

U of M – Nutritional counseling related to approved medical conditions

BCN Advantage HMOSM
BCN Advantage HMO-POSSM



Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

BCN Advantage Individual BCN Advantage Group Both

Nutritional counseling related to approved medical conditions

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

Original Medicare

Original Medicare covers medical nutrition therapy services for members who have diabetes or kidney disease, or had a kidney transplant in the last 36 months, and were referred by their doctor 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

BCN Advantage enhanced benefit

BCN Advantage 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 Care Network 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 under this benefit is provided to members under select BCN Advantage group 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 share.

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 codes	97802, 97803, 97804, G0270, G0271, S9470
Diagnosis restrictions	F5000, F5001, F5002, F502, F509, Z713
Age restrictions	No restrictions

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Reimbursement

The BCN Advantage maximum payment amount for nutritional counseling related to approved medical conditions is consistent with Original Medicare. The provider will be paid the lesser of this allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers aren't allowed to bill the member for the difference between the allowed amount and the charge.

Member cost share

- BCN Advantage providers should collect the applicable cost share from the member at the time of the service, when possible. Cost share refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate BCN Advantage cost share amounts from the member.
- Members who elect to receive a noncovered service are responsible for the entire charge associated with that service.
- Providers may not have members sign an Advance Beneficiary Notice of Noncoverage to accept financial responsibility for noncovered items. If there is any question about whether an item is covered, seek a coverage determination from Blue Care Network before providing the item to the member. If a provider issues a noncovered item to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable out-of-pocket cost.

To verify benefits and out-of-pocket cost, providers may use our provider portal or call 1-800-344-8525.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form.
2. Use the BCN Advantage 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. Use electronic billing:
 - a. **Michigan providers:** Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim and 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 Michigan:** Members of BCN Advantage HMO-POS plans have a point-of-service benefit offered through the nationwide network of Blue Plan providers through the Blue Cross and Blue Shield Association. Providers outside Michigan who participate with Blue plans can provide preauthorized routine and follow-up care as necessary. Contact your local Blue plan for billing instructions.

Coverage outside Michigan for members of BCN Advantage HMO plans is limited to medical emergencies, urgently needed services and renal dialysis unless BCN Advantage has approved the out-of-network services, which members must request in advance.

6. Send paper claims to:

BCN Advantage Claims Blue Care Network
P.O. Box 68753
Grand Rapids, MI 49516-8753

Revision history

Policy number: BCNA

Effective: 01/01/2024

Reviewed:

Revised: