

Medical Documentation Requirements



The following table offers an overview of medical documentation requirements for applied behavior analysis (ABA) services rendered under TRICARE's Autism Care Demonstration (ACD). Learn more at www.tricare-west.com/go/ACD-provider.

- Find additional details on required elements on our [Progress Notes](#) page.
- For more information on Current Procedural Terminology (CPT®) codes and billing requirements, visit our [Billing](#) page

Reminder! Progress notes should contain all required documentation elements.

Medical documentation reviews that result in missing or insufficient elements may cause payment recoupment.

The information displayed in this table is current as of the publication date listed at the bottom of this page. Please refer to www.tricare-west.com/go/ACD-provider for the latest information as TRICARE requirements and program details are subject to change. This overview is not all-inclusive. Please review TRICARE Operations Manual, Chapter 18, Section 4 and TRICARE Policy Manual, Chapter 1, Section 5.1 for complete details.

Service (Conditions for Use)	CPT Code 97151	Required Progress Note Documentation	Authorized Provider Type
Behavior Identification <ul style="list-style-type: none"> • Initial assessment and reassessments every 6 months • Treatment plan development and updates • Second opinion 	For initial assessment, treatment plan development and administration of the Pervasive Developmental Disorder Behavior Inventory (PDDBI)	<p>A progress note is required for each encounter billed for the initial/reassessment and treatment plan (to include the PDDBI).</p> <p><i>Non-Clinical Elements</i></p> <ul style="list-style-type: none"> • Beneficiary's full name • Date, time (start/end time), length of session • Rendering provider's name, license or certification, dated signature (Important: The dated signature refers to the date the progress note was signed and may differ from the progress note's session date. The date of the session alone will not meet the dated signature requirement.) • Name of authorized ABA supervisor if rendered by assistant behavior analyst <p><i>Clinical Elements</i></p> <p>Document the content of the session, including:</p> <ul style="list-style-type: none"> • Activities during assessment • Measures related to assessment • Observations made during assessment 	ABA supervisor or assistant behavior analyst
Behavior Identification Outcome Measures	<ul style="list-style-type: none"> • Vineland-3 • SRS-2 • Parenting Stress Index, Fourth Edition Short Form (PSI-4-SF) • Stress Index for Parents of Adolescents (SIPA) 	<p>Required Information</p> <ul style="list-style-type: none"> • Name of the person completing the forms and their relationship to the beneficiary (Note: Required on all outcome measures) • ABA providers must submit full publishers report or manual scoring (embedded tables within treatment plans not accepted) <p>Note: A progress note is not required when billing CPT code 97151 for outcome measures.</p>	ABA supervisor or assistant behavior analyst

Service (Conditions for Use)	CPT Code 97153	Required Progress Note Documentation	Authorized Provider Type
<p>Adaptive Behavior Treatment by Protocol</p> <p>Direct, one-on-one ABA services delivered per ABA treatment plan protocol to the beneficiary</p>	<p>ABA supervisor authorized to render (not delegated to an assistant behavior analyst or behavior technician [BT]) in a school setting</p>	<p><i>Non-Clinical Elements</i></p> <ul style="list-style-type: none"> • Beneficiary’s full name • Date, time (start/end time), length of session • Location of rendered services and names of session participants and their relationships to the beneficiary • Rendering provider’s name, license or certification, dated signature (Important: The dated signature refers to the date the progress note was signed and may differ from the progress note’s session date. The date of the session alone will not meet the dated signature requirement.) • The name of the authorized ABA supervisor if different from the rendering provider <p><i>Clinical Elements</i></p> <p>A narrative summary that includes:</p> <ul style="list-style-type: none"> • Beneficiary’s current clinical status as observed at the beginning of each session • The areas targeted in the treatment plan and examples of targets addressed • ABA techniques implemented • Beneficiary response and performance on the targets, with a focus on areas of strong performance and barriers to performance <p>Note: Data collection (for example, performance data, tally marks and circled responses) is insufficient for a medical record.</p>	<ul style="list-style-type: none"> • ABA supervisor, assistant behavior analyst or BT • ABA supervisor only (school setting)
Service (Conditions for Use)	CPT Code 97155	Required Progress Note Documentation	Authorized Provider Type
<p>Adaptive Behavior Treatment by Protocol Modification</p> <ul style="list-style-type: none"> • Direct, one-on-one time with one beneficiary to develop a new or modified protocol • May be used to demonstrate a new or modified protocol to a BT with beneficiary present • Focus on addition or modification to treatment protocol 	<ul style="list-style-type: none"> • Minimum of 1 session per month must be rendered by ABA supervisor • Team meetings and supervision are not allowed 	<p><i>Non-Clinical Elements</i></p> <ul style="list-style-type: none"> • Beneficiary’s full name • Date, time (start/end time), length of session • Location of rendered services and names of session participants and their relationships to the beneficiary • Rendering provider’s name, license or certification, dated signature (Important: The dated signature refers to the date the progress note was signed and may differ from the progress note’s session date. The date of the session alone will not meet the dated signature requirement.) • The name of the authorized ABA supervisor if different from the rendering provider <p><i>Clinical Elements</i></p> <p>A narrative summary that includes:</p> <ul style="list-style-type: none"> • Beneficiary’s current clinical status as observed at the beginning of each session • Modifications to the program or rationale for why none were needed, and modeling of new or modified protocols to the BT and/or parents/caregivers • Summary of progress toward goals <p>Note: Progress toward goals may drive protocol modification.</p>	<p>ABA supervisor (or as delegated to an assistant behavior analyst)</p>

