



Louisiana passed Act 648 under House Bill 958 mandating coverage of the diagnosis and treatment of autism (based on medical necessity) for persons under the age of 17 **as a medical benefit**. This change was effective for group policies as they renew beginning January 1, 2009. *Note: change does not apply for Federal Employee Program (FEP) or individual policies and may vary for self-insured groups and BlueCard® members.*

Maximum Benefit Limitations:

Blue Cross group policies have separate maximum benefit limitations per benefit period for members age 16 and under than for members age of 17 and older. There is a single lifetime maximum per member that applies for all autism disorder benefits, regardless of age. *Note: coverage for members 17 and older may not include Applied Behavioral Analysis (ABA). Please verify member’s benefits to determine applicable maximum benefit limitations and benefits.*

Authorization:

Authorization is required for all ABA services.

Though the diagnosis and treatment of autism will be covered as a medical benefit beginning January 1, 2009, providers should call the mental and nervous authorization phone number on the member’s ID card. If no mental and nervous authorization number is listed on the member’s ID card, the provider should call the medical authorization number on the member’s ID card. *Note: this applies for all networks: Key, Preferred Care PPO, Advantage Blue POS and HMOLA.*

Filing Claims:

For Blue Cross Members—No Change: Blue Cross claims related to the diagnosis and treatment of autism are filed directly to Blue Cross for processing.

For HMOLA Members: Effective January 1, 2009, HMOLA group policies, as they renew, will cover the diagnosis and treatment of autism as a medical benefit. Upon the member’s renewal date, claims related to the diagnosis and treatment of autism should be submitted directly to Blue Cross for processing and will be reimbursed based on the terms of your contractual agreement with Magellan. Blue Cross will apply benefits toward the member’s autism maximum benefit limitations and not the mental health maximum benefit limitations.

Providers should use one of the following HCPCS codes with appropriate modifiers for ABA services:

Code	Description	Modifiers Allowed to Bill
H0032	ABA - Initial Assessment and Plan Development per hour up to 4 hours	HO, HP
H2019	ABA - Follow-up and Reassessment per 15 minutes	HO, HP, HN, HM
G9012	Supervision of ABA Follow-up per 15 minutes	HO, HP

Modifier Description

- HP Doctoral level
- HO Master’s degree level
- HN Bachelor’s degree level
- HM Less than bachelor’s degree level

Quick Guide for Autism Benefits *(continued)*

Examples of Applying Benefits BEFORE and AFTER policy renewal date

Currently, covered services such as speech therapy filed with the primary diagnosis code of autism are applied toward the limitations and/or maximums for speech therapy. Upon renewal of the member's policy, claims filed with the diagnosis of autism will be applied toward the patient's autism maximums and limitations instead.

Patient: John Q. Smith, age 16			
Renewal Date of Policy: February 15, 2009			
Date of Service	Service Provided	Primary Diagnosis	Benefits Applied
1-15-2009	Speech Therapy	Autism Disorder	Copayment, Deductible, Coinsurance & Speech Therapy Dollar Maximums
2-15-2009	Speech Therapy	Autism Disorder	Copayment, Deductible, Coinsurance & Autism Dollar Maximums <i>(does not affect speech therapy max)</i>
1-15-2009	Applied Behavioral Analysis	Autism Disorder	Denied as investigational
2-15-2009	Applied Behavioral Analysis	Autism Disorder	Copayment, Deductible, Coinsurance & Autism Dollar Maximums

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