

Outpatient Family Therapy Reimbursement Policy

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 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.

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

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Applicability

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent and 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 reimbursement policy is to ensure accurate and appropriate claims processing in accordance with industry standards for family psychotherapy services 90846-90849 performed by a licensed physician or other qualified health care professional for all individuals in the session.

Reimbursement Guidelines

The following services align with Optum’s Guidelines/Policies & Manuals - [Optum's Guidelines/Policies & Manuals - Provider Express](#).

Outpatient family psychotherapy services are based upon the following guidelines:

- One family psychotherapy session may be utilized per date of service per family, regardless of the number of eligible family members with a psychiatric and/or substance use disorder diagnosis and are present for the session.

Providers billing any of the CPT family therapy codes (90846, 90847, 90849) on the same date of service for the same family, regardless if they are two separate sessions will not be reimbursed. Optum will only reimburse for one of the family therapy codes per day and any subsequent claims for the same family, on the same date of service with the same provider will be denied.

Please refer to the National Correct Coding Initiative- [National Correct Coding Initiative Reimbursement Policy](#), Maximum Frequency Per Day Reimbursement Policy [Maximum Frequency Per Day](#) for further guidance.

CPT Codes	Description
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (with the patient present), 50 minutes
90849	Multiple Family Group Psychotherapy

Resources

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

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS release and code sets

History / Updates

September, 2023	Annual Anniversary Review; No updates
September, 2022	Annual Anniversary Review; No updates
September, 2021	Annual Anniversary Review; Update reimbursement guideline section
September, 2020	Annual Anniversary Review; No updates
September, 2019	Annual Anniversary Review; No updates
March, 2019	Annual Anniversary Review; No updates
April, 2018	Annual Anniversary Review; No updates
January, 2017	New

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