Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

AAEC evaluation and billing guidelines

Blue Cross commercial, Medicare Plus Blue℠, Blue Care Network commercial and BCN Advantage℠

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In this document

Before autism treatment can be eligible for reimbursement, members must complete a comprehensive diagnostic evaluation to assess whether the member has an autism spectrum disorder diagnosis.

One way the evaluation can be completed is through an autism evaluation center that's been approved by Blue Cross Blue Shield of Michigan and Blue Care Network. In this document, we outline information that approved autism evaluation centers, or AAECs, need to know.

AAEC ensures that the member has an autism benefit

Behavioral health providers must check that the patient is a Blue Cross or BCN member and therefore eligible for services that may be provided. Blue Cross and BCN will not pay for services provided to ineligible members or for services not covered in the member's benefit plan.

Providers should use our provider portal (availity.com**) to check each member's eligibility and benefits.

Notes:

- It is the provider's responsibility, not the member's, to verify eligibility and benefits.
- Certain procedure codes for AAECs and independent autism team evaluators (for example, procedure codes *99367 and T1023) are not payable unless the member has an autism benefit.

AAEC ensures that it's received all necessary referrals

Blue Cross commercial, Medicare Plus Blue and BCN Advantage members

No referrals are required.

BCN commercial members

For some BCN commercial members, the AAEC must make sure that the member's primary care provider has made a referral to each non-behavioral health provider. This includes the physical, occupational and speech-language therapists, the developmental pediatrician, the neurologist and others.

Referrals are required as follows:

- When the medical care group to which the member's primary care physician belongs has its headquarters in the East or Southeast Michigan region. If the medical care group has its headquarters in any other region within Michigan, a referral is not required.
- When the member will be seeing a medical specialist. (Referrals are not required for behavioral health providers, such as psychologists or psychiatrists.)

  Note: For U-M Premier Care members who will be evaluated at an AAEC not included in U-M Premier Care's Tier 1 provider network, please remind primary care providers that they must call 1-800-392-2512 to obtain Tier 1 exceptions for all non-behavioral health providers involved in the evaluation.

Providers complete individual evaluations

Requirements for the evaluations are outlined in the welcome packet the AAEC received from Blue Cross and BCN.

Multidisciplinary team reviews the completed evaluations

Once all of a member's evaluations have been completed, the multidisciplinary AAEC team must meet to review all of the evaluations and make determinations about the final diagnosis or diagnoses and treatment recommendations.

Following that, the AAEC must give the member or the member's parent or guardian (as applicable) the results of the comprehensive diagnostic evaluation. For more information about that, refer to the document Obtaining a comprehensive diagnostic evaluation for autism and finding treatment.

How to bill for evaluations

AAECs should follow their normal processes when billing for evaluations:

- **Procedure codes:** Each specialist submits a claim for the evaluation he or she completed using the normal procedure code for the evaluation.
  - The evaluating professional in each discipline should know which procedure code is appropriate for the type of evaluation completed.
  - The psychiatrist can bill for both the T1023 and *99367 procedure codes if the member has an autism benefit.

    Note: The psychiatrist who participates in the multidisciplinary team conference (with or without the patient/family) can use procedure code *99367 to bill for the conference, which must last at least 30 minutes.

- The fully-licensed psychologist, or LP, can bill for both the T1023 and the *99367 procedure codes if the member has an autism benefit and the evaluation is completed in an AAEC.

- **Diagnosis codes:** Each specialist should use the diagnosis code that would normally be used when billing for the service he or she is providing. For claims submitted after the multidisciplinary team meeting is held, specialists can bill using the final diagnosis code(s) discussed at the meeting.

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