# Marriage, Family, Family of Origin Counseling:

**Effective 1.1.2020:**

**"Counseling"** – In-network and out-of-network benefits paid at 100%, no deductible. Maximum payable **per family** each calendar year is $4,000. Services must be rendered by a licensed or certified counselor. Counselor must provide a designation of marriage counseling, pre-marital counseling, family of origin counseling or a family-related code in the Z62 or Z63 series of the ICD10 code book.

**Note:** **All services will be paid under the employee's record.** Eligibility requirement for this benefit is the employee's enrollment in the Young Life health plan, and claims for the employee, spouse and children are paid under the employee's record. Enrollment of the spouse and/or children in the health plan is not required, as this is an "employee" benefit. The employee's name does not have to appear on the billings in order for the claims to be paid, and as long as the services are for the spouse and/or children and the employee is enrolled, benefits are available.

See attachment tab for claim form the members need to use to submit claim.

**Claim Basics**

- Do not send claim for repricing.
- Do not deny amounts as over U&C.
- AP Code E is required to pay at 100% and track the dollar maximum.
- If the claim does not have the provider's TAX ID# on it OR if the TAX ID#, provider name, provider billing address, etc. is not loaded into the claim system at the time of the claim, do not request this information or send the claim to provider add. Process using POS/TOS 14/64. Young Life wants their members to be reimbursed as fast as possible, without delaying for needing/adding this information.
- Covered diagnoses for special counseling benefit: Z62-Z63 series.
- Diagnosis codes for MFI counseling benefit:
  - Marriage & Pre-marital counseling: Z63.0
  - Family of Origin – Z63.79

- Procedure Code – use CPT 90834 if not provided on billing.

- Allow intake sessions.
- Mileage - Use CPT code 99070
  - Round trip allowed under MFI counseling only and is included in the$4k maximum.
  - Mileage verification not required.

**Claim Processing Helps**

- Step 1 – review special claim form to see if the counselor has signed and indicated a covered diagnosis. If yes, pay claim based on this designation under MFI counseling benefit regardless of the diagnosis on the actual bill.
- Step 2 – if provider has NOT signed AND indicated a covered diagnosis on the form, review actual claim and pay according to the diagnosis provided:
  - MFI benefit (Z62-Z63 series or written designation of marital, pre-marital or family of origin counseling)
  - Normal mental health benefit (F codes)
  - Denied if NO diagnosis is provided
- If we do not have enough information to process the claim, deny with a 997 ineligible code and put what is needed on the EOB comment note.

- **Once the $4,000 annual max is met, there is no further coverage under the MFI counseling benefit. Charges will be denied as maximum has been met.**
- **Provider may NOT submit corrected claims changing an F code to one of the MFI codes or vice versa – only going forward.**