Board Certified Behavior Analyst and Approved Autism Evaluation Centers

Blue Cross Blue Shield of Michigan
Blue Care Network
Provider Outreach
Enrollment Process
Enrollment

- Available networks:
  - Blue Cross Traditional
  - BCN commercial
  - No PPO network available for BCBAs: All claims will be processed as in-network.

- Enrollment questions?

Call Provider Enrollment and Data Management at 1-800-822-2761.
CAQH: ProView application

• New providers must complete a CAQH® ProView™ application.

First-time users:
2. Click Registration to begin the registration process. A Welcome Kit will be emailed to the practitioner.
3. Click on the link in the email to complete the registration process.

• All providers must keep CAQH information up to date.

Update expired CAQH ProView database information within 60 days. Confirm the accuracy of the data every 120 days. Any changes that are made will be available for all health plans that are authorized to view the information.

Note: Failure to keep the CAQH ProView attestation current will result in the information being excluded from the member directories and possible termination of the practitioner’s affiliation with BCN.
Changes to Submit through CAQH

Changes to the following information must be made through CAQH ProView:

- First name
- Middle name
- Last name
- Suffix
- Date of birth
- Social Security number
- Primary address (individual practitioners only)*
- Specialty / board certification
- Hospital affiliation, including status as hospital based

* Address changes must be made through the CAQH ProvView database and the Blue Cross website. Address changes made via CAQH ProvView impact only the demographic information associated with the practitioner’s NPI.

Group changes, including practice locations, must be made using our self-service application or the forms available at [bcbsm.com](http://bcbsm.com).
Autism Mandate
Autism Mandate: What Is It?

• Requires underwritten groups and individual health plans to provide coverage for the diagnosis and treatment of autism spectrum disorders effective Oct. 15, 2012.
  – For Blue Cross and BCN members in groups subject to the mandate, benefits went into effect Oct. 15, 2012.
  – The Oct. 15, 2012, effective date did not apply to all groups. Blue Cross and BCN groups not subject to the mandate have the option to offer the mandated autism benefit.

• Find more information about the autism mandate online at mi.gov/autism.
Autism Mandate: Out of Scope

The autism mandate does not apply to persons covered by the following:

- Federal programs (FEP, TriCare, VA, Medicare, Medicaid, Medicare Advantage, Medicare Part D)
- MIChild
- Self-funded employer groups
  - Self-funded groups who do decide to provide benefits may also request modifications to standard benefits (that is, authorization requirements, dollar limits, out-of-state coverage).
  - For specific information about a group’s benefits, always refer to Benefit Explainer (for Blue Cross), web-DENIS (for BCN) or call Provider Inquiry.
Autism Mandate: Benefits

- The legislation refers to autism spectrum disorder as defined by the American Psychiatric Association Diagnostic and Statistical Manual (DSM-IV), which includes:
  - Autistic disorder
  - Asperger’s disorder
  - Pervasive developmental disorder (not otherwise specified)

- In DSM-5 (June 2013), however, Asperger’s disorder, pervasive developmental disorder, childhood disintegrative disorder and Rhett’s disorder are no longer listed as diagnoses. Now, autism spectrum disorder encompasses ALL these disorders.

- ASD is the diagnosable disorder and is the only current accurate diagnosis to be used, according to the American Psychiatric Association.

- The DSM-5 diagnosis code for autism spectrum disorder is to be used when requesting authorization for services.
Autism Mandate: Benefits

- Coverage for autism spectrum disorder includes benefits for:
  - Applied behavior analysis, for autism only
  - Physical, occupational, and speech therapy, as part of treatment for autism spectrum disorders
  - Nutritional counseling, as part of autism spectrum disorder treatment
  - Other mental health benefits to diagnose and treat autism
  - Other medical services used to diagnose and treat autism
Autism Mandate: Benefits

• Benefit age limit is through the age of 18. (Benefits stop on the 19th birthday.)
  NOTE: The age limit may be waived on an individual basis if it is determined that additional treatment is medically necessary.

• Remember to check eligibility and benefits before providing ABA treatment, to verify autism coverage and to determine which benefit limits apply.

• Cost-sharing:
  – All services to diagnose or treat autism spectrum disorder are subject to the member’s medical cost share, as applicable.
  – If the group has a mental health parity rider, services to diagnose or treat autism spectrum disorder will be subject to the cost-sharing requirements in the rider.
Autism Mandate: Additional Services

- The process of obtaining additional services applies only to members with the standard autism benefit. Self-funded groups may request modifications to the standard autism benefit (that is, dollar limit, pre-auth requirements, out-of-state coverage). Verify member coverage through Provider Inquiry.

- For members who reach the age limit:
  - If a member has reached the age of 19, or if a claim for payment of ABA treatment has been rejected because the age limit has been met, Blue Cross/BCN may cover additional ABA services when you obtain approval.
  - To obtain approval for continued ABA treatment:
    - For Blue Cross members, refer to slide #35.
    - For BCN members, contact BCN Behavioral Health at 1-800-482-5982
Autism Mandate: Additional Services

• When a claim is rejected because the age limit has been met, you must contact Provider Inquiry to have the claim reprocessed.

• If you received approval for the dates and units of service provided, each rejected claim will be reprocessed by Blue Cross only upon request.

• Due to a temporary system issue, claims exceeding the age limit will continue to be rejected even after approval for further treatment has been obtained.
Role of Approved Autism Evaluation Centers
AAECs: Overview

• Approved autism evaluation centers provide services for the evaluation and diagnosis of autism spectrum disorder.

• AAECs ensure the most accurate diagnosis and most appropriate treatment plan.

• Members are required to receive an evaluation from a Blue Cross- and BCN-approved autism evaluation center to make or confirm a diagnosis of autism spectrum disorder before seeking ABA therapy.

• For members who are concerned about obtaining an AAEC evaluation, the member or provider can contact one of the following based on the member’s coverage:
  • BCN: Contact BCN Behavioral Health at 1-800-482-5982.
  • Blue Cross Blue Shield of Michigan: Contact New Directions at 1-877-563-9347.
AAECs: Overview

- We will accept an ASD diagnosis if that diagnosis was made by an AAEC within three years of the date of request, even if the AAEC had not yet been approved by the Blue Cross or BCN at the time of the diagnosis.
- For BCN only, the AAEC must either call BCN Behavioral Health for plan notification or submit a plan notification through BCN’s e-referral system prior to performing an evaluation for autism spectrum disorder.
- For Blue Cross, no prior authorization is needed for an AAEC evaluation.
- Access a list of AAECs by completing these steps:
  2. Click Find a Doctor.
  3. Click Approved Autism Evaluation Centers (under Dental, vision and other directories).
AAECs: Designation Criteria

Minimum Criteria for Designation

- Must be part of either a contracted academic medical center or a facility that is hospital based and contracted with Blue Cross and BCN
- Must use a multidisciplinary evaluation approach involving a core group of specialists with significant experience diagnosing and treating autism spectrum disorder, including:
  - A board-certified pediatrician, developmental pediatrician or pediatric neurologist
  - A fully-licensed pediatric neuropsychologist, board-certified child psychiatrist or fully-licensed child psychologist
  - A speech and language therapist
AAECs: Designation Criteria

Minimum Criteria for Designation (continued)

• Specialists who are not on the core team must be available to participate on an ad-hoc basis (such as geneticists, occupational therapists, nutritionists, physical therapists and board-certified behavior analysts).

• In addition to observation and interview, standardized tests must be used to assess members’ behavior, communication and social interaction.

• Other evaluations, such as formal cognitive assessment, audiology evaluation and lead screening, must be available, if warranted, on a case-by-case basis.
Minimum Criteria for Designation (continued)

- Tests used to rule out medical causes of behavior disturbance, including chromosome tests, metabolic tests and EEGs, must be readily available, if warranted, on a case-by-case basis.

NOTE: Blue Cross Blue Shield of Michigan and Blue Care Network continue to seek facilities interested in earning the approved autism evaluation center designation. Facilities meeting the criteria may complete and submit a letter of intent.
AAECs: Billing

- Include code T1023 for each multidisciplinary evaluation
- $25.00 reimbursement
- The submitted claim should reflect final diagnosis given by evaluation team, even if the final diagnosis is not an autism spectrum disorder.
Utilization Management
Utilization Management: BCN

For BCN members

- Utilization management for ABA services is handled by BCN Behavioral Health: 1-800-482-5982.

- Each autism-related service requires prior authorization. (No global authorizations are used.)

- Physical, occupational and speech therapy for members with an autism diagnosis is authorized and managed by BCN Care Management (not by BCN Behavioral Health or by BCN’s physical, occupational and speech therapy vendor, Landmark HealthCare). Call BCN Care Management at 1-800-392-2512.

- Nutritional counseling for autism spectrum disorders does not require authorization but must be performed by an in-network BCN practitioner.
Utilization Management: BCN

For BCN members (continued)

• Prior authorization is necessary before initiating ABA treatment:
  – BCN needs the results of the evaluation by the approved autism evaluation center providing or confirming the autism spectrum disorder diagnosis and recommending ABA treatment. This must occur before an authorization can be given.

  **Note:** If a BCN member has a concern about obtaining an AAEC evaluation, please call BCN Behavioral Health at 1-800-482-5982.

  – BCN follows the recommendation of the approved autism evaluation center regarding hours/weeks of ABA treatment to develop an initial three- to six-month authorization.
Utilization Management – BCN

For BCN members (continued)

• Concurrent review of ABA services typically occurs on a three- to six-month basis.

