

# Authorization Codes & Determination Reasons



To check the status of Autism Care Demonstration authorizations or referrals, visit the Health Net Federal Services, LLC (HNFS) website at [www.tricare-west.com](http://www.tricare-west.com) and click on “Authorization Status” (log in required).

## Approvals

Status	Status Reason	Definition	Length of Authorization
Approved Certified In Total	ACD Assessment Requirements Met (Initial Assessment)	HNFS approved an initial assessment to an applied behavior analysis (ABA) provider under the Autism Care Demonstration (ACD). The authorized ABA provider has 28 days from the “service from” date on the authorization to complete the assessment and submit it to HNFS.	45 days
Approved Certified In Total	ACD Treatment Requirements Met (No TH 97156)	HNFS approved ABA services (first treatment) to an ABA provider under the ACD. Under the initial six-month treatment authorization, CPT® 97156 services may not be rendered via telehealth (TH). The authorized ABA provider has 28 days from the last day of the assessment to initiate ABA services.	180 days
Approved Certified In Total	ACD Treatment Requirements Met (TH Allowed 97156)	HNFS approved ABA services (renewing treatment) to an ABA provider under the ACD. The authorized ABA provider is permitted to render telehealth for CPT 97156 only. No other CPT approved for telehealth.	180 days
Approved Certified In Total	ACD Assessment Requirements Met (Second Opinion/ Provider Change)	HNFS approved an initial assessment to a second ABA provider under the ACD. The authorized ABA provider can complete a second opinion assessment or a provider change assessment. Treatment can be delivered concurrently by the current ABA provider during the assessment. Treatment must conclude under the current provider before treatment under the new ABA provider can commence.	45 days
Approved Certified In Total	ACD Outcome Measure Requirements Met	HNFS approved an authorization to an ABA provider to complete one or more of the required outcome measures (Vineland, 3rd Edition (Vineland-3), Social Responsiveness Scale, Second Edition (SRS-2), Parenting Stress Index, Fourth Edition, Short Form (PSI-4-SF), and Stress Index for Parents of Adolescents (SIPA)). The outcome measures are parent surveys that can be completed remotely by an ABA provider through indirect methods and do not require the beneficiary to be present.	180 days–365 days depending on measure

## Pended – Additional Information Required

Status	Status Reason	Definition	Action Required by	Process Timeline
Pended	ACD Additional Information Required	During an administrative review, HNFS identified additional information required to process the authorization request.	Requesting Provider	10 business days prior to cancel
Pended	ACD Referral Expired – Submit Referral	The ACD requires a new referral every two years. A treatment authorization has been submitted by the treating ABA provider. A new two-year referral must be submitted before we can process the request.	Referring Provider	
Pended	ACD Referral Incomplete - Additional Information Required	HNFS received an incomplete referral. We require additional information to complete the benefit review.	Referring Provider	
Pended	ACD Servicing Provider – Additional Information Required	HNFS requires additional information from the treating ABA provider to process the request.	ABA Provider	
Pended	ACD First Treatment – Consult Required	HNFS completed the clinical necessity review for the first treatment authorization request. We require a consultation with the treating ABA provider prior to issuing a determination.	ABA Provider	
Pended	ACD Treatment Clinical – Consult Required	HNFS completed the clinical necessity review for a renewing treatment authorization renewal. We require a consultation with the treating ABA provider prior to a determination.	ABA Provider	
Pended	ACD Clinical Necessity Request for Additional Information	HNFS completed the clinical necessity review. We require additional information before we can make a coverage determination.	ABA Provider	

## Pended – Processing In Progress

Status	Status Reason	Definition	Action Required by	Process Timeline
Pended	ACD Initial Provider Placement	HNFS verified the referral and has 15 business days to coordinate the placement of the beneficiary with an available ABA provider. HNFS will contact ABA providers, communicate with the beneficiary, and identify an ABA provider who can initiate the assessment within the 28 access-to-care (ATC) standard. Directed referrals and parent preferences do not guarantee ATC standards will be met.	HNFS ACD Authorization Team	15 business days
Pended	ACD Additional Information Request (AIR) Received, Review Required	HNFS received additional information. We are reviewing the information to determine if requirements are met.	HNFS ACD Authorization Team	5 business days
Pended	ACD Eligibility Requirements Not Met	Beneficiary has been nominated to the ACD program. An administrative review for ACD program eligibility requirements is being completed.	HNFS ACD Authorization Team	15 business days
Pended	ACD Eligibility Review Required	Beneficiary has been nominated to the ACD program. An administrative review for ACD program eligibility is being monitored for compliance with all requirements. HNFS reviews the case for updated compliance every 15 days. The process may be pended for up to 180 days while outstanding requirements are met.	HNFS ACD Authorization Team	Up to 180 days; case reviewed for updated compliance with requirements every 15 days
Pended	ACD Qualifying Diagnosis Review	HNFS received a referral that does not meet requirements for a definitive diagnosis of autism spectrum disorder (ASD). A clinical review is required.	HNFS ACD Authorization Team	5 business days
Pended	ACD Clinical Necessity Review first level review (FLR)	HNFS is conducting a first-level clinical necessity review to complete a determination of coverage.	HNFS ACD Authorization Team	
Pended	ACD Clinical Necessity Review second level review (SLR)	HNFS is completing a second-level clinical necessity peer review to complete a determination of coverage.	HNFS ACD Authorization Team	
Pended	ACD Discharge Report Review	HNFS received a discharge report and is completing a clinical review.	HNFS ACD Authorization Team	
Pended	ACD Additional Information Request (AIR) Received, Clinical Review Required	HNFS has received additional information. A clinical review is required.	HNFS ACD Authorization Team	

All reviews with the status reasons above have been completed by HNFS' Autism Clinical Care Analysts who are Board Certified Behavior Analysts (BCBAs/BCBA-Ds).

The clinical necessity review process may include a consultation with the treating ABA provider, a request for additional information and/or updates to the treatment plan prior to authorization. If a clinical consultation is required, HNFS will contact the treating ABA supervisor and provide a summary of the findings.

In instances where an updated treatment plan is required, once the treating provider submits the update, HNFS will conduct a second clinical necessity review to ensure clinical necessity has been met and all required changes have been completed prior to issuing a coverage determination.

HNFS will not backdate authorizations. ABA providers are not permitted to render care without an approved authorization.

## Cancellations

Status	Status	Definition	Action Required by
Cancel	ACD Not TRICARE Eligible	HNFS has received a request for authorization and the beneficiary is not eligible for TRICARE.	Beneficiary/Parent
Cancel	ACD Eligibility Requirements Not Met	HNFS has received a request for authorization and the beneficiary does not meet the eligibility requirements for the ACD.	Beneficiary/Parent
Cancel	ACD Not an ACD Qualifying Diagnosis	HNFS has received a referral and the diagnosis does not meet the requirements for the ACD.	Beneficiary/Parent
Cancel	ACD Recruitment of Additional Network Providers	HNFS has completed its active provider placement process and an ABA provider is not available within access-to-care standards. Our Provider Network Management team is recruiting additional providers. After we have identified a provider, we will authorize the beneficiary for care. We will continue to track the beneficiary until authorized.	HNFS Provider Network Management

Cancel	ACD Provider Recruitment Exhausted	HNFS' Provider Network Management team has completed recruitment efforts and was unable to recruit an ABA provider to render care. We will continue to track the beneficiary until authorized.	HNFS Provider Network Management
Cancel	ACD Authorization Requirements Not Met	HNFS received a request for services; however, the beneficiary does not meet program requirements, and additional information was not received.	Parent/Beneficiary
Cancel	ACD Authorization Additional Information Not Received	HNFS did not receive the required additional information requested within the given time frame. Once we receive the additional information, we will continue the review process.	ABA Provider
Cancel	ACD Duplicate Referral Submitted	The ACD requires one referral every two years. HNFS received a duplicate referral which is not required for continued care. The ABA provider can continue to submit requests for reauthorization under the existing ABA referral. Six months prior to the expiration of the two-year referral cycle, the ABA provider can submit the next referral.	ABA Provider
Cancel	ACD Discharge Report Received	HNFS received the discharge report and completed the clinical review. No action is required.	Not Applicable
Cancel	ACD Clinical Necessity Consult Not Completed	HNFS completed the clinical necessity review and attempted to schedule a consultation with the ABA provider. No response was received after 10 days. Once the consultation is complete, we will continue the review process.	ABA Provider
Cancel	ACD Clinical Necessity Consult AIR Not Received	HNFS requested additional information after the clinical necessity review and consultation. The additional information was not received within 10 days. Once we receive the additional information, we will continue the review process.	ABA Provider

## Denials

Status	Status Reason	Definition
Denied	ACD Denial Diagnosis Not a Covered Benefit	HNFS completed a clinical necessity review. The diagnosis does not meet the definition of a definitive autism spectrum disorder (ASD) and is not covered under the ACD.
Denied	ACD Factual Denial Exclusions Present	HNFS completed a clinical necessity review and clinical consultation. The treatment plan includes excluded services not covered under the ACD.
Denied	ACD Clinical Necessity Requirements Not Met	HNFS completed a clinical necessity review. The treatment plan does not demonstrate a clinical necessity for ABA under the ACD.