Optum

Reimbursement Policy
Policy Number 2024RP503A

Facility-Based Behavioral Health Program Reimbursement Policy – Medicare

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the procedure code or codes that correctly describe the health care services provided to individuals whose behavioral health benefits are administered by Optum, including but not limited to UnitedHealthcare members. This reimbursement policy is also applicable to behavioral health benefit plans administered by OptumHealth Behavioral Solutions of California.

Our behavioral health reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other procedure coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.*

This information is intended to serve only as a general reference resource regarding our reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. ***Accordingly, Optum may use reasonable discretion in interpreting and applying this policy to behavioral health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for behavioral health care services provided to members. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy****. **These factors may include, but are not limited to: member's benefit coverage, provider contracts and/or legislative mandates.** Finally, this policy may not be implemented exactly the same way on the different electronic claim processing systems used by Optum due to programming or other constraints; however, Optum tries to minimize these variations.*

Optum may modify this reimbursement policy at any time by publishing a new version of the policy on this website. However, the information presented in this policy is accurate and current as of the date of publication.

**CPT® is a registered trademark of the American Medical Association.*

Applicability

This reimbursement policy applies for services reported using the UB-04 Claim Form (a/k/a CMS-or its electronic equivalent (837I) or for claims submitted online through provider portals. This policy applies to Medicare products, all network and non-network providers.

Policy

Overview

This reimbursement policy describes how Optum aligns with CMS in paying facility-based behavioral health services on a per diem basis. Payment represents the expected daily cost of facility-based behavioral health services. Consistent with CMS policy and reimbursement guidelines, separate payment is not made for certain services which are considered an integral part of the prevailing program.

Reimbursement Guidelines

As defined in our Optum Clinical Criteria and Guidelines Clinical Criteria and Guidelines (providerexpress.com) and CMS, the course of treatment is focused on addressing factors that precipitated admission such as changes in the member's signs and symptoms, psychosocial and environmental factors, or level of functioning.

Treatment consists of clinically recognized therapeutic interventions such as group, individual and family psychotherapies pertinent to the member's behavioral health condition. Medical and psychiatric diagnostic evaluation and medication management are also integral to treatment. If the member is diagnosed as having a Substance-Related Disorder in addition to a mental health condition, the program must be prepared to appropriately treat the co-morbid Substance-Related Disorder.

Consistent with CMS, for treatment to be considered "active" services must be as follows:

- Supervised and evaluated by the attending/rendering provider;
- Provided under an individualized treatment plan that is focused on addressing the factors that precipitated admission, and make use of clinical best practices; and
- Are reasonably expected to improve the member's presenting problems within a reasonable period of time.

Optum applies criteria established by CMS and Internal Criteria as outlined under 42 CFR 422.101(b)(6) for basic benefits and has adopted or incorporated external criteria to determine if services are clinically appropriate for supplemental benefits.., Optum will reimburse the expected cost of a day of facility-based behavioral health services using a single day rate for all expected components of an active treatment program. The single day rate will incorporate payment for all dependent, ancillary, supportive, and therapeutic services into payment for the primary independent program service. Separate payments are not made for additional ancillary services itemized on a claim when billed with the primary independent program service.

Such payment does not include attending professional charges billed with CPT code 90792 or single daily E&M code as clinically appropriate.

Optum will not separately reimburse CPT code 90791. The psychiatric diagnostic evaluation without medical services is included in the daily per diem.

The following services are considered an integral part of the program services that will be reimbursed under the single day rate paid by Optum and therefore are not separately eligible for reimbursement:

- All supplies
- Ancillary services
- Psychological and neuropsychological testing
- Clinical diagnostic laboratory tests including drug testing
- Treatment planning
- Individual therapy
- Group therapy
- Family therapy
- Crisis intervention

Resources

www.cms.gov

American Medical Association, *Current Procedural Terminology (*CPT®) and associated publications and services

Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) Edits

History / Updates

August, 2024	New Policy