

SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Professional Provider Office Manual

5.6 AUTISM

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Professional Provider Office Manual*. If we make any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Professional Provider Office Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.BCBSLA.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.BCBSLA.com/providers.

This manual is provided for informational purposes only and is an extension of your Professional Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail Blue Cross policies. Blue Cross retains the right to add to, delete from and otherwise modify the *Professional Provider Office Manual* as needed. This manual and other information and materials provided by Blue Cross are proprietary and confidential and may constitute trade secrets of Blue Cross.

AUTISM

Maximum Benefit Limitations

Some Blue Cross policies have different maximum benefit limitations for members under the age of 21. Prior to rendering services, always verify members' benefits through iLinkBlue to determine applicable benefits and any maximum benefit limitations. There is a single lifetime maximum per member that applies for all autism disorder benefits, regardless of age.

Please Note: Coverage for members 21 and older does not include applied behavioral analysis (ABA) services. Please verify member's benefits to determine applicable benefit limitations and benefits.

Authorization

Authorization is required for Applied Behavioral Analysis services, because the diagnosis and treatment of autism is considered a medical benefit.

Filing Claims

- **For Blue Cross Members—No Change:** Blue Cross claims related to the diagnosis and treatment of autism are filed directly to Blue Cross for processing.
- **For HMO Louisiana Members:** HMO Louisiana group policies now cover the diagnosis and treatment of autism as a medical benefit. Upon the member's renewal date, claims related to the diagnosis and treatment of autism should be submitted directly to Blue Cross for processing. Blue Cross will apply medically necessary claims toward the member's autism maximum benefit limitations, as applicable.

Examples of Applying Benefits BEFORE and AFTER Policy Renewal Date

Currently, covered services such as speech therapy filed with the primary diagnosis code of autism are applied toward the limitations and/or maximums for speech therapy. Upon renewal of the member's policy, claims filed with the diagnosis of autism will be applied toward the patient's autism maximums and limitations instead.

| Patient: John Q. Smith, age 16 - Renewal Date of Policy: February 15, 2018 | | | |
|--|-----------------------------|-------------------|---|
| Date of Service | Service Provided | Primary Diagnosis | Benefits Applied |
| 1-15-2018 | Speech Therapy | Autism Disorder | Copayment, Deductible, Coinsurance & Speech Therapy Dollar Maximums |
| 2-15-2018 | Speech Therapy | Autism Disorder | Copayment, Deductible, Coinsurance & Autism Dollar Maximums (does not affect speech therapy max) |
| 2-15-2018 | Applied Behavioral Analysis | Autism Disorder | Copayment, Deductible, Coinsurance & Autism Dollar Maximums |

Please Note: This would apply to certain grandfathered policies.

For claims filed with a secondary diagnosis of autism, Blue Cross will still apply benefits based on the primary diagnosis listed on the claim.

Autism Services

We cover the diagnosis and treatment of autism for persons under the age of 21 on most policies.* Authorizations are required for ABA services—all reviews and authorizations related to the diagnosis and treatment of autism are handled by New Directions.

Providers must submit an initial assessment request and treatment request form on the New Directions WebPass platform.

**Autism benefits do not apply for some individual policies and may vary for self-funded groups and BlueCard® members. Always verify members' benefits to determine applicable benefits and any maximum benefit limitations, through iLinkBlue.*

Reminder: Providers can electronically submit authorization requests for behavioral health services through iLinkBlue. Click on the "Authorizations" menu option, then choose "Behavioral Health Authorizations" to access the New Directions WebPass Portal.

www.BCBSLA.com/ilinkblue