



October 28, 2009

Revision to coding and reimbursement changes related to EIBI services for Autism Spectrum Disorder

The information in this bulletin replaces Provider Bulletin P23-09 titled “Coding and reimbursement changes related to EIBI services for Autism Spectrum Disorder” that was issued on September 11, 2009.

Early Intensive Behavioral Intervention (EIBI) is a term used to describe an intensive, multidisciplinary approach used to treat the symptoms of a diagnosis of Autism Spectrum Disorder (ASD). This area lacks standard terminology, but does include Intensive Early Intervention Behavioral Therapy (IEIBT), Applied Behavioral Analysis (ABA), Lovaas and Discrete Trial Training (DTT).

Effective July 15, 2009, Minnesota Statute 62J.536 requires health care providers and group purchasers (payers, plans) to comply with the claims submission requirements published by the Administrative Uniformity Committee (AUC) in the Minnesota Uniform Companion Guide. The AUC Medical Code Technology Assessment Group (TAG) has begun discussions related to the coding for EIBI services. The codes below have been identified by the AUC Medical Code TAG as possible recommendations for uniform coding for EIBI services. Although the use of these codes for reporting EIBI services has not yet been adopted by the AUC Medical Code Technology Assessment Group, Blue Cross and Blue Shield of Minnesota will begin implementing them January 1, 2010.

The following coding and reimbursement changes become effective based on dates of service on and after January 1, 2010.

Coding

Self-insured and fully insured plans except for Minnesota Health Care Programs (MHCP):

Provider shall submit claims for EIBI services for Autism Spectrum Disorder using HCPCS codes H2014, H2017 or H2019. Provider shall only bill for 15 minute face-to-face sessions, which shall have a value of 1 unit. The codes listed above replace the use of CPT code 90899.

MHCP:

For MHCP subscribers eligible for Children’s Therapeutic Services and Supports (CTSS) provider shall submit claims for EIBI services for Autism Spectrum Disorder using HCPCS codes H2014-UA, H2017 or H2019-UA. Code H2017 is not a CTSS code therefore it should not be billed using the UA modifier. Provider shall only bill for 15 minute face-to-face sessions, which shall have a value of 1 unit. The codes listed above replace the use of CPT code 90899.

HCPCS codes H2018 and H2020:

Blue Cross will accept HCPCS codes H2018 and H2020 but will not allow reimbursement for these codes. Provider shall submit the timed codes listed above for reimbursement for EIBI services.

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Other Blue Cross Plans

If a provider is working with Blue Plans outside of Minnesota, it may be helpful to identify the code that will be used on the claim when checking subscriber eligibility and benefit information. This may help to ensure accurate eligibility and benefit information prior to the delivery of EIBI services.

Reimbursement

In accordance with a commitment to health care affordability and administrative simplification, payment for EIBI services for all eligible Blue Cross and Blue Shield of Minnesota and Blue Plus subscribers shall remain subject to the terms and provisions described under Provider Reimbursement, Minnesota Health Care Programs in the Agreement as renewed annually by Blue Cross less subscriber and other party liabilities (e. g., deductibles, coinsurance, non-covered services and coordination of benefits with other health plans, employer liability plans, workers' compensation or automobile plans). Provider agrees to not request reimbursement for simultaneously provided individual and family services.

Medical policies and procedures related to ASD

Providers must comply with all medical policy and procedures including the medical policy and procedures for services rendered for Autism Spectrum Disorder. To view medical policies go to providers.bluecrossmn.com and select "medical policy" under "tools & resources."

Client related activity

Any client related activity that is not face-to-face service shall not be billed separately. Reimbursement for subscriber related activity that is not a face-to-face service is included in the rate paid for the codes stated above.

Adherence and enforcement of policy

Blue Cross retains the right to audit Provider's compliance with the aforementioned coding and reimbursement provisions to ensure proper administration of subscriber benefits and payment for services.

Coding requirements reminder

All coding and reimbursement is subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (e.g. HCPCS, CPT, ICD-9-CM), only valid codes for the date of service may be submitted or accepted.

Questions?

If you have any questions, please contact provider service at **(651) 662-5200** or **1-800-262-0820**.