



Nonphysician Health Care Professionals Billing Evaluation and Management Codes Policy, Professional

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 all health care services billed on CMS 1500 forms and 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 and Medicare 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

This policy describes reimbursement for Evaluation and Management (E/M) services (CPT codes 99202-99499) reported by nonphysician health care professionals.

Reimbursement Guidelines

The *Current Procedural Terminology* (CPT®) book has specific guidelines that give the following instruction: "Select the name of the procedure or service that accurately identifies the service performed."



The National Correct Coding Initiative Policy Manual gives the following instruction: "Procedures should be reported with the most comprehensive CPT code that describes the services performed."

CPT guidance instructs that E/M (CPT codes 99202-99499) should only be reported by Physicians or other qualified health care professionals. In accordance with CMS guidelines, the only qualified health care professionals that may report E/M services are nurse practitioners (NP), clinical nurse specialists (CNS), Psychiatrists and Physician assistants (PA), none of which are considered nonphysician health care professionals for purposes of this policy.

Optum will not reimburse E/M services (CPT codes 99202-99499) when reported by nonphysician health care professionals reporting under their own individual or group tax identification number (TIN). For purposes of this policy, the specialties that are considered nonphysician health care professionals are listed below. Please note not all the provider types listed below provide behavioral health services.

Nonphysician Healthcare Professionals

Addiction Medicine Specialist	Athletic Trainer Group
Audiology	Behavioral Analyst - Autism Program
Case Management	Certified Diabetic Educator
Child Psychology	Christian Science Practitioner
Counselor, Alcohol & Drug	Crisis Diversion
Doctor of Naprapathy	Early Intervention
Employee Assistance Program (EAP) Counselor	Genetic Counselor
Hearing Instrument Specialist	Home Health Aide
Home Health Care Agency	Home Health/Home Infusion/Home IV Therapy
Home Health/Private Duty Nurse	Homemaker Aide
Homeopathic Medicine	Lactation Specialist
Licensed Professional Counselor (LPC)	Licensed Vocational Nurse
Marriage & Family Therapy/Licensed Marriage & Family Therapy	Massage Therapy
Mental Health Counselor	Neuropsychology
Master of Social Work	Nurse, Registered
Nurse, Licensed Practical	Optician
Nutritionist (Registered Dietician)	Pastoral Counselor
Other Mental Health	Psychiatric Social Work
Pediatric Nutrition	Psychology, Clinical (Doctor of Psychology) (CP)
Psychoanalyst	Social Worker, Licensed Clinical/Medical
Social Worker (Registered Social Worker)	Substance Abuse Services, Alcohol & Drug
Social Worker, Marriage & Family	Visiting Nurse
Surgical Technician	
Waiver Nursing	

There is a wide variety of CPT and Healthcare Common Procedure Coding System (HCPCS) codes that specifically and accurately identify and describe the services and procedures performed by nonphysician health care professionals.

Definitions



Physician	A Doctor of Medicine (MD) or Doctor of Osteopathy (DO)
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Questions & Answers	
1	<p>Q: Is it appropriate for Licensed Professional Counselors (LPC), Licensed Clinical Social Workers (LCSW) , Licensed Mental Health Counselors (LMHC), Licensed Marriage Family Therapists (LMFT), Mental Health Counselor (MHC) or Clinical Psychologists (CPs) to bill for or E&M codes (99202-99499)?</p> <p>A: No. LPC, LCSW, LMHC, LMFT, MHCs or CPs should not report these services because they are nonphysician health care professionals.</p>

Resources
American Medical Association, <i>Current Procedural Terminology (CPT®)</i> and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

History / Updates	
April, 2024	Anniversary Review; No Updates
January, 2024	Added additional provider type MHC
May, 2023	New Policy.

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