor's employer's name or school name
- 11C) This is related to the sponsor's other health insurance, if they have any.
- 11D.) This section is to be marked if the patient has another benefit plan
- 12.) This section should contain the patient or guardian's signature. This section can also have "signature on file" if the physician has the signature in their files.
- 13.) This section should either be left blank or contain the sponsor's signature
- 14, 15, & 16.) These sections can be left blank.
- 17.) If applicable the referring physician should be filled out in this section.
- 17A, 17B, 18, 19, 20) These sections can be left blank.
- 21.) This section should have the diagnosis code for the services rendered
- 22.) This section can be left blank
- 23.) The authorization number can be placed in this section.
- 24A.) This section is for the date(s) of service for the services rendered
- 24B.) This section is for the place of service
- 24C.) This section is for the type of service rendered
- 24D.) This section is for the CPT or HCPCS codes for the services rendered.
- 24E.) This section determines which of the diagnosis codes should be used
- 24F.) This section is for the amount billed for the services rendered.
- 24G.) This section is for the days/times/units (duts) for the services rendered
- 24H.) This section can be left blank.
- 24I.) This section can be left blank.
- 24J.) This section is for the rendering physician's NPI.
- 25.) This section is for the provider's tax id number
- 26.) This section is for the patient's account number
- 27.) This section indicates if the provider is accepting assignment or not.
- 28.) This section is for the total charges billed.
- 29.) This section is for any amount that has been applied towards the total charges. This could be the beneficiary payment, or an other health insurance payment.
- 30.) This section is for the amount left to be paid on the charges.
- 31.) This section is for the physician's signature, which can be computer generated and the date of the signature.
- 32.) This section is for the physician's physical location.
- 32A.) This section is for the NPI of the physical location.
- 32B.) This section can be left blank.
- 33.) This section is for the physician's pay to address.
- 33A.) This section is for the NPI of the physician's pay to address.
- 33B.) This section can be left blank.

EIA Documentation of Tutor Observation/Supervision Form



EIA Documentation of Tutor Observation/Supervision

Provider: _____ Supervisor signature: _____
Tutor Name: _____ Beneficiary full name: _____
Supervised Session: Date: _____ Start time: _____ End time: _____

During supervision, the EIA Supervisor will be engaged in the Tutor-Beneficiary session and should document the following w/ no errors corrected with white out. Draw a single line through any error and enter "ME" for mistake entry above the error. All clinical documentation errors are to be corrected in this manner.

Explain the tutor's performance: ie. Voice tone/inflection/interaction level/level of tutor's enthusiasm, etc.

Explain rapport between beneficiary and tutor: ie., eye contact/level of attention and response, Is communication effective for progress toward goals?

Recommendations/suggestions given to the tutor/constructive criticism/positive reinforcement

*** Tutors are to receive no less than 2 hrs. direct supervision per month (Chapter 20 section 5.2 10**

Frequently Asked Questions

General FAQs

Who is responsible for the policy concerning the Autism Demonstration program?

The Department of Defense health care program, TRICARE determines the benefit and policy. Changes to policy are mandated by the TRICARE Management Activity (TMA).

Who administers this program?

Humana Military Healthcare Services is the contractor for the government administering the TRICARE program in the South Region.

What states belong to the South Region?

Georgia, Florida, South Carolina, Tennessee (except for a few counties surrounding Ft. Campbell), Alabama, Mississippi, Louisiana, Arkansas, Oklahoma, and Texas (except for El Paso).

What are the requirements to become an EIA Supervisor or EIA Tutor for TRICARE South Region?

Please refer to the information in this booklet or go to the www.humana-military.com provider page, under Autism Demo.

What if I have a change to my status (add tutors, acquire or change a Tax ID Number,...other)?

Please be sure to notify Humana Military Healthcare Services of any changes to your status as an autism provider for the TRICARE South Region. Refer to “updates and changes” in the provider responsibilities section of this booklet.

Which TRICARE beneficiaries qualify for this program?

Active Duty family members already registered in the ECHO program with an autism diagnosis, are the only beneficiaries who qualify for autism services.

What should I do if I am contacted directly by a TRICARE beneficiary?

TRICARE beneficiaries cannot self-refer for autism services. Please re-direct the beneficiary to contact their Primary Care Manager to see if their child qualifies for the program.

What is an “audit”?

In order to guarantee quality control, Humana Military Healthcare Services will request proof of services performed for a particular TRICARE patient and episode of care. Please be sure to follow the guidelines provided in this booklet for compliance.

Frequently Asked Questions

Claims FAQs

Where do I submit claims for TRICARE patients?

PGBA is the claims processor for TRICARE South Region. Claims can be submitted electronically at www.myTRICARE.com with XpressClaim, through a clearinghouse, or by mail. Please refer to the Claims & Reimbursements section in this booklet for all your claim filing needs.

How do I obtain an NPI?

You must apply for an NPI through the National Plan and Provider Enumeration System (NPPES) at <https://NPPES.cms.hhs.gov>. If you are an EIA Supervisor with tutors you are likely to need more than one NPI (one for the individual EIA Supervisor and a group level NPI if you will be filing claims for tutors).

If I file for tutor and supervisor services on the same day, what information do I need to include on the claim?

In order for TRICARE to pay for both services on the same day, the tutor and supervisor service cannot have overlapping or same timeframes. The claim will need to show separate and distinct start and stop times for each line of the claim.

Can I, as a tutor, file a claim for my services?

No, the EIA supervisor must file for all tutor services under their supervision.

Should I file for single dates of service or a date range?

Your claims processor, PGBA, can accommodate either.

Do you require supporting documentation with the claim?

Supporting documentation is necessary only if you need to validate a corrected claim or clarify supervisor and tutor services rendered on the same day. Start and Stop times are important.

I filed my claim with 2 hours for the time of service and it did not pay correctly, what do I do?

The service codes are very specific to units of service and may be based on 15 minute increments of time. In this example, the provider would need to send a corrected claim with (8) units of time for 15 minute increments equaling 2 hours of care.

Who do I contact concerning claims issues?

Please contact PGBA at 1-800-288-2227, ext 66899.

Important Contact Information

Authorizations

Southwest Market

(TX excluding the El Paso Area, Louisiana west of the Mississippi River, AR, OK)
(800) 447-8808

GulfSouth Market

(LA east of the Mississippi River, FL panhandle, TN, MS, AL)
(866) 323-7155

Southeast Market

(GA, SC, FL excluding the panhandle)
(800) 447-6072

Claims

PGBA

(800) 288-2227, ext 66899

TRICARE South Region

Claims Department

P.O. Box 7031

Camden, SC 29020-7031

www.myTRICARE.com

Applications and Updates

Humana Military Healthcare Services

Attn: Network Development 3-515

PO Box 740085

Louisville, KY 40201-9927

or

Fax to: (502) 301-6563 for all updates

www.humana-military.com