

U of M – Autism spectrum disorder

Applies to:



**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Medicare Plus BlueSM PPO Medicare Plus BlueSM Group PPO Both

Autism spectrum disorder

Autism spectrum disorder is a chronic neural development condition and includes multiple developmental disabilities. It consists of a wide range of symptoms, skills and levels of impairment resulting in social, communication and behavioral challenges. Symptoms of autism spectrum disorder usually appear by three years of age and continue throughout life.

Original Medicare

Original Medicare covers autism spectrum disorder under the chronic conditions identified by the Centers for Medicare & Medicaid Services. Medicare Part B provides chronic care management services to beneficiaries with multiple chronic conditions.

U of M Medicare Plus BlueSM PPO enhanced benefit

Medicare Plus Blue is a Medicare Advantage plan that provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for autism spectrum disorder is provided to members under the University of Michigan Medicare Plus Blue Group PPO plan. Since Original Medicare limits coverage for autism spectrum disorder, the group determines the scope of the benefit, reimbursement methodology, maximum allowed payment amounts and member cost sharing for those with group-based coverage.

Conditions for payment

The table below specifies payment conditions for autism spectrum disorder.

Conditions for payment	
Eligible provider	Licensed behavior analyst, psychiatrist, licensed psychologist, a person who holds a license, certificate or registration that authorizes them to perform services included in applied behavior analysis Note: Must meet state requirements to provide ABA therapy.
Payable location	No restrictions
Frequency	No restrictions

Blue Cross Blue Shield of Michigan

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CPT/HCPCS codes	97151* 97152 97153** 97154* 97155* 97156* 97157* 97158* H0031, H0032, H2014, H2019, S5108, S5111, 0362T, 0373T *May be delivered via telemedicine. **May be delivered via telemedicine when the individual meets "Guidelines for Autism Interventions." NOTE: Autism services delivered via telemedicine are synchronous care only; asynchronous care is not appropriate for autism services
Diagnosis restrictions	F840, F845, F848, F849
Age restrictions	No restrictions

Reimbursement

Medicare Plus Blue plans' maximum payment amount to providers for autism spectrum disorder services is available on our provider website on the Medicare Plus Blue enhanced benefits **fee schedule**. The provider will be paid the lesser of the allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers aren't allowed to bill the member for the difference between the allowed amount and the charge.

Member cost sharing

- Medicare Plus Blue providers should collect the applicable cost sharing from the member at the time they provide the item or service when possible. Cost sharing refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate Medicare Plus Blue cost-sharing amounts from the member.
- If the member elects to receive a noncovered item or service, he or she is responsible for the entire charge associated with that item or service.
- Providers may not have members sign an Advance Beneficiary Notice to accept financial responsibility for noncovered items or services. If there is any question about whether an item or service is covered, seek a coverage determination from Blue Cross before providing the item or service to the member. If a provider provides a noncovered item or service to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost share.

To verify benefits and cost share, providers may utilize our provider portal or call 1-866-309-1719.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form for all payable locations, except for Federally Qualified Health Center (FQHC) providers; which should be billed on the CMS UB-04 claim form.
2. Use the Medicare Advantage PPO unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Submit claims to your local Blue Cross plan.
6. Use electronic billing:
 - a. Michigan providers
Copies of the ANSI ASCX 12N 837 and 835 Institutional Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on the Blue Cross website under the reference library section at bcbsm.com/providers/help/edi.
 - b. Providers outside of Michigan should contact their local Blue Cross plan.

Revision history

Policy number: MAPPO 1046

Effective: 01/01/2024

Reviewed:

Revised: