



**License Level Reimbursement Policy**

<b>Policy Number</b>	2019RP504A	<b>Annual Approval Date</b>	07/2/2019	<b>Approved By</b>	Optum Behavioral Reimbursement Committee
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**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. This policy replaces prior reimbursement policies or practices related to license level payment methodology for outpatient behavioral health services.*

*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 the 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.*

*\*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 for claims submitted online through the provider portals. This policy applies to non-network physicians and other qualified health care professionals that provide services to members of health benefit plans which are also subject to UnitedHealthcare’s Advance Practice Health Care Provider Policy, Professional or other plans that elect to apply this policy (except as noted below or where superseded by state or federal law). This policy does not apply to fully insured ERISA and fully insured and ASO non-ERISA commercial plans situated in NY.



## Policy

### Overview

The purpose of this reimbursement policy is to ensure accurate and appropriate claims processing in accordance with the Centers for Medicare and Medicaid Services (CMS) guidelines on license level payment methodology for covered outpatient behavioral services.

### Reimbursement Guidelines

Optum applies a reduction to the physician level reimbursement for certain licensed health care professionals consistent with the Centers for Medicare and Medicaid Services (CMS). These reductions are applied to all out-of-network outpatient services. For contracted providers, reimbursement is based on the methodology outlined in your contract.

Eligible Behavioral Health Providers recognized by CMS or Optum include (Note: This list of providers is not intended as an exhaustive list of eligible providers):

- Psychiatrists – 100% of the established % of CMS Rate or prevailing usual and customary rate
- Psychologists – 100% of the established % of CMS Rate or prevailing usual and customary rate
- Clinical nurse specialists – 85% of the established % of CMS Rate or prevailing usual and customary rate
- Nurse practitioners – 85% of the established % of CMS Rate or prevailing usual and customary rate
- Physician assistants – 85% of the established % of CMS Rate or prevailing usual and customary rate
- Licensed clinical social workers – 75% of the established % of CMS Rate or prevailing usual and customary rate

NOTE: The above percentages are subject to change to align with CMS guidelines as new directives are published.

## Questions & Answers

1	<p><b>Q:</b> Does this reimbursement policy apply to contracted network providers?</p> <p><b>A:</b> No. This policy only applies to non-network providers. For contracted providers, reimbursement is based on the methodology outlined specifically in your contract.</p>
2	<p><b>Q:</b> When does the License Level Reimbursement Policy not apply?</p> <p><b>A:</b> This policy does not apply to fully-insured ERISA and fully insured and ASO non-ERISA commercial plans situated in the states of: Maryland, New York, New Jersey, Oregon, and Texas. This policy will not apply to plans that elect to <b>not</b> apply this policy.</p>

## 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
- UnitedHealthcare Company Generic Certificate of Coverage 2001.
- UnitedHealthcare Company Generic Certificate of Coverage 2007.
- UnitedHealthcare Company Generic Certificate of Coverage 2011.
- UnitedHealthcare Company Generic Certificate of Coverage 2018.
- UnitedHealthcare Company Generic Certificate of Coverage 2019
- UnitedHealthcare Company Generic Certificate of Coverage 2020.
- UnitedHealthcare Company Generic Certificate of Coverage 2021.
- UnitedHealthcare Company Generic Certificate of Coverage 2022.



### History / Updates

November, 2022	Updated Preamble Section; Updated Applicability Section; Reimbursement Guidelines Section and Updated Q&A 2
September, 2021	Anniversary Review; added Q&A 1
September, 2020	Anniversary Review
July, 2019	New

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