Consultation services provided by clinical psychologist

Benefit retired as of Jan. 1, 2014

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

Consultation services

Physicians use consultation services to provide patients options or advice on the evaluation and management of a specific problem as requested by another physician or other source. Consultations fall under two subcategories: office or "other" outpatient consultations or inpatient consultations.

Original Medicare

Consultation services provided by a clinical psychologist aren't covered under Original Medicare.

Medicare Plus Blue℠ Group PPO

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

Coverage for consultation services provided by a clinical psychologist is provided to members under select Medicare Plus Blue Group PPO plans. Since Original Medicare doesn't cover these services, the scope of benefit and member cost-sharing are determined by the group.

NOTE: Effective Jan. 1, 2014, BCBSM will no longer offer as an enhanced benefit consultation services provided by a clinical psychologist.

Conditions for payment

This table specifies payment conditions for consultation services provided by a clinical psychologist:

Conditions for payment	
Eligible provider	Fully licensed clinical psychologist
Payable location	Office, inpatient hospital, outpatient hospital, mental health facility
Frequency	No restrictions
CPT codes	Consistent with Original Medicare
Diagnosis restrictions	No restrictions
Age restrictions	

Reimbursement

Medicare Plus Blue Group PPO plan's maximum payment amount for consultation services performed by a clinical psychologist benefit is consistent with Original Medicare payment for covered services. The provider is 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 aren't allowed to balance bill the member for the difference between the allowed amount and the charge.

Member cost–sharing

- Medicare Plus Blue Group PPO providers should, when possible, collect the applicable cost–sharing from the member at the time of the service. Cost–sharing refers to a flat–dollar copayment, a percentage coinsurance or a deductible. You can only collect the appropriate Medicare Plus Blue Group PPO 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 the noncovered service.

For detailed information about Medicare Plus Blue Group member's benefits and cost-share, providers can verify member benefits via web–DENIS or call CAREN at 1–866–309–1719.

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 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 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 Institutional 837/835 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.