• BCN case managers share treatment planning guidelines and an outline for organizing three- and six-month goals, date of anticipated mastery of goals and a method to report progress for concurrent reviews.
  – Ask the BCN case manager to send/fax a copy of this outline at initial authorization for use at concurrent review.
  – Concurrent reviews may be faxed or phoned in; consult with the case manager at the initial authorization. Phone consults may take place as needed as a preferred method of care management or to clarify documentation sent to BCN.
  – ABLLS®* or VB-MAPP** results may also be required periodically.

*Assessment of Basic Language and Learning Skills
**Verbal Behavior Milestones Assessment and Placement Program
Utilization Management: BCN

For BCN members (continued)

• Look for updates on the Autism page at ereferrals.bcbsm.com and on BCN’s web-DENIS Autism page.

• Check each member’s eligibility and benefits before every visit using one of these methods:
  – web-DENIS (Visit bcbsm.com/providers and log in to Provider Secured Services.)
  – BCN Provider Inquiry: 1-800-255-1690

• If you get a request for ABA services from a member who has not had an evaluation by an AAEC, you should direct the member to:
  – Call BCN Behavioral Health at 1-800-482-5982
  – Get a list of approved autism evaluation centers by visiting bcbsm.com or by calling BCN Behavioral Health
Utilization Management: BCN

For BCN members (continued)

• If the member has already had an evaluation by an approved autism evaluation center and the AAEC has provided or confirmed the autism diagnosis and recommended ABA, call (or have the member call) BCN Behavioral Health at 1-800-482-5982 to verify whether BCN has received the required paperwork from the center:

  – If BCN has received the paperwork but has not yet given the authorization for ABA, BCN will issue an authorization at that time.
  – If BCN has not received BOTH the evaluation and the referral form completed by the center, then you, the member or the center can submit these via fax. The authorization will be issued upon receipt.
Utilization Management: BCN

For BCN members (continued)

• If you are requesting authorization to initiate or continue ABA, BCN will need to know the expected number of hours per week the member will be in treatment so that the appropriate number of (15-minute) sessions can be authorized for the next authorization period.

• You must also indicate the number of expected hours of skills training, supervision and caregiver training that are expected to take placed based upon the ABA Billing Guidelines and Procedure Codes (found on BCN’s web-DENIS Autism page).

• The authorization period can span from one month to one year, but is typically six months.
Utilization Management: Blue Cross

For Blue Cross members

- Blue Cross has partnered with New Directions to provide behavioral health care management services.
- GM and Chrysler have partnered with Value Options.
- Prior authorization is required for some Blue Cross members for applied behavior analysis.
- To determine whether authorization is required for a Blue Cross member, contact the Provider Inquiry department for your region (see slide 33).
Utilization Management – Blue Cross

For Blue Cross members (continued)

• To find which organization to contact for authorization, see slide 35.

• For members who need preauthorization:
  – New Directions needs the member’s evaluation results from the approved autism evaluation center making or confirming the autism spectrum disorder diagnosis and recommending applied behavior analysis. Contact New Directions at 1-800-762-2382.
  – For GM and Chrysler members, contact Value Options:
    • 1-800-235-2302 (GM) group 83640
    • 1-800-346-7651 (Chrysler) groups 82100 and 82600

Note: If a Blue Cross member has a concern about obtaining an AAEC evaluation, please call New Directions at 1-877-563-9347.
Utilization Management – Blue Cross

For Blue Cross members:

• Refer to the *Supplement to Your Guide to the Blues* for board-certified behavior analysts, for the process and requirements for obtaining authorization for ABA services.

• This document, along with other information about autism, can be found on BCBSM’s web-DENIS pages:

  1. Go to *BCBSM Provider Publications and Resources*.
  2. Click *Newsletters and Resources*.
  3. Click *Clinical Criteria & Resources*.
  4. Click *Autism*. 
For assistance: BCN

