Blue Cross Blue Shield Blue Care Network of Michigan

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

Behavioral health medical record documentation requirements for AAECs and independent interdisciplinary comprehensive diagnostic evaluations

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

September 2025

Service / practitioner	Behavioral health medical record documentation requirements for AAECs and independent interdisciplinary CDEs
All services for practitioners with a medical degree	Providers with a medical degree must follow the medical record documentation guidelines published by the Centers for Medicaid & Medicare Services in the Medical Learning Network guide MLN006764. The providers who must follow these guidelines are: • Physicians • Nurse practitioners • Physician assistants
General guidelines: Comprehensive diagnostic evaluation for all practitioners (Use appropriate behavioral health assessment, testing and consultation CPT codes. Do not use autism treatment codes *97151-*97158.)	For the initial outpatient visit for a specific problem or group of problems, the medical record must include legible documentation of the items listed here. Note: If the initial visit is provided by a psychiatrist, a medical history — including all prescriptions, over-the-counter medications, and holistic and "natural" supplements — must be documented. The following information must be kept in the medical record: ○ Date of birth / calculated age ○ Gender ○ Home address ○ Home / work telephone numbers ○ Contact name and relationship ○ Employer or school ○ Marital or legal status ○ Emergency contact information ○ Appropriate consent forms / guardianship information ○ Active problem list ○ List of current medications (periodically reconciled with or by prescribing provider) ○ Michigan Automated Prescription System queries as indicated or required by state law The initial outpatient evaluation must include: • Visit information: ○ Date of the initial visit ○ Start and stop times ○ Names of those present during the session. If separate individuals are interviewed, include the duration for which each is present. • Presenting circumstances / clinical presentation: ○ Presenting problems and precipitating factors ○ Caregiver report and primary concerns including skill development and behavior management history • Comprehensive history: ○ Medical history and current medications along with prescribing medical provider, including evidence of coordination of care ○ Psychosocial history including, as appropriate, the case developmental and family history

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	○ Developmental history including attainment and loss of skills ○ Educational status ○ Previous evaluations and consultations ○ Complete mental status examination ○ Past psychiatric and substance use disorder history, including inpatient or outpatient treatment • Extensive examination results: ○ General exam and observation ○ Physical evaluation ○ Neurologic exam ○ Gross motor skills screening ○ Behavioral observations ○ Speech and language evaluation ○ Labs, genetic testing, imaging, electrophysiologic studies, or EEG ○ Results of prior comprehensive diagnostic evaluations from an approved autism evaluation center, or AAEC, or other independent evaluation ○ Other relevant diagnostic testing, including results completed with interpretation and screening tools ○ Results of plan of care assessments, including skill assessments and interfering behavior assessments. ○ All graphs used in the assessments ○ Interpretation / summary of findings • Clinical decision making / plan of care: ○ Objectively stated plan of care and rationale with as much detail as possible outlining interventions and monitoring protocols ○ Dietary restrictions, sleep, toileting, psychosocial, reported preference/reinforcers, as applicable • Summary and recommendations / documentation of process (results of the interdisciplinary team): ○ Assignment of the appropriate DSM codes ○ Referrals to other services / disciplines ○ Treatment or education provided in the session ○ Instructions, recommendations and precautions given to the patient or other significant parties • Signature and credentials of the treating provider

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****Effective Jan. 7, 2020, behavior analysts must be licensed by the state of Michigan to be reimbursed by Blue Cross or BCN.