| Outpatient Services Outside A Program Reimbursement Policy | | | | | |
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| **Policy Number** | 2018RP502A | **Annual Approval Date** | 8/15/18 | **Approved By** | Optum Behavioral Reimbursement Committee |

***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, clinical rationale, industry standard reimbursement logic, regulatory issues, business issues and other input in developing reimbursement policy may apply.*

*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 strives 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.*

*Optum uses a customized version of the Claim Editing System known as iCES Clearinghouse to process claims in accordance with our reimbursement policies.*

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



| Applicability |
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| This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent for claims submitted online through the provider portals. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals. |

## Policy

### Overview

The purpose of this policy is to ensure mental health services are provided by licensed qualified health care professionals.

**A Physician or Qualified Health Care Professional must:**

- Be legally authorized and hold a valid license to provide mental health and/or substance abuse services in the State where the member is receiving services; and
- Perform services within the scope of his/her license as defined by State law.

### Reimbursement Guidelines

Consistent with CMS, AMA and Optum's Guidelines/Policies & Manuals - Optum's Guidelines/Policies & Manuals - Provider Express. Optum will reimburse the following individual services provided by a licensed professional allowed by the State where the services are rendered. The rendering provider must bill services under their own National Provider Identifier (NPI). Please refer to the Medicare Incident To Billing Reimbursement Policy for further guidance.

Outpatient mental health services, including Evaluation and Management (E&M) and individual, group and family therapies, must be provided by practitioners who are able to demonstrate, by virtue of their training and State-specific licensure or certification, that they are professionally qualified to provide medically necessary services.

**CPT codes listed below represent common outpatient services and are not intended as exhaustive of all relevant codes and do not guarantee reimbursement.**

| CPT Code | Description |
|---|---|
| 90791 | Psychiatric Diagnostic Evaluation |
| 90792 | Psychiatric Diagnostic Evaluation with medical services |
| 90832 | Psychotherapy with patient, 30 minutes |
| 90833 | Psychotherapy with patient, 30 minutes, with E/M services |
| 90834 | Psychotherapy with patient, 45 minutes |
| 90836 | Psychotherapy with patient, 45 minutes, with E/M services |
| 90837 | Psychotherapy with patient, 60 minutes |
| 90838 | Psychotherapy with patient, 60 minutes, with E/M services |
| 90846 | Family Psychotherapy (without the patient present), 50 minutes |
| 90847 | Family Psychotherapy (conjoint psychotherapy) (with the patient present), 50 minutes |
| 90849 | Multiple-family group psychotherapy |
| 90853 | Group psychotherapy (other than of a multiple-family group) |
| 99202-99205 | Office or other outpatient visit for the evaluation and management of a new patient |
| 99211-99215 | Office or other outpatient visit for the evaluation and management of an established patient |

| **Resources** |
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| • American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services<br>• Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services<br>• Centers for Medicare and Medicaid Services, Place of Service Code Set |

| **History / Updates** | |
|---|---|
| July, 2023 | Anniversary Review; Updated Reimbursement Guidelines Section |
| July, 2022 | Anniversary Review; No updates |
| January, 2022 | Updated Reimbursement Guidelines Section to refer to another reimbursement policy as it relates to "incident to" services |
| August, 2021 | Annual Anniversary Review Date; Updated Overview Section |
| February, 2021 | Updated Overview Section |
| January, 2021 | Deleted 99201 code; updated Reimbursement Guideline Section: Updated term from Optum level of care to Optum Clinical Criteria |
| August, 2020 | Annual Anniversary Date |
| August, 2019 | Annual Anniversary Date |
| August, 2018 | New |