

Behavioral Health – Division of Financial Responsibilities

Policy

Behavioral health care services are covered through an arrangement with United Behavioral Health (UBH), operating under the brand Optum. Harvard Pilgrim and United Behavioral Health have identified some situations in which the delivery of care contains both medical and behavioral health services. This policy outlines the division of financial responsibilities when mixed services are rendered.

Policy Definition

Behavioral Health Care Service, for the purposes of this document, means an inpatient, outpatient or day treatment service provided by a behavioral health provider for a mental health or substance use disorder, including alcoholism or drug addiction.

Medical Service, for the purposes of this document, means an inpatient, outpatient or day treatment service provided by a health care provider for an illness or injury not related to behavioral health care.

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to [Referral, Notification and Authorization](#) for more information.

HMO/POS/PPO

United Behavioral Health/Optum prior authorization is required for all inpatient and some outpatient behavioral health care services (In the event of a behavioral health crisis, no prior authorization from United Behavioral Health/Optum required for the initial emergency department evaluation and treatment; refer to [Behavioral Health Care Authorization](#) for specific requirements.)

Open Access HMO and POS

For [Open Access HMO and Open Access POS](#) products, no referral is required to see a contracted specialist.

Reimbursement¹

Determining Financial Responsibility

This chart is a guide to determine financial responsibility when submitting claims. It is provided for reference only and is not a guarantee of payment nor is it meant to include every possible situation.

For Inpatient Stays

- Medical services that are unrelated to the United Behavioral Health/Optum per diem, United Behavioral Health/Optum will forward the charges to Harvard Pilgrim for processing.
- Behavioral health services that are unrelated to the Harvard Pilgrim per diem, Harvard Pilgrim will forward the charges to United Behavioral Health/Optum for processing.

For Facility-Based Behavioral Health Program Services

- Separate reimbursement is not provided for services identified as integral components of Facility-Based Treatment Programs (i.e., ancillary services, supplies, clinical laboratory testing, including drug testing).

Type of Claim	Submit to UBH/Optum	Submit to HPHC
Ambulance and related charges <ul style="list-style-type: none"> • Patient transfer to receive behavioral health services 		✓
<ul style="list-style-type: none"> • Patient transfer to receive medical services only 		✓

PAYMENT POLICIES

Type of Claim	Submit to UBH/Optum	Submit to HPHC
Anesthesiology <ul style="list-style-type: none"> All medical diagnostic exams resulting from findings in pre-ECT work-up 		✓
Autism and pervasive developmental disorders <ul style="list-style-type: none"> Psychiatric assessment/medication management Treatment of comorbid psychiatric conditions All facility fees for services rendered in an acute inpatient psychiatric setting Professional behavioral health fees for services rendered in a psychiatric setting Family therapy Psychological assessment and testing 	✓	
<ul style="list-style-type: none"> Medical and neurological work-up, genetic testing, imaging and laboratory studies Speech, occupational and physical therapy All facility fees for services rendered in an acute inpatient medical setting Professional medical fees for services rendered in a psychiatric setting 		✓
Behavioral health care services only <ul style="list-style-type: none"> When the primary and/or secondary diagnosis indicates behavioral health care 	✓	
<ul style="list-style-type: none"> Medical, neurological and cognitive rehabilitation services including physical therapy, occupational therapy, and speech therapy 		✓
Behavioral health care — inpatient admission requiring concomitant medical services <ul style="list-style-type: none"> All facility fees for services rendered in an acute inpatient psychiatric setting Professional behavioral health fees for services rendered in a psychiatric setting History and physical, including chest x-rays 	✓	
<ul style="list-style-type: none"> All other medical services or consultations not covered in the behavioral health per diem 		✓
Brain injury or neurological disease treatment <ul style="list-style-type: none"> Neuropsychological testing, when the member has a psychiatric diagnosis, or when the purpose of testing is to resolve a question of differential diagnosis when one of the possible diagnoses is a covered behavioral health diagnosis (e.g., dementia vs. depression) 	✓	
Concussive brain injury <ul style="list-style-type: none"> Computer assisted neuropsychological testing when performed by Harvard Pilgrim approved providers, for members that have sustained a concussive head injury 		✓
<ul style="list-style-type: none"> Medical, neurological and cognitive rehabilitation services including physical therapy, occupational therapy, and speech therapy 		✓

