



B Bundle Codes 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 all health care services billed on CMS 1500 forms and to electronic claim submissions (i.e., 837p) and for claims submitted online through provider portals. This policy applies to all commercial, Medicare products and Individual Exchange Benefit plans in all states except Mississippi and all network and non-network physicians and other qualified health care professional. Including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy	
Overview	
This document articulates Optum's Behavioral Health policy regarding reimbursement to physicians or other health care professionals for codes which are assigned a status code "B" according to the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS) Relative Value File.	
Reimbursement Guidelines	
All codes published on the NPFS Relative Value File are assigned a status code. The status code indicates whether the code is separately payable if the service is covered. Per the public use file that accompanies the NPFS Relative Value File, the following is stated for status code "B": "Payment for covered services are always bundled into payment for other services not specified. If RVUs are shown, they are not used for Medicare payment. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident." Consistent with CMS, Optum Behavioral Health will not separately reimburse for specific Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes assigned a status code "B" on the NPFS Relative Value File indicating a bundled procedure. B Bundle Codes are not reimbursable services regardless of whether they are billed alone or in conjunction with other services. The codes which Optum Behavioral Health has included in this policy (for which separate reimbursement is not made) can be found in the code section below.	
Questions & Answers	
Q: Will Optum Behavioral Health reimburse a B Bundle Code if a modifier is appended? A: No, B Bundle codes are not reimbursable with or without a modifier.	
Codes that are assigned status code "B" Bundle and not separately reimbursable (Note: This list of representative codes is not intended as exhaustive of all relevant codes.)	
Codes	Description
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers
99072	Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other nonfacility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease
Resources	
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services	



**Reimbursement Policy
Policy Number 2017RP202A**

- Centers for Medicare and Medicaid Services, Place of Service Code Set

History / Updates	
November, 2024	Anniversary review; Updated Applicability Section
November, 2023	Anniversary review; No updates
November, 2022	Anniversary review; No updates
November, 2021	Anniversary review; No updates
December, 2020	New Policy

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