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<thead>
<tr>
<th>Area</th>
<th>Location</th>
<th>For help with:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Inquiry (Monday through Friday, except holidays, 8 a.m. to 5 p.m.)</td>
<td>1-800-255-1690</td>
<td>Questions about billing, benefits or eligibility that CAREN and web-DENIS can’t answer</td>
</tr>
</tbody>
</table>
| Your provider consultant (Monday through Friday, except holidays, 8:30 a.m. to 5 p.m.) | To find your provider consultant, Go to bcbsm.com/provider, Click on Contact Us, Under Physicians and professionals, click on Blue Care Network provider contacts, Click on Provider outreach* | • Recurring problems  
• Enrollment, credentialing or contracting issues  
• Education on BCBSM policies, procedures and programs |
| BCN Behavioral Health Services (Monday through Friday, except holidays, 8 a.m. to 5 p.m.) | 1-800-482-5982 | • Requesting prior authorization for applied behavioral health services  
• Checking to see if BCN has an AAEC evaluation and treatment plan on file for a specific member  
• Evaluation or treatment problems or questions |
| Autism page on web-DENIS                      | In web-DENIS:  
• Click on *BCN Provider Publications and Resources.*  
• Click on *Autism.* | • Information about the autism benefit and resources |
## Area | Location | For help with:
--- | --- | ---
Provider Inquiry (Monday through Friday, except holidays, 8 a.m. to 5 p.m.) | On web-DENIS, open the *BCBSM Provider Manual*, click on Blue Pages Directory and scroll down to Provider Inquiry for the appropriate number for your area. | Questions about billing, benefits or eligibility that CAREN and web-DENIS can’t answer.
Your provider consultant (Monday through Friday, except holidays, 8:30 a.m. to 5 p.m.) | To find your provider consultant, on web-DENIS open the *BCBSM Provider Manual*, click on Blue Pages Directory and scroll down to Provider Consulting Services. | • Recurring problems  
• Enrollment, credentialing or contracting issues  
• Education on Blue Cross policies, procedures and programs
Autism page on web-DENIS | In web-DENIS:  
• Click on *BCBSM Provider Publications and Resources*.  
• Click on *Clinical Criteria and Resources*.  
• Under Resources click on *Autism*. | • Information about the autism benefit and resources
Authorizations
Authorizations for ABA

- REMINDER: Not all Blue Cross members with the autism benefit require authorization for ABA.

- Here’s how to check whether authorization is required:
  - Blue Cross members who have a Benefits button on the web-DENIS Eligibility/Coverage screen and have autism coverage need authorization through New Directions.*
  - Blue Cross members who do not have a Benefits button on the web-DENIS Eligibility/Coverage screen require a call to Blue Cross Provider Inquiry to determine the autism benefit and whether authorization is required.*
  - BCN members always require prior authorization before ABA treatment.

*Refer to the Blue Cross document *Checking Eligibility and Autism Benefits* in Benefit Explainer.
Authorizations for ABA

Who provides authorizations

• New Directions: Call 1-800-762-2382, for Blue Cross members who require authorizations but are not listed under ValueOptions, below.

• ValueOptions:
  – GM active salaried members, group 83640: Call 1-800-235-2302.
  – Chrysler salaried members, groups 82100 and 82600: Call 1-800-346-7651.

Note: See The Record articles – October 2013 (GM) and August 2013 (Chrysler).

• BCN Behavioral Health: Call 1-800-482-5982.
Billing
Billing

Example of CMS 1500 claim form. Form will also be used to submit status claim.
# Applied Behavior Analysis Billing Guidelines and Procedure Codes

Revised and updated January 2015

<table>
<thead>
<tr>
<th>Activity / Details</th>
<th>Code</th>
<th>Rate</th>
<th>Billing and Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial assessment</td>
<td>H0031</td>
<td>Per hour</td>
<td>NOTE: Use procedure code H0031 for initial assessments with dates of service on or after April 1, 2014. Use procedure code H0032 for initial assessments with dates of service prior to April 1, 2014.</td>
</tr>
<tr>
<td>The initial assessment</td>
<td></td>
<td></td>
<td>• BCBA must bill the number of units that correspond to the number of hours spent during the initial assessment. This service can be billed only once per patient.</td>
</tr>
<tr>
<td>includes both direct face-</td>
<td></td>
<td></td>
<td>• EXAMPLE: If the initial assessment takes 4 hours, the BCBA needs to bill 4 units of H0031.</td>
</tr>
<tr>
<td>to-face assessment time</td>
<td></td>
<td></td>
<td>• BCBA must bill by date of service.</td>
</tr>
<tr>
<td>and time for developing</td>
<td></td>
<td></td>
<td>• Documentation: BCBA must document objective performance metrics in the patient record.</td>
</tr>
<tr>
<td>the initial treatment plan.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(See note about DOS.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reassessment</td>
<td>H0032</td>
<td>Per hour</td>
<td>NOTE: Use procedure code H0032 for reassessments with dates of service on or after April 1, 2014. Use procedure code H0031 for reassessments with dates of service prior to April 1, 2014.</td>
</tr>
<tr>
<td>Reassessments may occur</td>
<td></td>
<td></td>
<td>• BCBA must bill the number of units that correspond to the number of hours spent during the reassessment.</td>
</tr>
<tr>
<td>anywhere from monthly to</td>
<td></td>
<td></td>
<td>• EXAMPLE: If the reassessment takes 4 hours, the BCBA needs to bill 4 units of H0032.</td>
</tr>
<tr>
<td>annually but are typically</td>
<td></td>
<td></td>
<td>• BCBA must bill by date of service.</td>
</tr>
<tr>
<td>done on a semi-annual basis.</td>
<td></td>
<td></td>
<td>• Documentation: BCBA must document progress on the performance metrics established during the initial assessment in the patient record.</td>
</tr>
<tr>
<td>Line therapy</td>
<td>H2019</td>
<td>Per 15 min.</td>
<td>• Line therapy is billable by a BCBA only. A tutor’s services are billed by the supervising BCBA.</td>
</tr>
<tr>
<td>Services are provided by</td>
<td></td>
<td></td>
<td>• Effective Jan. 1, 2015, there are no limits for billable applied behavior analysis services. The services billed must be based on the hours authorized.</td>
</tr>
<tr>
<td>a BCBA or by a tutor who</td>
<td></td>
<td></td>
<td>• BCBA needs to bill for the hours of direct interaction the BCBA or the tutors have with the patient. BCBA may not bill for caregivers (relatives or guardians) performing line therapy services.</td>
</tr>
<tr>
<td>works under the direct</td>
<td></td>
<td></td>
<td>• Because the code is per 15 minutes, the BCBA must bill the correct number of units to correspond with the total time spent with the patient.</td>
</tr>
<tr>
<td>supervision of the BCBA.</td>
<td></td>
<td></td>
<td>• EXAMPLE: If a patient receives 2.5 hours of tutoring, BCBA must bill 10 units of H2019.</td>
</tr>
<tr>
<td>(See note about DOS.)</td>
<td></td>
<td></td>
<td>• BCBA must bill by date of service.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NOTE: For guidance regarding BCBA supervision of line therapy, see “Supervision” for code S5108.</td>
</tr>
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</table>
## Billing