Service (Conditions for Use)	CPT Code 97156	Required Progress Note Documentation	Authorized Provider Type
<p>Family Adaptive Behavior Treatment Guidance</p> <ul style="list-style-type: none"> • Parent/caregiver training • Beneficiary attendance encouraged, not required 	<p>Telehealth is permitted on new treatment plans only after first 6-month authorized treatment period</p>	<p><i>Non-Clinical Elements</i></p> <ul style="list-style-type: none"> • Beneficiary’s full name • Date, time (start/end time), length of session • Location of rendered services and names of session participants and their relationships to the beneficiary • Clearly document the presence or absence of beneficiary in session • Rendering provider’s name, license or certification, dated signature (Important: The dated signature refers to the date the progress note was signed and may differ from the progress note’s session date. The date of the session alone will not meet the dated signature requirement.) • The name of the authorized ABA supervisor if different from the rendering provider <p><i>Clinical Elements</i></p> <ul style="list-style-type: none"> • Beneficiary’s current clinical status (if present) as observed at the beginning of session • A narrative of ABA principles covered with the parent/caregiver and recommendations made to the parent/caregiver • When the beneficiary is present, include what was modeled for the parent/caregiver or what the parent/caregiver implemented during the session and the feedback provided • A narrative summary of progress toward parent/caregiver goals <p>Note: Data collection (for example, performance data, tally marks and circled responses) is insufficient for a medical record.</p>	<p>ABA supervisor or assistant behavior analyst</p>
Service (Conditions for Use)	CPT Code 97157	Required Progress Note Documentation	Authorized Provider Type
<p>Multiple-Family Group Adaptive Behavior Treatment Guidance</p> <ul style="list-style-type: none"> • Training to teach parent(s)/ caregiver(s) to utilize treatment protocols designed to reduce maladaptive behaviors and/or skill deficits in a group setting • Beneficiary should not be present 	<p>6 parent/caregiver sessions every 6 months (CPT codes 97156 and/or 97157)</p>	<p><i>Non-Clinical Elements</i></p> <ul style="list-style-type: none"> • Beneficiary’s full name • Date, time (start/end time), length of session • Location of rendered services and names of session participants and relationships to beneficiary • Rendering provider’s name, license or certification, dated signature (Important: The dated signature refers to the date the progress note was signed and may differ from the progress note’s session date. The date of the session alone will not meet the dated signature requirement.) • The name of the authorized ABA supervisor if different from the rendering provider <p><i>Clinical Elements</i></p> <p>A narrative summary that includes:</p> <ul style="list-style-type: none"> • ABA principles covered, specific skill acquisition and behavior reduction techniques reviewed, what was modeled (a common summary may be used) • Any feedback provided to the parent/caregiver • The individual parent’s/caregiver’s progress toward goals <p>Note: Data collection (for example, performance data, tally marks and circled responses) is insufficient for a medical record.</p>	<p>ABA supervisor or assistant behavior analyst</p>

Service (Conditions for Use)	CPT Code 97158	Required Progress Note Documentation	Authorized Provider Type
<p>Group Adaptive Behavior Treatment by Protocol Modification</p> <p>Groups address specific, measurable goals targeting social deficits and problem behaviors through various techniques (for example, modeling, rehearsing, corrective feedback)</p>	<p>May not exceed 6 units per day and 8 participants per group</p>	<p><i>Non-Clinical Elements</i></p> <ul style="list-style-type: none"> • Beneficiary’s full name • Date, time (start/end time), length of session • Location of rendered services and names of session participants (excluding other beneficiaries) • Rendering provider’s name, license or certification, dated signature (Important: The dated signature refers to the date the progress note was signed and may differ from the progress note’s session date. The date of the session alone will not meet the dated signature requirement.) • The name of the authorized ABA supervisor if different from the rendering provider <p><i>Clinical Elements</i></p> <p>A narrative summary that includes:</p> <ul style="list-style-type: none"> • Beneficiary’s current clinical status as observed at the beginning of each session • Social deficit areas, skill acquisition targets and problem behaviors addressed (a common summary may be used) • ABA techniques implemented • Adjustments to the level of assistance (for example, prompts) given for the individual beneficiary during the session • How the individual beneficiary performed on the targets, with a focus on areas of strong performance and barriers to performance <p>Note: Data collection (for example, performance data, tally marks and circled responses) is insufficient for a medical record.</p>	<p>ABA supervisor (or as delegated to an assistant behavior analyst)</p>
Service (Conditions for Use)	CPT Codes 99366/99368	Required Progress Note Documentation	Authorized Provider Type
<p>Medical Team Conference</p> <ul style="list-style-type: none"> • Minimum 3 qualified health professionals (QHP) from different specialties who provide direct care • 1 QHP per specialty • Assigned Autism Services Navigators must participate 	<p>CPT code 99366 is medical team conference with beneficiary present; CPT code 99368 is without beneficiary present</p>	<p><i>Non-Clinical Elements</i></p> <ul style="list-style-type: none"> • Beneficiary’s full name • Date, time (start/end time), length of session • Location of rendered services and names of session participants and relationships to beneficiary • Rendering provider’s name, license or certification, dated signature (Important: The dated signature refers to the date the progress note was signed and may differ from the progress note’s session date. The date of the session alone will not meet the dated signature requirement.) • The name of the authorized ABA supervisor if different from the rendering provider <p><i>Clinical Elements</i></p> <p>Narrative documenting conference participants’:</p> <ul style="list-style-type: none"> • Roles in the conference • Contributed information • Subsequent treatment recommendations 	<p>ABA supervisor</p>