Optum®

Reimbursement Policy
Policy Number 2019RP504A

License Level 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. 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*

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 situsted in Maryland, New York, New Jersey, Oregon, and Texas.

United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum
U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California

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 CMS-based rate or prevailing usual and customary rates for physicians
- Psychologists –100% of the established CMS-based rate or prevailing usual and customary rates for physicians
- Clinical nurse specialists – 85% of the established CMS-based rate or prevailing usual and customary rates for physicians
- Nurse practitioners – 85% of the established CMS-based rate or prevailing usual and customary rates for physicians
- Physician assistants – 85% of the established CMS-based rate or prevailing usual and customary rates for physicians
- Licensed clinical social workers – 75% of the established CMS-based rate or prevailing usual and customary rates for physicians
- Licensed Marriage and Family Therapists - 75% of the established CMS-based rate or prevailing usual and customary rates for physicians
- Mental Health Counselors (MHC) and Licensed Professional Counselor (LPC) - 75% of the established CMS-based rate or prevailing usual and customary rates for physicians

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

Questions & Answers

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

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 2020
- UnitedHealthcare Company Generic Certificate of Coverage 2021
- UnitedHealthcare Company Generic Certificate of Coverage 2022
- UnitedHealthcare Company Generic Certificate of Coverage 2023

History / Updates	
June, 2025	Anniversary Review; No updates
June, 2024	Updated Reimbursement Guidelines Section
May, 2024	Updated Applicability Section
January, 2024	Updated Reimbursement guidelines section; added additional provider types LMFT, LPC, MFT and MHC
August, 2023	Anniversary Review; no 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