Non Covered HCPCS Codes Reimbursement Policy					
Policy Number	2017RP506A	**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 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.

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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 or its successor form. This policy applies to 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.

Policy

Overview

The purpose of this reimbursement policy is to define services that do not meet the definition of a covered health service.

Reimbursement Guidelines

Benefit Document Language

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage.

Benefit Limitations and Exclusions

For additional information, please see the member specific benefit plan document

- Services that do not meet the definition of a Covered Health Service are excluded.
- Services that are not listed in the member specific benefit plan document as a Covered Health Service and do not meet the definition of a Covered Health Service are excluded.
- The lack of a specific exclusion that excludes coverage for a service does not imply that the service is covered.

Covered Health Service(s) 2001: Those health services provided for the purpose of preventing, diagnosing or treating a Sickness, Injury, mental illness, substance abuse, or their symptoms. A Covered Health Service is a health care service or supply described in *Section 1: What's Covered – Benefits as a Covered Health Service, which is not excluded under Section 2: What's Not Covered – Exclusions.*

Covered Health Service(s) 2007: Those health services, including services, supplies, or Pharmaceutical Products, which we determine to be all of the following:

- Provided for the purpose of preventing, diagnosing or treating a Sickness, Injury, mental illness, substance abuse, or their symptoms.
- Consistent with nationally recognized scientific evidence as available, and prevailing medical standards and clinical guidelines as described below.
- Not provided for the convenience of the Covered Person, Physician, facility or any other person.
- Described in this Certificate of Coverage under Section 1: Covered Health Services and in the Schedule of Benefits.
- Not otherwise excluded in this Certificate of Coverage under *Section 2: Exclusions and Limitations*.

In applying the above definition, "scientific evidence" and "prevailing medical standards" shall have the following meanings:

- "Scientific evidence" means the results of controlled clinical trials or other studies published in peer-reviewed, medical literature generally recognized by the relevant medical specialty community.
- "Prevailing medical standards and clinical guidelines" means nationally recognized professional standards of care including, but not limited to, national consensus statements, nationally recognized clinical guidelines, and national specialty society guidelines.

We maintain clinical protocols that describe the scientific evidence, prevailing medical standards and clinical guidelines supporting our determinations regarding specific services. These clinical protocols (as revised from time to time), are available to Covered Persons on Live and Work Well or by calling Customer Care at the telephone number on your ID card, and to Physicians and other health care professionals on UnitedHealthcareOnline.

Covered Health Service(s) 2011: Those health services, including services, supplies, or Pharmaceutical Products, which we

determine to be all of the following:

- Medically Necessary
- Described as a Covered Health Service in this Certificate under Section 1: Covered Health Services *and in the* Schedule of Benefits.
- Not otherwise excluded in this Certificate under *Section 2: Exclusions and Limitations*.

The following are examples of services that may be inconsistent with benefit coverage.

HCPC Codes that are not covered (Note: This list of representative codes and is not intended as exhaustive of all relevant codes.)

HCPCS Code	Description
A0080	Nonemergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested
A0090	Nonemergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested
A0100	Nonemergency transportation; taxi
A0110	Nonemergency transportation and bus, intra- or interstate carrier
A0140	Nonemergency transportation and air travel (private or commercial) intra- or interstate
A0160	Nonemergency transportation: per mile - caseworker or social worker
A0170	Transportation ancillary: parking fees, tolls, other
A0180	Nonemergency transportation: ancillary: lodging-recipient
A0190	Nonemergency transportation: ancillary: meals, recipient
A0200	Nonemergency transportation: ancillary: lodging, escort
A9270	Non covered item or service
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)
G0409	Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF-qualified social worker or psychologist in a CORF)
G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes
G0411	Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes
G2067 – G2080	Opioid treatment program services codes
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs
H0006	Alcohol and/or drug services; case management
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)
H0021	Alcohol and/or drug training service (for staff and personnel not employed by providers)
H0022	Alcohol and/or drug intervention service (planned facilitation) – An intervention
H0023	Behavioral health outreach service (planned approach to reach a targeted population)
H0024	Behavioral health prevention information dissemination service (one-way direct or non direct contact with service audiences to affect knowledge and attitude)
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)
H0026	Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)
H0027	Alcohol and/or drug prevention environmental service (broad range of external activities geared toward

