U of M – Nutritional counseling related to approved medical conditions

Applies to:

Blue Cross Blue Shield of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

☐ Medicare Plus Blue℠ PPO ☒ Medicare Plus Blue℠ Group PPO ☐ Both

Nutritional counseling related to approved medical conditions

Nutritional counseling, or medical nutrition therapy, is comprised of significant, complex dietary instruction that is not available in the primary care physician's office or through community resources such as literature or interactive programs. It is a useful service for members who have significant diseases that affect their nutritional status and overall health. Nutritional counseling is performed by a registered dietician (RD) to provide members with dietary information that promotes health, prevents illness and reduces risk factors.

Original Medicare

Original Medicare covers medical nutrition therapy services for members with diabetes or kidney disease, or who've had a kidney transplant in the last 36 months, and their doctor refers them for services. Services may include:

- An initial nutrition and lifestyle assessment
- Individual and/or group nutritional therapy services
- Help managing the lifestyle factors that affect diabetes
- Follow-up visits to check on progress in managing diet

Medicare Plus Blue℠ PPO enhanced benefit

Medicare Plus Blue is a Medicare Advantage plan that provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for nutritional counseling related to approved medical conditions is provided to members under select Medicare Plus Blue Group PPO plans. Since Original Medicare limits coverage for nutritional counseling related to approved medical conditions, the groups that select this benefit determine the scope of the benefit, reimbursement methodology, maximum allowable payment amounts and member cost sharing.

Conditions for payment

The table below specifies payment conditions for nutritional counseling related to approved medical conditions.

Conditions for payment	
Eligible provider	No provider limitations
Payable location	No restrictions
Frequency	No restrictions
CPT/HCPCS codes	97802, 97803, 97804, G0270, G0271, S9470
Diagnosis restrictions	F5000, F5001, F5002, F502, F509, Z713
Age restrictions	No restrictions

Reimbursement

Medicare Plus Blue plan's maximum payment amount for nutritional counseling related to approved medical conditions is consistent with Original Medicare. The provider will be paid the lesser of Medicare's allowed amount or the provider's charge, minus 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

- Medicare Plus Blue providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate Medicare Plus Blue cost-sharing amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with that service.
- Providers may not have members sign an Advance Beneficiary Notice to accept financial responsibility for noncovered items or services. If there is any question about whether an item or service is covered, seek a coverage determination from Blue Cross before providing the item or service to the member. If a provider provides a noncovered item or service to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost share.

To verify benefits and cost share, providers may utilize our provider portal or call 1-866-309-1719.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form, UB-04 or the 837 equivalent claim form.
2. Use the Medicare Advantage PPO 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 Blue Cross plan.
6. Use electronic billing:
   a. Michigan providers
      Copies of the ANSI ASCX 12N 837 and 835 Institutional Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on the Blue Cross website under the reference library section at ***bcbsm.com/providers/help/edi***.
   b. Providers outside of Michigan should contact their local Blue Cross plan.

Revision history

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