PAYMENT POLICIES

Type of Claim	Submit to UBH/Optum	Submit to HPHC
Delirium <ul style="list-style-type: none"> Psychiatric evaluation and consultation 	✓	
<ul style="list-style-type: none"> All medical services to diagnose and treat any underlying medical disorder 		✓
Dementia — medically-focused care <ul style="list-style-type: none"> Psychiatric evaluation and consultation 	✓	
<ul style="list-style-type: none"> All facility fees for services rendered in a medical or medical/psychiatric setting when the primary focus of care is medical Professional medical fees for services rendered in a medical or medical/psychiatric setting when the primary focus of care is medical 		✓
Dementia — psychiatric treatment-focused care <ul style="list-style-type: none"> All facility fees for services rendered in a psychiatric or medical/psychiatric setting when the primary focus of care is psychiatric Professional behavioral health fees for services rendered in a psychiatric or medical/psychiatric setting when the primary focus of care is psychiatric 	✓	
<ul style="list-style-type: none"> All facility fees for services rendered in a psychiatric or medical/psychiatric setting when the primary focus of care is medical Professional behavioral health fees for services rendered in a psychiatric or medical/psychiatric setting when the primary focus of care is medical Medical consultations and cost for treatment of non-behavioral health conditions not covered in the behavioral health per diem 		✓
Detoxification <ul style="list-style-type: none"> All facility fees for services rendered in a psychiatric or medical/psychiatric setting Behavioral health professional fees for services rendered in a psychiatric or medical/psychiatric setting 	✓	
<ul style="list-style-type: none"> Professional medical fees in a medical or med/psychiatric setting when the primary attending is a non-behavioral health physician (i.e., internist) Emergency department services that do not result in an authorized behavioral health admission at the same facility Emergency department charges that include observation services for behavioral health monitoring 		✓
Eating disorders <ul style="list-style-type: none"> All facility fees for services, except medical consultation, rendered in a psychiatric or medical/psychiatric setting when the primary focus of care is psychiatric Professional behavioral health fees for services rendered in a psychiatric or medical/psychiatric setting when the primary focus of care is psychiatric Professional behavioral health fees for psychiatric evaluation rendered in a medical setting when the primary focus is medical 	✓	

PAYMENT POLICIES

Type of Claim	Submit to UBH/Optum	Submit to HPHC
<ul style="list-style-type: none"> All facility fees for services rendered in a medical setting when the primary focus of care is medical Professional medical fees, except psychiatric consultation, for services rendered in a medical setting when the primary focus of care is medical Medical consultation and costs for medical complications not included in the behavioral health per diem Outpatient nutritional counseling 		✓
Electro-convulsive therapy (ECT) <ul style="list-style-type: none"> All facility fees, pre-ECT work-up and professional behavioral health fees 	✓	
Emergency department services that result in an authorized inpatient behavioral health admission at the same facility <ul style="list-style-type: none"> All emergency department charges including observation beds/services 	✓	
Emergency department services that do not result in an authorized inpatient behavioral health admission at the same facility <ul style="list-style-type: none"> Emergency department charges that include observation services for behavioral health monitoring 		✓
Injectable medication treatment for psychiatric disorders <ul style="list-style-type: none"> Professional behavioral health fees for injectable medication administration services 	✓	
<ul style="list-style-type: none"> All medication charges All other fees related to the injectable medication administration services 		✓
Laboratory testing related to treatment of a behavioral health condition <ul style="list-style-type: none"> All charges for inpatient laboratory services ordered by a behavioral health provider as part of the per diem charge 	✓	
<ul style="list-style-type: none"> All outpatient laboratory services (excluding testing which is identified as an integral component of certain Facility-Based or Residential Treatment Programs) 		✓
Psychiatric consultation and evaluation related to inpatient medical admission <ul style="list-style-type: none"> Psychiatric consultation and evaluation 	✓	
<ul style="list-style-type: none"> All medical services 		✓
Psychological testing <ul style="list-style-type: none"> Neuropsychological testing, when the member has a psychiatric diagnosis, or when the purpose of testing is to resolve a question of differential diagnosis when one of the possible diagnoses is a covered behavioral health diagnosis (e.g., dementia vs. depression) 	✓	
<ul style="list-style-type: none"> Professional medical fees submitted by a neurologist or pediatric neurologist for a medical condition 		✓

Provider Billing Guidelines and Documentation

Mixed Services Claims Submission

It is necessary to identify the primary focus of care to determine where to submit claims that contain both medical and behavioral services.

- Claims that contain mixed services with medical health as the primary focus of care are submitted to Harvard Pilgrim.
- Claims that contain mixed services with behavioral health as the primary focus of care are submitted to United Behavioral Health/Optum.

