

**Outpatient Services Rendered Under Supervision - Commercial****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 policy applies to all outpatient healthcare services rendered under supervision, billed on CMS 1500 form and to electronic claim submissions (i.e., 837p) and for claims submitted online through provider portals for commercial line of business.

Please note this policy does not apply to ABA services. Please refer to the ABA reimbursement policy for further guidance: [Autism/Applied Behavior Analysis \(ABA\) Reimbursement Policy](#).

This policy may not apply to state mandated services with existing modifier requirements.

**Policy****Overview**

This policy describes Optum's guidelines for reimbursement of services rendered by unlicensed practitioners working towards clinical licensure or other practitioners not eligible to practice independently, as governed by state licensing and scope of practice rules and regulations.

**Reimbursement Guidelines**

Effective 10/1/2024 For providers in California, Colorado, Iowa, and Massachusetts, Optum will reimburse for services rendered by unlicensed practitioners working towards clinical licensure or other practitioners not eligible to practice independently, as

governed by state licensing and scope of practice rules and regulations. Additionally, in all other states Optum will reimburse for such services if they were previously approved per the terms of the provider's participation agreement.

For services rendered under supervision by unlicensed practitioners working towards clinical licensure or other practitioners not eligible to practice independently to be eligible for reimbursement where allowed above, the following requirements **must** be present on the CMS 1500 Claim Form or its electronic equivalent (837p):

- **U5 modifier** required for each service rendered under supervision in order to identify supervisory outpatient services that are performed.
- Legible identity with credentials of fully independent Optum credentialed provider, along with their Tax ID and National Provider Identification (NPI) on the claim identifying appropriate supervision of the non-licensed clinical supervisee.

Please refer to the Outpatient Services Rendered under Supervision [Billing QRG](#) for further billing guidance.

### Questions & Answers

<b>1</b>	<p><b>Q.</b> Are Out of Network(OON) providers allowed to provide outpatient services rendered under supervision and be considered for reimbursement?</p> <p><b>A.</b> OON providers are only allowed to bill for outpatient services rendered under supervision in the states of CA, CO, IA, and MA and where state mandates apply.</p>
<b>2</b>	<p><b>Q.</b> Will Optum reimburse for services rendered under supervision by unlicensed practitioners working towards clinical licensure or other practitioners not eligible to practice independently to members enrolled in Medicare Advantage plans?</p> <p><b>A.</b> Optum will not reimburse for these outpatient services rendered under supervision unless required to do so pursuant to federal rules and regulations governing Medicare Advantage benefit plans..<a href="#">Medicare Incident to Bill</a></p>
<b>3</b>	<p><b>Q.</b> Will Optum reimburse for services rendered under supervision by unlicensed practitioners working towards clinical licensure or other practitioners not eligible to practice independently to members enrolled in Medicaid and CHIP benefit plans?</p> <p><b>A.</b> For providers participating in one or more networks administered by Optum for Medicaid and CHIP benefit plans, Optum will reimburse for these outpatient services rendered under supervision in accordance with the rules and regulations governing Medicaid and CHIP benefit plans of the state in which the services were rendered.</p>

### Resources

California Code, Health and Safety Code - HSC § 1374.72  
 Colo. Rev. Stat. § 12-245-222(2)  
 § 4 CCR 737-1, Code of Colorado Regulations  
 Iowa Code § 514C.32  
 MA DOI - Commonwealth of Massachusetts Bulletin 2023-03 – Clinicians Working Toward Licensure and Practicing under Supervision of Licensed Professional  
 MA Regulatory Authority 258 CMR 12.00: M.G.L. c. 13, § 84 Board of Registration of Social workers

### History / Updates

October, 2024	New Policy Implemented
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