



Incident to Billing Reimbursement Policy

Policy Number	2017RP507A	Annual Approval Date	5/3/2017	Approved By	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.

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, 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 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 ensure accurate and appropriate claims processing in accordance with industry standards.

Reimbursement Guidelines

Incident-to billing is a specific method of billing developed by the Center for Medicare and Medicaid Services (CMS). Under Incident-to billing, outpatient services by a non-physician practitioner (such as a nurse practitioner (NP), physician assistant (PA),



certified nurse midwife (CNM), or other types of auxiliary personnel) may be billed under the physician’s name and provider ID as if the physician personally performed the service.

Optum does not recognize or allow incident-to billing unless required by State Medicaid or Federal regulations. Additionally, Optum does not allow incident to billing for commercial plans. Practitioners must bill under their own name and provider identification (NPI, TIN). Claims that are submitted and do not follow this guideline will be will denied.

Resources

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

History / Updates

March, 2020	Annual review
March, 2019	Annual review
April, 2018	Annual review
May, 2017	New

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