Misdirected and Mixed Services Claims

Commercial Claims

The following chart shows how commercial claims (i.e., HMO, POS, PPO, Medicare Enhance) are handled if misdirected or if part of a mixed service claim.

Type of Service	If sent to UBH	If sent to HPHC
Behavioral Health Only — Claim does not contain any medical services — submit to UBH/Optum	N/A	HPHC will deny the claim with an explanation of payment indicating that UBH/Optum must be billed
Medical Health Only — Claim does not contain any behavioral services — submit to HPHC	UBH/Optum will deny the claim with an explanation of payment indicating that HPHC must be billed	N/A
Inpatient Medical & Behavioral Mixed Services and ECT — Claim contains both medical and behavioral services — submit to HPHC or UBH/Optum based on the primary focus of care	UBH/Optum will reimburse all appropriate behavioral health services covered under the member's benefit plan; the medical services will be forwarded to HPHC for processing	HPHC will reimburse all appropriate medical services covered under the member's benefit plan
Outpatient Medical & Behavioral Mixed Services — Claim contains both medical and behavioral services — submit to HPHC or UBH/Optum based on the primary focus of care	UBH/Optum will reimburse all appropriate behavioral health services covered under the member's plan; all medical services will be denied with an explanation of payment indicating that HPHC must be billed	HPHC will reimburse all appropriate medical services covered under the member's plan; all behavioral health services will be denied with an explanation of payment indicating that UBH/Optum must be billed

Receipt Date

- If United Behavioral Health/Optum must forward a medical claim to Harvard Pilgrim, the receipt date is the date on which United Behavioral Health/Optum receives the claim.
- If a claim is denied by United Behavioral Health/Optum with an explanation of payment indicating that Harvard Pilgrim must be billed, the receipt date is the date the claim is accepted by Harvard Pilgrim.

Resources

For Providers

Behavioral Health Access Center — authorization, eligibility, and benefit information	888-777-4742
United Behavioral Health Help Line — for claims and provider network management	800-716-1166
United Behavioral Health Web Site Support Line	800-218-1029
Physician Consultation Services	800-292-2922
Harvard Pilgrim Health Care <i>Provider Manual</i>	www.harvardpilgrim.org/providers
United Behavioral Health Web Site	www.providerexpress.com

For Members

Behavioral Health Access Center — HMO, POS, PPO, Medicare Enhance only	888-777-4742
Harvard Pilgrim Health Care — for medical health plan	800-708-4414
United Behavioral Health Member Web Site	www.liveandworkwell.com

Related Policies
Payment Policies

- Urine Drug Testing

Clinical Policies

- Behavioral Health Care Authorization and Notification
- Formulas and Enteral Nutrition Medical Review Criteria
- Molecular Diagnostic Management (AIM) Medical Review Criteria

Authorization/Notification Policies

- Prior Authorization
- Emergency Department/Urgent Admission
- Notification Policy

PUBLICATION HISTORY

01/31/05	original documentation
03/30/08	added computer assisted neuropsychological testing for members who have sustained a concussive injury
07/15/09	annual review; clarified emergency department charges — include observation bed/services
06/15/10	annual review; minor edits
06/15/11	annual review; minor edits for clarity
01/01/12	removed First Seniority Freedom information from header and resources
07/15/12	annual review; update language re: ambulance claims to HPHC and to title for related BHC Auth notification Policy
05/15/13	annual review; corrected to submit to Harvard Pilgrim inpatient admit requiring concomitant medical services
06/15/14	annual review; added clarification for Emergency Room svcs/prof medical fees in 'Detoxification' section; administrative edits; added <i>Connecticut Open Access HMO</i> referral information to prerequisites
06/15/15	annual review; added brand Optum; corrected address for United Behavioral Health web site for providers; added United Behavioral Health web site address for members; added Emergency Dept/Urgent Care Admission Notification to related policies
06/15/16	annual review; added Urine Drug Testing to Related Policies list; administrative edit
06/15/17	annual review; no changes
11/15/17	administrative updates for clarity
01/01/18	updated Open Access Product referral information under Prerequisites
06/01/18	annual review; added Formulas and Enteral Nutrition Medical Review Criteria to the Related Policies section; administrative edits
06/03/19	annual review; added Molecular Diagnostic Management Medical Review Criteria to Related Policies
06/01/20	annual review; administrative edits
06/01/21	annual review; no changes

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.