

U of M – Autism spectrum disorder

Applies to:

BCN Advantage HMOSM
BCN Advantage HMO-POSSM



Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

BCN Advantage Individual BCN Advantage Group 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 BCN Advantage enhanced benefit

BCN Advantage 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 BCN 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 BCN Advantage 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

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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

To find BCN Advantage plan's maximum payment amount for autism spectrum disorder services, visit our provider portal, [Availity Essentials](#). Within Secure Provider Resources, click on BCN Fee Schedules under the Fee Schedules tab and follow the instructions. The provider will be paid the lesser of this 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 share

- BCN Advantage providers should collect the applicable cost share from the member at the time of the service, when possible. Cost share refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate BCN Advantage cost share amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with that service.
- Providers may not have members sign an Advance Beneficiary Notice of Noncoverage to accept financial responsibility for noncovered items. If there is any question about whether an item is covered, seek a coverage determination from Blue Care Network before providing the item to the member. If a provider issues a noncovered item 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 use our provider portal or call 1-800-344-8525.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form, UB 04 or the 837 equivalent claim form.
2. Use the BCN Advantage 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. Use electronic billing:
 - a. **Michigan Providers:** Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim and 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 Michigan:** Members of BCN Advantage HMO-POS plans have a point-of-service benefit offered through the nationwide network of Blue Plan Providers via the Blue Cross and Blue Shield Association. Providers outside Michigan who participate with Blue plans can provide preauthorized routine and follow-up care as necessary. Contact your local Blue plan for billing instructions.

Coverage outside Michigan for members of BCN Advantage HMO plans is limited to medical emergencies, urgently needed services and renal dialysis unless BCN Advantage has approved the out-of-network services, which members must request in advance.

6. Send paper claims to:

BCN Advantage Claims
Blue Care Network
P.O. Box 68753
Grand Rapids, MI 49516-8753

Revision history

Policy number: BCNA

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Reviewed:

Revised: