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Before autism treatment can be covered, members must be evaluated by an autism evaluation center that's been approved by Blue Cross and Blue Care Network. In this document, we outline information AAECs need to know.

AAEC ensures that it's received all necessary referrals

Blue Cross' PPO members

No referrals are required.

BCN members

For some BCN members, the approved autism evaluation center must make sure that the member's primary care physician 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.)

IMPORTANT! 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 physicians 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 Blue Care Network.

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 complete the multidisciplinary [AAEC Evaluation Results Form](#) for each member. The information on the form includes but is not limited to:

- The results of psychological testing, the findings of an evaluation by a psychiatrist or developmental pediatrician and of evaluations by physical, occupational and speech-language therapists
- Recommendations for additional evaluations by neurological or genetic specialists, among others

Submit the completed form by faxing it to the appropriate fax number listed on the form.

Note: For Blue Cross' PPO members, New Directions[®] requires that the multidisciplinary report that summarizes the findings from each separate evaluation be submitted along with the *AAEC Evaluation Results Form*.

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 or doctoral-level psychologist can bill for both the *T1023 and *99367 procedure codes.

Note: Use procedure code *99367 to bill for recording on the *AAEC Evaluation Results Form* the team's discussion of each evaluation that was completed.

- **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.