



Special Needs Benefit

(Autism Spectrum Disorders)

Effective 1/1/2023: Coverage for Autism will include the previously non-covered services below and related services per Medical Policy #V-37-038

Benefit Limit: \$2500 per benefit period (calendar year), will exclude out-of-pocket expenses (i.e. copays, coinsurance, & deductibles)

- Animal or pet assisted therapy
- Chelation therapy and detoxification for heavy metals
- Craniosacral therapy
- Fibroblast growth factor 2
- Hydrotherapy
- Hyperbaric oxygen therapy
- Intravenous Immune Globulin (IVIG)
- Music, art therapy (services primarily educational in nature)
- Naltrexone therapy
- Neurofeedback
- Peripheral stem cell transplantation and umbilical cord stem cell transplantation
- Secretin therapy
- Social therapeutic group and behavioral health day treatment
- Testing for immunologic abnormalities
- Vitamin: Laboratory testing
- Vitamins, nutritional supplements, or diet-oriented therapy

Claim Submission Process

****Please submit a separate claim form for each patient. All expenses for one patient can be submitted on one claim form****

ONLINE (recommended)

1. Complete the [Member Submitted Health Insurance Claim Form](#)

Report "Special Needs Reimbursement" and the diagnosis code and procedure/service performed in the "Diagnosis or Nature of Illness or Injury" section

2. Print and Sign/Date

3. Upload the completed claim form along with images of all itemized receipts via the Message Center in the [Highmark Member Portal](#)

- Once logged in, select "Need Help" in the top right corner
- Select "Contact Us"
- Select Plan
- Select Message Topic: "Claim Inquiry"
- In Questions or Comments, indicate the inquiry is for submission of Special Needs Benefit Reimbursement
- Attach the completed claim and receipts
- Complete required information and click "Submit"

MAIL

1. Complete the [Member Submitted Health Insurance Claim Form](#)

Report "Special Needs Reimbursement" and the diagnosis code and procedure/service performed in the "Diagnosis or Nature of Illness or Injury" section

2. Print and Sign/Date (save a copy for your records)

3. Mail completed claim form and all itemized receipts to:

Highmark: Claims
P.O. Box 890173
Camp Hill, PA 17089-0173