### Applied Behavior Analysis Billing Guidelines and Procedure Codes

Revised and updated January 2015

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<tbody>
<tr>
<td>Skills training</td>
<td>H2014</td>
<td>Per 15 min.</td>
<td>NOTE: Procedure code H2014 is effective for dates of service on or after April 1, 2014.</td>
</tr>
</tbody>
</table>

- Skills training is billable by a BCBA only. A tutor’s services are billed by the supervising BCBA.
- Effective Jan. 1, 2015, there are no limits for billable applied behavior analysis services. The services billed must be based on the hours authorized.
- BCBA must bill for the hours of direct interaction the BCBA or tutor has with the patient based on the number of patients the BCBA or tutor is working with during the session.
- BCBA may not bill for relatives or guardians performing skills training.
- Because the code is per 15 minutes, BCBA must bill the correct number of units to correspond with the total time spent in skills training.

**EXAMPLE:** If 2.5 hours of skills training is provided, BCBA must bill 10 units of H2014.

- BCBA or tutor working with more than one patient during the session must divide the time spent by the number of patients present for skills training and BCBA must bill accordingly.

**EXAMPLE:** If there is one BCBA or tutor and four patients in a group that receives 1 hour of skills training, BCBA must bill only 15 minutes per patient, for a total of 1 billable hour. BCBA may not bill 4 hours total, or 1 hour for each of the four patients.

- When a BCBA or tutor works with a skills training group in which there is a one-to-one ratio of BCBA to patients, each BCBA may bill for the number of units provided for the group member in skills training.

**EXAMPLE:** If there are four BCBA or tutors and four patients in a group that receives 1 hour of skills training, each BCBA may bill for 1 hour per patient.

- BCBA must bill by date of service.

**NOTE:** For guidance regarding BCBA supervision of skills training, see “Supervision,” code S5108.
# Billing

## Applied Behavior Analysis Billing Guidelines and Procedure Codes

Revised and updated January 2015

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</table>
| Supervision        | S5108| Per 15 min.| NOTE: Procedure code S5108 must be used for supervision for dates of service on or after April 1, 2014.  
  • Effective Jan. 1, 2015, there are no limits for billable applied behavior analysis services. The services billed must be based on the hours authorized.  
  • Because the code is per 15 minutes, providers must bill the correct number of units to correspond with the total time spent supervising.  
  EXAMPLE: If 2.5 hours of supervision is provided, BCBA must bill 10 units of S5108.  
  • BCBA may bill for the supervision of a tutor performing line therapy or skills training.  
  o BCBA can supervise only one tutor at a time who is conducting a face-to-face ABA line therapy session.  
  o BCBA may supervise a group of tutors conducting skills training. For the period of time the BCBA is supervising a group of tutors face to face while the tutors are conducting skills training, BCBA must split that billable time among all of the tutors who are in the room.  
  EXAMPLE: If BCBA supervises a group of four tutors and four patients for 2 hours, BCBA may bill only 30 minutes per tutor and per patient, which adds up to the 2 billable hours. BCBA may not bill 2 hours for each of the four tutors and the four patients who were supervised.  
  o BCBA may bill only for the time he or she spends face to face with the tutor and the member, and for the time spent after the session processing feedback and making adjustments to the treatment plan.  
  • BCBA must bill by date of service.  
  • BCBA may not bill for the training of a tutor to learn how to perform line therapy using this code.  
  NOTE: For guidance regarding caregiver training, see “Caregiver training,” code S5111. |

