SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Member Provider Policy & Procedure Manual

5.5 AUTISM

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Member Provider Policy & Procedure Manual*. If Blue Cross and Blue Shield of Louisiana (Louisiana Blue) makes make any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Member Provider Policy & Procedure Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.lablue.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.lablue.com/providers.

This manual is provided for informational purposes only and is an extension of your Member Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail our policies. Louisiana Blue retains the right to add to, delete from and otherwise modify the *Member Provider Policy & Procedure Manual* as needed. This manual and other information and materials provided are proprietary and confidential and may constitute trade secrets.

AUTISM

Maximum Benefit Limitations

Some Louisiana Blue policies do not cover Autism and some cover with different maximum benefit limitations. Prior to rendering services, always verify members' benefits through iLinkBlue to determine applicable benefits and any maximum benefit limitations.

Authorization

Authorization is required for applied behavioral analysis (ABA) services, because the diagnosis and treatment of autism is considered a medical benefit.

Providers can electronically submit authorization requests for behavioral health services through iLinkBlue (www.lablue.com/ilinkblue). Click on the "Authorizations" menu option, then choose "Louisiana Blue Authorizations" to access our authorizations portal.

Filing Claims

- **For Louisiana Blue Members**: Claims related to the diagnosis and treatment of autism are filed directly to Louisiana Blue for processing.
- **For HMO Louisiana Members**: HMO Louisiana group policies cover the diagnosis and treatment of autism as a medical benefit. Claims related to the diagnosis and treatment of autism should be submitted directly to Louisiana Blue for processing. Louisiana Blue will apply medically necessary claims toward the member's autism maximum benefit limitations, as applicable.

For claims filed with a secondary diagnosis of autism, Louisiana Blue will still apply benefits based on the primary diagnosis listed on the claim.

Note: Providers should follow the billing guidelines outlined in Section 5.6 Behavioral Health of this manual when filing claims for applied behavioral analysis services.

Autism Services

We cover the diagnosis and treatment of autism on most policies.* Authorizations are required for ABA services — all reviews and authorizations related to the diagnosis and treatment of autism are handled by Louisiana Blue.

**Autism benefits do not apply for some individual policies and may vary for self-funded groups and BlueCard® members. Always verify members' benefits to determine applicable benefits and any maximum benefit limitations, through iLinkBlue.*