



## Reimbursement for Mental Health and Substance Use Disorder Treatment Services Integrated with Primary Care Services

OptumHealth Behavioral Solutions of California and United Behavioral Health, doing business under the brand name Optum, has updated its processes to reflect California legislative mandates that require the reimbursement for mental health and substance use disorder treatment services integrated with primary care services.

California Senate Bill (SB) 1320 requires health plans and insurers to establish a process to reimburse providers for mental health and substance use disorder (MH/SUD) treatment services that are integrated with primary care services for contracts/policies issued, amended, or renewed on or after July 1, 2025. The statute permits alignment with applicable Medicare rules or guidance when designing these processes

### What this means for Optum Participating Providers?

#### 1. Behavioral Health Services Integrated with Primary Care—Reimbursed by Optum

If you are a contracted behavioral health provider delivering MH/SUD services that are integrated with a primary care provider (PCP) (e.g., collaborative care, co-located or coordinated models), Optum will reimburse those behavioral health services under the member's behavioral health benefit, consistent with SB 1320. Details on specific billing processes and codes will follow as we finalize procedures permitted under the law.

#### 2. Services Rendered by Primary Care Providers—Bill the Medical Plan

If the service is rendered by a PCP (i.e., performed by the medical practice/clinician) and that service falls under the medical benefit administered by the member's medical plan carrier, then it is the responsibility of the PCP to submit the claim to the medical plan—not to Optum. Claims sent to Optum for services that are the responsibility of the medical carrier will be redirected/denied with guidance to bill the appropriate medical plan.

### Scope & Effective Timing

- Applies to plans/policies issued, amended, or renewed on or after July 1, 2025.
- Applies across health care service plans and disability insurers operating in California.

### Operational Tips

- Check the rendering provider type before submitting:
  - Behavioral provider rendering MH/SUD services within an integrated model → Submit to Optum.
  - Primary care provider rendering services that are part of the medical benefit → Submit to the member's medical carrier.

- Verify the member's effective date and benefit administration (behavioral vs. medical) when services occur near July 1, 2025 or policy renewal cycles.
- Documentation: Maintain clear notes indicating integrated care coordination (e.g., care plans, communication between BH and PCP) to support claims under SB 1320.