- **NOTE:** For guidance regarding caregiver training, see “Caregiver training,” code S5111.
# Applied Behavior Analysis Billing Guidelines and Procedure Codes

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</table>
| Caregiver training | S5111  | Per 15 min.  | NOTE: Procedure code S5111 is effective for dates of service on or after April 1, 2014.  
  - Effective Jan. 1, 2015, there are no limits for billable applied behavior analysis services. The services billed must be based on the hours authorized.  
  - Because the code is per 15 minutes, BCBA must bill the correct number of units to correspond with the total time spent in caregiver training.  
  EXAMPLE: If 2.5 hours of caregiver training is provided, BCBA must bill 10 units of S5111.  
  - BCBA may not bill for the training of a tutor to learn how to perform line therapy or skills training.  
  - BCBA must bill by date of service. |
| Supervision        | G9012  | Per 15 min.  | NOTE: Procedure code G9012 is billable for supervision for dates of service on or before March 31, 2014. This code is not in effect and cannot be used for supervision for dates of service on or after April 1, 2014. Procedure code S5108 must be used for supervision for dates of service on or after April 1, 2014.  
  - Effective Jan. 1, 2015, there are no limits for billable applied behavior analysis services. The services billed must be based on the hours authorized.  
  - Because the code is per 15 minutes, BCBA must bill the correct number of units to correspond with the total time spent supervising.  
  EXAMPLE: If 2.5 hours of supervision is provided, BCBA must bill 10 units of G9012.  
  - BCBA may bill for the supervision of a tutor, parent or guardian performing line therapy. BCBA may not bill for the training of a tutor, parent or guardian to learn how to perform line therapy (that is, skills training).  
  - BCBA must bill by date of service. |
Applied Behavior Analysis Billing Guidelines and Procedure Codes
Revised and updated January 2015

FOR BCBSM CLAIMS ONLY

General information for submitting claims to BCBSM is located in the BCBSM Provider Manuals. Here's how to find the BCBSM Provider Manuals:

1. Go to bcbsm.com/provider, click Login and log in to Provider Secured Services as a provider.
2. Click web-DENIS to access the “Welcome to web-DENIS” page.
3. On the left navigation bar, click BCBSM Provider Publications and Resources, then click Provider Manual.
4. Click Provider Type. In the Provider Type Criteria field, select your provider type (Board Certified Behavior Analyst (BCBA) or MD-DO—all specialties) from the Search for Provider Type drop-down menu.
5. Click Search. In the results that appear, scroll down and click Claims.

Electronic claims: For electronic billing information, refer to the Blues’ electronic connectivity (EDI) user guide.

Paper claims: The following are additional instructions for submitting paper claims for applied behavior analysis services to BCBSM:

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<tr>
<th>Field # on CMS-1500</th>
<th>Field name on CMS-1500</th>
<th>Instructions</th>
<th>Additional information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field 21</td>
<td>Diagnosis or nature of illness or injury</td>
<td>Enter the autism diagnosis code specified in the authorization as the primary diagnosis.</td>
<td>Do not enter any other diagnosis codes.</td>
</tr>
</tbody>
</table>
| Field 23            | Prior authorization number | Enter the prior authorization number for the service that was preapproved by Magellan Behavioral of Michigan. | • The prior authorization number is a 10-digit number.  
• Prior authorization for autism services is not required for all groups. Be sure to confirm the member’s autism coverage and check authorization requirements. |
| Field 24A           | Dates of service | Bill for each date of service on a separate line. | • You cannot bill a range of dates of service on a single line.  
• You may bill multiple days of service on separate lines in a single claim submission.  
• The dates of service being billed must fall within the dates specified on the authorization letter. Please be aware that there may be multiple letters for a single authorization. You must match the dates of service billed to the letters you receive.  
• If you’re using web-DENIS to view the authorization record, the authorized dates of service are specified as the Actual Admission Date and the Discharge Date. |
| Field 24D           | Procedures, services or supplies | Enter the appropriate HCPCS code for the procedure performed. | The procedure code in Field 24D must match the procedure code on the authorization record. |
| Field 24G           | Days or units | Based on the service you’re billing, enter an applicable quantity here. | • Enter units in whole increments.  
• Make sure the number of units submitted does not exceed the number specified on the authorization letter for a specific procedure code. |
Billing: Guidelines

For Blue Cross – To find general claims guidelines

• Follow the requirements in your contract and in the BCBSM provider manuals.

