

Autism Diagnosis

What to Know About TRICARE's Autism Care Demonstration (ACD)

To qualify for Applied Behavior Analysis (ABA) therapy under TRICARE's Autism Care Demonstration (ACD), a child must first receive an official diagnosis of Autism Spectrum Disorder (ASD) from a TRICARE-authorized provider. To maintain eligibility, a new referral and DSM-5 checklist must be submitted by the medical provider every two years.

Diagnosing and Referring Providers

- ASD diagnosing and referring providers include: TRICARE-authorized Primary Care Manager (PCMs) and specialized ASD diagnosing providers.

APPROVED ASD-DIAGNOSING PROVIDERS (Effective Oct. 1, 2021)

TRICARE authorized PCMs include TRICARE authorized:

- Pediatricians
- Family medicine physicians
- Pediatric or family nurse practitioners

Authorized ASD-diagnosing providers include TRICARE authorized:

- Physicians board certified or board eligible in:
 - Developmental/behavioral pediatrics
 - Neurodevelopmental pediatrics
 - Child neurology
 - Child psychiatry
- Doctoral-level licensed clinical psychologists
- Board certified Doctors of Nursing Practice

Graphic from TRICARE® Autism Care Demonstration Fact Sheet

- Details for Doctors of Nursing Practice (DNPs):
 - ⇒ For DNPs credentialed as developmental pediatric providers, dual American Nurses Credentialing Center (ANCC) board certifications are required as follows: 1) either a pediatric NP or a family NP; **and** 2) either (Family, or Child/Adolescent) Psychiatric Mental Health Nurse Practitioner (PMHNP) or a (Child/Adolescent) Psychiatric and Mental Health Clinical Nurse Specialist (PMHCNS).
 - ⇒ For DNPs credentialed as psychiatric and mental health providers, single ANCC board certification is required as follows: as either a (Family or Child/Adolescent) PMHNP or a PMHCNS.
- Diagnoses and referrals from Physician Assistants (PAs) or other providers not having the above qualifications shall not be accepted.
- Note: Adult beneficiaries participating in the ACD who age out of the diagnosing/referring provider pediatric scope of practice may only be diagnosed/referred by a clinical psychologist.

Validated Assessment Tool Requirement



A validated assessment tool must be administered by the TRICARE authorized diagnosing provider. The tool must be from the following list:

- Screening Tool for Autism in Toddlers and Young Children (STAT)
- Autism Diagnostic Observation Schedule-Second Edition (ADOS-2)
- Autism Diagnostic Interview-Revised (ADI-R)
- Childhood Autism Rating Scale-Second Edition (CARS-2)
- Gilliam Autism Rate Scale, Third Edition (GARS-3)*

*If the GARS-3 was completed, a diagnostic evaluation demonstrating the diagnosing provider used other methodology to supplement the parent questionnaire to render a diagnosis is also required.

Diagnosis Documentation Requirements

- A diagnosis based on a clinical interview alone is not sufficient documentation to support medical necessity of services.
- A parent questionnaire alone is not sufficient for diagnostic documentation.
- For ACD eligibility, the covered diagnosis is ASD (F84.0) according to the Diagnostic and Statistical Manual of Mental Illnesses, Fifth edition (DSM-5)/Autistic Disorder according to the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM).
- The ASD diagnosis must specify the level of support according to the DSM-5 criteria (Level 1 = mild, Level 2 = moderate, or Level 3 = severe).
- The DSM criteria must be documented in a Defense Health Agency (DHA)-approved checklist in the referral.

  **DSM-5 Diagnostic Checklist**

TRICARE requires a completed DSM-5 Diagnostic Checklist for beneficiaries who entered into the Autism Care Demonstration (ACD) prior to Oct. 1, 2021, at their next referral cycle and each two-year referral renewal. The DSM-5 Diagnostic Checklist identifies the level of support required according to DSM-5 autism spectrum disorder (ASD) criteria.

Beneficiary's Full Name: _____ Sponsor ID/DOB: _____ Beneficiary's Date of Birth: _____

DSM-5 Criteria	Autism Spectrum Disorder	
	Present	Not Present
Please note: For individuals who have a well-established DSM-5 diagnosis of ASD, Asperger's disorder or PDD-NOS, please check this box and complete the below checklist to reconfirm the previous diagnosis to ASD.	<input type="checkbox"/>	<input type="checkbox"/>
A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (all three must be met):		
1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.	<input type="checkbox"/>	<input type="checkbox"/>
2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.	<input type="checkbox"/>	<input type="checkbox"/>
3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.	<input type="checkbox"/>	<input type="checkbox"/>
Social communication domain severity rating (check one): (1) Requires Support (2) Substantial Support (3) Very Substantial Support Note: See DSM-5 page 52 for severity description.	<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3
B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following, currently or by history:	Present	Not Present
1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).	<input type="checkbox"/>	<input type="checkbox"/>
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).	<input type="checkbox"/>	<input type="checkbox"/>
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).	<input type="checkbox"/>	<input type="checkbox"/>
4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).	<input type="checkbox"/>	<input type="checkbox"/>
Restricted, repetitive behaviors domain severity rating (check one): (1) Requires Support (2) Substantial Support (3) Very Substantial Support Note: See DSM-5 page 52 for severity description.	<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3
C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies later in life).	<input type="checkbox"/>	<input type="checkbox"/>
D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.	<input type="checkbox"/>	<input type="checkbox"/>
E. These disturbances are not better explained by intellectual disability or global developmental delay.	<input type="checkbox"/>	<input type="checkbox"/>
Autism Spectrum Disorder Criteria Met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
With or Without Intellectual Impairment?	<input type="checkbox"/> With	<input type="checkbox"/> Without
With or Without Language Impairment?	<input type="checkbox"/> With	<input type="checkbox"/> Without
Known Comorbid Conditions: (1) Medical/genetic/neurodevelopmental diagnosis (2) Mental/behavioral diagnosis (3) Other	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Date of Diagnosis	<input type="text"/>	
Provider Name	Signature	Date

Services For Beneficiaries Diagnosed with ASD

Many services for the management/treatment of ASD are covered under the TRICARE Basic benefit, while others are covered under the ACD.

- TRICARE Basic benefit coverage (which follow respective referral and authorization processes) include, but are not limited to:
 - Medical team conference with interdisciplinary team of health care professional
 - Occupational Therapy (OT)
 - Pharmacotherapies
 - Physical Therapy (PT)
 - Psychotherapies (to include Parent-Mediated Programs)
 - Psychological Testing
 - Respite Care (covered as part of Extended Care Health Option (ECHO), must be active duty and enrolled in Exceptional Family Member Program in order to enroll in ECHO)
 - Speech-Language Pathology (SLP)
- ACD coverage:
 - Autism services coordination via the Autism Services Navigator (ASN)
 - ABA services
- In addition to the services listed here, other services may be available from other sources within the Department of Defense (i.e., Military OneSource, Service provided Respite, etc.), other Government programs (OGPs) such as the Medicaid Waiver program, and other non-clinical services such as an Individualized Education Program (IEP) or Individual Family Service Plan (IFSP). It is important to note that not all services may be clinically appropriate for all people, families, or situations.

For additional information on how to get ABA services, please see the [Autism Care Demonstration Fact Sheet](#)

Website References:

<https://www.tricare.mil/autism>

<https://tricare.mil/About/Regions/West-Region/Find-Care/Autism-Care-Demonstration>

<https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-05-30/AsOf/TOT5/C18S3.html#BABHFDBBC5>

<https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-07-29/ChangeOnly/tot5/C18S3.html>