Non-Reimbursable HCPCS Codes Reimbursement Policy					
Policy Number	2017RP511A	**Annual Approval Date**	6/27/2017	**Approved By**	Optum Behavioral Reimbursement Committee

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 UTHealth 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 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. 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.

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Policy

Overview

The purpose of this reimbursement policy is to ensure accurate and appropriate claims processing in accordance with industry standards.

Professional services are identified with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and International Classification of Diseases, 10th Revision, Clinical Modifications (ICD-10-CM). These codes enable the accurate identification of the service or procedure.

Reimbursement Guidelines

The inclusion of the code in CPT, HCPCS, or ICD-10 does not imply that it is covered or reimbursable. For Commercial benefit plans, the list HCPCS codes below are not considered for reimbursement. In order for services to be considered for reimbursement, claims will need to be submitted with the appropriate revenue or CPT code.

Codes not eligible for reimbursement (Note: This list of representative codes and is not intended as exhaustive of all relevant codes.)

HCPCS Code	Description
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes
H0001	Alcohol and/or drug assessment
H0002	Behavioral health screening to determine eligibility for admission to treatment program
H0004	Behavioral health counseling and therapy, per 15 minutes
H0005	Alcohol and/or drug services; group counseling by a clinician
H0007	Alcohol and/or drug services; crisis intervention (outpatient)
H0008	Alcohol and/or drug services; sub-acute detoxification (hospital inpatient)
H0009	Alcohol and/or drug services; acute detoxification (hospital inpatient)
H0010	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)
H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)
H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)
H0014	Alcohol and/or drug services; ambulatory detoxification
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem
H0032	Mental health service plan development by non-physician
H0034	Medication training and support, per 15 minutes
H0035	Mental health partial hospitalization, treatment, less than 24 hours
H0046	Mental health services, not otherwise specified
H0049	Alcohol and/or drug screening
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes
H2010	Comprehensive medication services, per 15 minutes
H2011	Crisis intervention service, per 15 minutes
H2012	Behavioral health day treatment, per hour
H2013	Psychiatric health facility service, per diem

H2014	Skills training and development, per 15 minutes
H2020*	Therapeutic behavioral services, per diem
H2035	Alcohol and/or other drug treatment program, per hour
H2036*	Alcohol and/or other drug treatment program, per diem
S0201	Partial hospitalization services, less than 24 hours, per diem
S9123	Nursing care in home registered nurse
S9127	Social work visit, in the home
S9480	Intensive outpatient psychiatric
S9482	Family stabilization 15 min
T1006	Alcohol and/or substance abuse services, family/couple counseling
T1012	Alcohol and/or substance abuse services, skills development (contract only)
T1021	Home health aide or certified nurse assistant per visit
T1024	Team evaluation & management
T1027	Family training and counseling for child development, per 15 minutes
T1030	Register nurse home care per diem

*__H2020__ and __H2036__ may only be used for contracted providers and requires prior authorization

Resources

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

History / Updates	
July, 2022	Annual review;Updated HCPCs Code table
June, 2021	Annual review; Updates Reimbursement Guidelines Section
July, 2020	Annual review; Added Note to H2036
March, 2019	Annual review
April, 2018	Annual review
June, 2017	New