

Blue Cross Blue Shield of Michigan
Medicare Advantage Private Fee-for-Service

Consultation Services Provided by a Clinical Psychologist

January 1, 2008
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CONSULTATION SERVICES

Consultation is a service provided by a physician for the purpose of rendering an opinion or advice regarding the evaluation and management of a specific problem requested by another physician or other source. Consultations fall under two subcategories; office or other outpatient consultations and inpatient consultations.

ORIGINAL MEDICARE

Consultation services provided by a clinical psychologist are not covered under Original Medicare.

MEDICARE ADVANTAGE

Coverage for consultation services provided by a clinical psychologist is provided to members under select Medicare Advantage private fee-for-service plans. Since Original Medicare does not cover these services, the scope of benefit, reimbursement methodology and member cost-sharing are determined by the group.

Conditions for Payment

BCBSM Medicare Advantage private fee-for-services plans use the Centers for Medicare and Medicaid Services deemed provider¹ concept for group specific benefits. The table below specifies payment conditions for consultation services provided by a clinical psychologist:

Conditions For Payment	
Eligible provider	Fully licensed clinical psychologist
Deemed provider	See terms and conditions on bcbsm.com/ma
Payable locations	Office, inpatient hospital, outpatient hospital, mental health facility
Frequency	No restrictions
CPT codes	99241-99245, 99251-99255
Diagnosis restrictions	No restrictions
Age restrictions	

Reimbursement

The maximum payment amount for consultation services provided by a clinical psychologist benefit is consistent with Original Medicare. The provider will be paid the lesser of Medicare's allowable amount or the provider's charge minus

¹ 2008 Terms and conditions

the member's cost-share. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

Member Cost-Sharing

- Deemed providers must agree to collect from the member only the cost-sharing amounts described in the table below. They may not otherwise charge or bill the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the noncovered service.

The cost-sharing chart below identifies members with consultation services provided by a clinical psychologist coverage.

Member Cost-Sharing Responsibilities				
Group Name and Number	Annual Deductible	Coinsurance		Out-of-Pocket Maximum
		Professional Claim	Institutional Claim	
	2008	2008	2008	2008
State of MI Retirees ² 81820, 81821, 81828	\$0	10%	SOB ³	\$1000

Billing Instructions

1. Bill services on the CMS 1500 (8/05) claim form, UB-04 or the 837 equivalent claim.
2. Use the Medicare Advantage private fee-for-service unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Submit claims to your local BCBS plan.
6. Use electronic billing:
 - a. Michigan providers:
 - A copy of the ANSI ASC X12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (BCBSM Electronic Data Interchange (EDI) Institutional 837/835

² State of Michigan Retirees Benefit grid

³ 2008 Summary of benefits

Companion Document) is available at:

http://www.bcbsm.com/pdf/837_835_institutional_companion.pdf

- A copy of the BCBSM EDI Professional 837/835 Companion Document is available at:

http://www.bcbsm.com/pdf/systems_resources_prof_837_835.pdf

- b. Providers outside of Michigan should contact their local BCBS plan.