• To find the BCBA-specific BCBSM provider manual:
  1. Go to bcbsm.com, click LOGIN, select Provider, type in your user name and password and click Log In.
  2. Click web-DENIS.
  3. Click BCBSM Provider Publications and Resources.
  4. Click Provider Manuals.
  5. Select your Provider Type – that is, Board Certified Behavior Analyst (BCBA).
Billing: Guidelines

For Blue Cross – To find ABA-specific billing guidelines:

• Guidelines specific to ABA procedure codes are in the BCBA provider manual. To access it:
  1. Go to bcbsm.com, click LOGIN, select Provider, type in your user name and password and click Log In.
  2. Click web-DENIS.
  3. Click BCBSM Provider Publications and Resources.
  4. Click Provider Manuals.
  5. Select your Provider Type – that is, Board Certified Behavior Analyst (BCBA).
  6. Select Psychiatric Care Services.
  7. Select Billing Guidelines.
Billing: Guidelines

For BCN

• Use of modifier HO* is required for ABA to help ensure appropriate payment.

• For more information, see the *Applied Behavior Analysis Billing Guidelines and Procedure Codes chart* on BCN’s web-DENIS Autism page. To access it:
  1. Log in to Provider Secured Services and click *web-DENIS*.
  2. Click *BCN Provider Publications and Resources*.
  3. Click *Autism*.

• Also refer to the Behavioral Health and Claims chapters of the *BCN Provider Manual*. To access:
  1. Log in to Provider Secured Services and click *web-DENIS*.
  2. Click *BCN Provider Publications and Resources*.
  3. Click *Provider Manual*.

*CPT codes, descriptions and two-digit modifiers only are copyright 2014 American Medical Association. All rights reserved.*
Claims: Submission

• Preferred method: electronic submission
• Other method: paper claims, including status inquiry claims (preferably, attachments only)
  – For Blue Cross claims, send to:
    Claims Division
    Blue Cross Blue Shield of Michigan
    P.O. Box 312500
    Detroit, MI 48231-2500
  – For BCN claims, send to:
    BCN Claims
    P.O. Box 68710
    Grand Rapids, MI 49516-8753
    (Includes written inquiries)
Claims: Questions

- Questioning a rejection or a payment received that is other than anticipated?

Here are your options:
- Submit a status claim form.
- Contact Provider Inquiry.
- Send letter to Written Inquiry.
- Contact your provider consultant.
Claims: Follow Up

To follow up on claims, here are your options:

• File a status inquiry
• Follow up on status inquiries
• Submit a written inquiry (Blue Cross only):
  
  Provider Inquiry
  Blue Cross Blue Shield of Michigan
  P.O. Box 2227
  Detroit, MI 48231-2227
Electronic Funds Transfer

• EFT is mandatory for all participating providers.
• Advantages of electronic payments and vouchers:
  – No problems with multiple envelopes from Blue Cross containing checks and payment vouchers
  – No more worries about lost checks
  – Searchable and printable online vouchers
  – Up to 36 months of voucher history available
  – No cost to providers

• To enroll, complete the online registration form on the Blue Cross secure provider portal:
  1. Visit bcbsm.com/providers
  2. Click Provider Secured Services.
Electronic Funds Transfer

Provider Secured Services > Home

Welcome! You are logged in to the secured area of our site. You now have access to the following services:

- **web-DENIS**
  - Go to web-DENIS.
  - web-DENIS sign-up information
  - e-learning training modules

- **Electronic Funds Transfer - Professional and Facility Providers**
  - View Electronic Vouchers
  - Register Provider(s)
  - Update Provider(s)
  - Cancel Provider(s)
  - Add additional provider codes for Provider Secured Services ID(s) (PDF)
  - I am a billing service, how do I add providers to my existing Provider Secured Services ID (PDF)

View vouchers (after registering for EFT)

Register for EFT

On Provider Secured Services Home page...
Online Vouchers

Search for Electronic Vouchers of Professional and Facility Providers in Michigan. Please enter the billing NPI

Access these pages through Provider Secured Services...
Resources
Resources: Provider Manual, Blue Cross

1 - Select Provider Manuals tab.

2 - Click Provider Type.

3 - Select Board Certified Behavior Analyst from Provider Type drop-down menu.
4 - Click Search.
1 – Log in to Provider Secured Services.

2 – Click web-DENIS.

3 – Click BCBSM Provider Publications and Resources.

4 – Click Newsletters and Resources.

5 – Click Clinical Criteria & Resources.

6 – Click Autism.

Resources: Blue Cross Autism Web Page

BCBSM Newsletters and Resources > Clinical criteria and other resources > Autism resources

**BCBSM autism resources**

We have included information on autism from both BCBSM and external resources.


The mandate does not apply to self-funded employer groups or to government programs. Providers should always check member benefits and eligibility before providing services.

