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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Reimbursement Guidelines

MFD Determination:

The following criteria are first used to determine the MFD values for codes to which these criteria are applicable:

- The Centers for Medicare and Medicaid Services (CMS) Medically Unlikely Edit (MUE) value, where available, may be utilized to establish an MFD value, including unlisted codes.
- Where the CPT or HCPCS code description/verbiage references reporting the code once per day, the MFD value is 1.
- The CPT or HCPCS code description/verbiage indicates the number of times the service can be performed, in which case the MFD value is set at that value.
- Where no other definitive value has been established based on the criteria above, unlisted CPT and HCPCS codes will have an MFD value of 999 which indicates they bypass from the MFD policy.
- Where no other definitive value has been established based on the criteria above, new CPT codes released by the American Medical Association and new HCPCS codes released by CMS which are not covered by any of the above criteria, will have an MFD value of 100.

Reimbursement:

The MFD values apply whether a physician or other qualified health care professional submits one CPT or HCPCS code with multiple units on a single claim line or multiple claim lines with one or more unit(s) on each line. It is common coding practice for some CPT and HCPCS codes to be submitted with multiple units. However, when reporting the same CPT or HCPCS code on multiple and/or separate claim lines, the claim line may be classified as a duplicate service.

Services provided are reimbursable services up to and including the MFD value for an individual CPT or HCPCS code. In some instances, a modifier may be necessary for correct coding and corresponding reimbursement purposes.

There may be situations where a physician or other qualified health care professional reports units accurately and those units exceed the established MFD value. In such cases, Optum will consider additional reimbursement if reported with an appropriate modifier such as modifier 59, XE, or XU. Medical records are not required to be submitted with the claim when modifiers 59, XE, or XU are appropriately reported. Documentation within the medical record should reflect the number of units being reported and should support the use of the modifier.

Medically Unlikely Edit (MUE) Adjudication Indicator (MAI) 2

CMS has identified CPT/HCPCS codes where the units of service (UOS) on the same date of service in excess of the MUE value would be considered impossible because it is contrary to statute, regulation or sub-regulatory guidance. Therefore, Optum will not allow units in excess of the MFD value to be reimbursed for CPT/HCPCS codes assigned an MAI indicator of “2”. Per CMS guidelines, no modifier override will be allowed.
## Questions and Answers

<table>
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<tr>
<th></th>
<th>Q: Will Optum allow more than 1 unit for a CPT or HCPCS code with “per diem” or “per day” in the code description?</th>
<th>A: Optum will allow 1 unit of a procedure code with “per diem” or “per day” or other verbiage describing once daily in the code description.</th>
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<tr>
<td>1</td>
<td>Q: Why are many new CPT and HCPCS codes set at an MFD value of 100?</td>
<td>A: There is no CMS MUE value, data or previous claim history for new codes. Setting the MFD value at 100 allows claims to be processed and prevents most overpayments from occurring due to billing errors and data entry errors. Once there is a CMS MUE value or claims data available on a code, the MFD value will be established based on the hierarchy of the Reimbursement Guidelines MFD Determination listed above.</td>
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## Resources

- [www.cms.gov](http://www.cms.gov)
- CMS NCCI Medically Unlikely Edits
- Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

## History / Updates

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<td>Anniversary Review</td>
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