Outpatient Service Clean Claim Form Submission Reimbursement Policy - Commercial

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*

Applicability

This reimbursement policy applies to all health care services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500), and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. This policy applies to all commercial 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.

Reimbursement Guidelines

Optum aligns with CMS guidelines on outpatient services being rendered by the appropriate certified provider. Optum will not reimburse independently submitted services by a non-contracted, health care practitioner (other than a Physician or Qualified Health Care Professional) who is seeking reimbursement for outpatient services unless a state mandate exists that requires reimbursement, in which case they will be reimbursed pursuant to this policy. For information about the health care-related mandates and laws in your state, contact the appropriate federal or state legislative office.

Optum requires outpatient services be submitted on a CMS1500 to be considered for reimbursement. Claims billed on a UB-04 will be denied and will need to be resubmitted on a CMS 1500 with a CPT or HCPCS code. The list of revenue codes below is a sample of codes considered outpatient services.

Revenue codes that are considered outpatient services should be billed with the associated CPT or HCPC code should be billed on a CMS 1500 claim form
(Note: This list of representative codes is not intended as an exhaustive list of all relevant codes).

Revenue Code	Description
500	Outpatient Services - General
510	Clinic – General
513	Clinic – Psychiatric
515	Clinic – Pediatric
517	Family Practice Clinic
519	Other Clinic
520	Freestand Clinic
521	Clinic Visit by Member to RHC/FQHC
529	Other Freestanding Clinic
780	Telemedicine
900	Behavioral Health Treatments/Services – General
902	Milieu Therapy
903	Play Therapy
904	Activity Therapy
911*	Behavioral Rehabilitation
914	Individual therapy
915	Group Therapy
916	Family Therapy
917	Biofeedback
918	Behavioral Health Testing
919	Behavioral Health Treatments
920	Other Diagnostic Services
942	Education/Training
953	Chemical Dependency
961	Psychiatric
969	Other Professional Fees
982	Professional Fees – Outpatient Services
988	Consultation

***For facility based programs that require billing on a UB-04 use the appropriate program code – example of 905,906, 912,913**

Resources

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

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

History / Updates	
October, 2023	Anniversary review; No updates
October, 2022	Anniversary review; No updates
October, 2021	Anniversary review; No updates
October, 2020	Anniversary review
October, 2019	Anniversary review date change
March, 2019	Annual review
April, 2018	Anniversary review
January 24, 2018	Clarified when supporting documentation is needed
October 19, 2017	Additional revenue codes added (517, 519, 520, 521, 780, 902, 903, 904, 920, 942, 969, 988)
March 28, 2017	New