**Autism provider resource materials**

- Checking BCBSM eligibility and autism benefits in Benefit Explainer (PDF)
- Fact sheet (PDF)
- Board-certified behavior analyst town hall presentation
- Letter sent to all Blues participating hospitals in Michigan (PDF)
- Letter of intent for AAEC designation (PDF)
- AAEC Evaluation Results Form (PDF)
- Applied Behavior Analysis Billing Guidelines and Procedure Codes (PDF)
- A supplement to Your Guide to the Blues for board certified behavior analysts (PDF)
- Obtaining Approval for Applied Behavior Analysis: Accelerated Process for BCBSM Members Prior to January 1, 2014 (PDF) updated
- 2014 BCBSM Magellan Applied Behavior Analysis Medical Necessity Criteria

**Overview of autism coverage**

Covered benefits for children with an autism spectrum diagnosis through the age of 18 (until the member’s 19th birthday) include:

- Applied behavior analysis, a specialized treatment for ASD
- Physical therapy, speech therapy and occupational therapy as part of ASD treatment
- Nutritional counseling as part of ASD treatment
- Other mental health benefits to diagnose and treat autism
- Other medical services used to diagnose and treat autism
1 – Log in to Provider Secured Services.

2 – Click web-DENIS.

3 – Click BCN Provider Publications and Resources.

4 - Click Provider Manual.

Resources: BCN Provider Manual

BCN Provider Manual

The BCN Provider Manual is a large body of reference information intended to help BCN-affiliated providers do business with BCN. The BCN Provider Manual is currently available as individual chapters in PDF format. The files are large and may take some time to open.

About the BCN Provider Manual offers tips to help you use the BCN Provider Manual. This includes information about:

- BlueDot changes
- BCN Provider Manual Portfolio
- Searching the manual
- Saving a copy of the manual
- Discarding out-of-date manuals
- Calling for assistance
- Submitting suggestions

To access the BlueCross Complete Provider Manual, go to MiBlueCrossComplete.com/providers.

BCN manual as a whole (for searching)

The BCN Provider Manual Portfolio contains all the individual chapters in one PDF file. About the BCN Provider Manual Portfolio offers instructions for viewing and printing selected pages or chapters.

- BCN Provider Manual Portfolio

BCN Provider Manual chapters

The following individual chapters of the BCN Provider Manual are available in PDF format:

1 - Introduction
2 - BCN System of Managed Care
3 - Affiliation
4 - Evaluating the Quality of Care
5 - Member Rights and Responsibilities
6 - Member Eligibility
7 - Member Benefits
8 - Care Management
9 - Clinical Practice and Preventive Care Guidelines

- 10 - Health Education and Chronic Condition Management
- 11 - Access to Care
- 12 - Pharmacy
- 13 - Behavioral Health
- 14 - Claims
- 15 - BCN Advantage
- 16 - Provider Reports

Need to find something in the manual? Click How to search the manual (PDF).
Resources: BCN’s Autism Web Page

1 – Log in to Provider Secured Services.

2 – Click web-DENIS.

3 – Click BCN Provider Publications and Resources.

4 – Click Autism.

Autism

Blue Care Network expanded benefits for autism spectrum disorder for BCN commercial HMO members in compliance with the state mandate signed into law April 18, 2012. Coverage was effective Oct. 15, 2012.

The mandate does not apply to self-funded employer groups or to government programs, like Blue Cross Complete (Medicaid), MyBlue MedigapSM or BCN AdvantageSM. Providers should always check member benefits and eligibility before providing services. If the member has coverage for autism, it will be listed on the web-DENIS Medical Benefits screen under Mental Health Outpatient.

Autism provider resource materials

- Checking BCN eligibility and autism benefits on web-DENIS
- Fact sheet
- Board-certified behavior analyst town hall presentation
- Applied Behavior Analysis Billing Guidelines and Procedure Codes
- Member notification
- Letter sent to all Blues participating hospitals in Michigan
- Letter of intent for AEC designation
- AAEC Evaluation Results Form

Overview of autism coverage

Effective May 2014, Blue Cross Blue Shield of Michigan and Blue Care Network have been accepting only DSM-5 codes for the diagnosis of Autism Spectrum Disorder (ASD), in accordance with the American Psychiatric Association.

In DSM-5, Asperger’s Disorder, Pervasive Developmental Disorder, Childhood Disintegrative Disorder and Rhett's Disorder are recognized as variants of the Autism Spectrum Disorder, but are not individual diagnoses in and of themselves.

Covered benefits for children through the age of 18 (until the member’s 19th birthday) include:

- Applied behavior analysis, a specialized treatment for ASD
- Physical therapy, speech therapy, occupational therapy as part of ASD treatment
- Nutritional counseling as part of ASD treatment as individually needed
- Other mental health and medical services used to diagnose and treat autism as individually needed
Resources: For more information

For more information:

• Call Provider Enrollment: 1-800-822-2761
• Call web-DENIS Help Desk: 1-877-BLUE-WEB
• Call your Blue Cross / BCN provider consultant
Questions?