	modifying systems in order to mainstream prevention through policy and law)
H0028	Alcohol and/or drug prevention problem identification and referral service (e.g., student assistance and employee assistance programs), does not include assessment
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g., alcohol free social events)
H0030	Behavioral health hotline service (unless contracted and authorized – plan specific)
H0033*	Oral medication administration, direct observation
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes
H0037	Community psychiatric supportive treatment program, per diem
H0038	Self-help/peer services, per 15 minutes (unless contracted and authorized – plan specific)
H0039	Assertive community treatment, face-to-face, per 15 minutes
H0040	Assertive community treatment program, per diem
H0041	Foster care, child, nontherapeutic, per diem
H0042	Foster care, child, nontherapeutic, per month
H0043	Supported housing, per diem (unless contracted and authorized – plan specific)
H0044	Supported housing, per month (unless contracted and authorized – plan specific)
H0045	Respite care services, not in the home, per diem
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood
H1000	Prenatal care, at-risk assessment
H1001	Prenatal care, at-risk enhanced service; antepartum management
H1002	Prenatal care, at risk enhanced service; care coordination
H1003	Prenatal care, at-risk enhanced service; education
H1004	Prenatal care, at-risk enhanced service; follow-up home visit
H1005	Prenatal care, at-risk enhanced service package (includes H1001-H1004)
H1010	Nonmedical family planning education, per session
H1011	Family assessment by licensed behavioral health professional for state defined purposes
H2000	Supported employment, per 15 minutes
H2001	Rehabilitation program, per 1/2 day
H2015	Comprehensive community support services, per 15 minutes
H2016	Comprehensive community support services, per diem
H2017	Psychosocial rehabilitation services, per 15 minutes
H2018	Psychosocial rehabilitation services, per diem
H2021	Community-based wrap-around services, per 15 minutes
H2022	Community-based wrap-around services, per diem
H2023	Supported employment, per 15 minutes
H2024	Supported employment, per diem
H2025	Ongoing support to maintain employment, per 15 minutes
H2026	Ongoing support to maintain employment, per diem
H2027	Psychoeducational service, per 15 minutes
H2028	Sexual offender treatment service, per 15 minutes
H2029	Sexual offender treatment service, per diem
H2030	Mental health clubhouse services, per 15 minutes
H2031	Mental health clubhouse services, per diem
H2032	Activity therapy, per 15 minutes
H2033	Multi systemic therapy for juveniles, per 15 minutes
H2034	Alcohol and/or drug abuse halfway house services, per diem (unless contracted and authorized – plan specific)
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes
S0221	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community
S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purpose

S5140	Foster Care Adult, per diem
S5141	Foster Care Adult
S5145	MH Foster Care, Crisis Shelter, Therapeutic, per diem
S5150	Unskilled Respite Care
S8940	Equestrian/hippotherapy, per session
S9445	Patient education not otherwise classified, individual
S9446	Patient education not otherwise classified, group
S9447	Infant safety class
S9449	Weight management class
S9454	Stress management class
T1005	MHSA Respite Care (unless contracted and authorized – plan specific)
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification
T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services
T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)
T1013	MHSA Interpretive Services
T1015	Clinic visit/encounter, all-inclusive (unless Mandated - State specific Indian reservations)
T1016	Case management
T1017	Targeted case management, each 15 minutes
T1018	School-based individualized education program (IEP) service bundled
T1019	Personal care services per 15 min
T1020	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)
T1022	Contracted services per day
T1023	Program intake assessment
T1025	Pediatric comprehensive care package, per diem
T1026	Pediatric comprehensive care package, per hour
T1028	Home environment assessment (unless contracted and authorized – plan specific)
T1029	Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling
T1503	Administration of medication, other than oral and/or injectable, by a health care agency/professional, per visit
T2001	Non-emergency transportation; patient attendant/escort
T2002	Non-emergency transportation; per diem service
T2003	Non-emergency transportation; encounter/trip
T2004	Non-emergency transportation; commercial carrier, multi-pass
T2005	Non-emergency transportation; stretcher van
T2007	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments
T2022	Case management, per month
T2023	Targeted case management, per month Targeted case management, per month Targeted case management, per month
T2024	Service Assessment/plan of care development/waiver
T2025	Waiver of services; not otherwise specified (NOS)
T2026	Specialized childcare, waiver; per diem
T2027	Specialized childcare, waiver; per 15 minutes
T2028	Specialized supply; not otherwise specified, waiver
T2029	Specialized medical equipment, not otherwise specified, waiver
T2030	Assisted living; waiver; per month
T2031	Assisted living; waiver, per diem
T2032	Residential care, not otherwise specified (NOS), waiver; per month
T2033	Residential care, not otherwise specified (NOS), waiver; per diem

T2034	Crisis intervention, waiver; per diem
T2035	Utility services to support medical equipment and assistive technology/devices, waiver
T2036	Therapeutic camping, overnight, waiver; each session
T2037	Therapeutic camping, day, waiver; each session
T2038	Community transition, waiver; per service
T2039	Vehicle modifications, waiver; per service
T2040	Financial management, self-directed, waiver; per 15 minutes
T2041	Supports brokerage, self-directed, waiver; per 15 minutes
T2048	Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem
T2049	Non-emergency transportation; stretcher van, mileage; per mile
*Code may be used for MAT (Medication Assisted Treatment) services only and requires prior authorization	

Resources
UnitedHealthcare Company Generic Certificate of Coverage 2001.
UnitedHealtFhcare 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.

History / Updates	
June, 2020	Clarification on H0033; Removed G0469 & G0470
March, 2020	Added G2067-G2080
July, 2019	Language review and annual review
March, 2019	Annual review
April, 2018	Annual review
March 15, 2017	New