



**BlueCross BlueShield**  
of Illinois

# Blue Cross and Blue Shield of Illinois Provider Manual

## HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,  
an Independent Licensee of the Blue Cross and Blue Shield Association

# Autism Spectrum Disorder (ASD)

## Benefit

ASD related services are in benefit when provided for the treatment of any autism or other related diagnoses. The extent of the inpatient and outpatient benefits available to any given member is defined by the members' benefit plan and state law.

## Interpretation

ASD includes, but may not be limited to the following diagnosis:

- Autistic disorder – childhood autism, infantile psychosis, Kanner's syndrome
- Childhood disintegrative disorder – Heller's syndrome\
- Other specified pervasive developmental disorders – Asperger syndrome, atypical childhood psychosis, borderline psychosis of childhood
- Pervasive developmental disorder – not otherwise specified (PDD-NOS) Childhood psychosis Not Otherwise Specified (NOS), childhood type schizophrenia NOS, schizophrenic syndrome of childhood NOS
- Rett's syndrome

## Applied Behavioral Analysis (ABA)

Applied Behavior Analysis (ABA) is a mixture of psychological and educational techniques that are utilized based upon the needs of each individual child. Applied Behavior Analysis is the use of behavioral methods to measure behavior, teach functional skills, and evaluate.

ABA is predominantly performed in the home, although if these services are performed in a clinical facility they would remain the IPA risk. Services that may be included and covered under the benefit:

- An in-home ABA evaluation
- Training of family and tutor staff.
- Tutor staff hours, including documentation of all activities (15-40 hrs per week)
- Supervision hours by a therapist
- Clinic or team meetings with the family and tutor staff

<b>Paid by</b>	Inpatient Professional charges	IPA
	Outpatient Professional charges (including ABA therapy)	IPA
	Inpatient and/or Outpatient Surgical Facility charges	HMO
	DME equipment charges (from a contracted provider)	HMO
	DME equipment charges (from a non-contracted provider)	IPA

**Note: See related benefits interpretation on** Mental Health Care (Inpatient), Mental Health Care (Outpatient), Dental and Durable Medical Equipment

**Note:** Members who have an Autism Spectrum Disorder will have additional occupational, physical, and speech therapy for the treatment of ASD after the purchased benefits are exhausted by accessing the Illinois Mandated Coverage for Autism Spectrum Disorders Annual Benefit.

**Note:** Blue Precision HMO<sup>SM</sup>, BlueCare Direct<sup>SM</sup> have a separate contracted provider list for Durable Medical Equipment (DME) and Orthotic and Prosthetic devices.

**Note All** DME exception requests must be submitted prospectively to the CAU. See the instructions located on the Introduction page of this section of the Provider Manual. It is the intent of the CAU to respond to your requests within two business days.