



Reimbursement for Supervisory Services Reference Guide

Commercial health plans only

**Details on requirements, provider eligibility and
billing for services rendered by non-licensed clinicians**

September 2024

This reference guide is a summary of important information you need to know about provider eligibility and billing for outpatient services rendered under supervision for members covered by a Commercial health plan.

This guide is not applicable to Medicare and Medicaid health plans. For information or questions about outpatient services rendered under supervision for Medicare or Medicaid plans, please refer to CMS guidelines and policies, as well as any state-specific policies that apply to Medicaid plans.

Questions?

For claim-specific information or questions, call the number on the back of the member's ID card. If you need additional information not found in this guide, please call the Optum Behavioral Health Provider Service Line at 1-877-614-0484.

Overview

Insights on Clinical Supervision

Clinical supervision allows independently licensed behavioral health clinicians to oversee the work of another clinician who is gaining experience working with clients. Supervision supports the development of counseling skills and knowledge for clinicians who are:

- Completing the hours required for initial or full licensure, or
- Pursuing a higher level of licensure

Supervision contributes to quality health outcomes by:

- Enhancing the quality of client care
- Ensuring that services provided uphold the profession's legal mandates and ethical standards
- Reinforcing the use of evidence-based practices
- Helping new clinicians present appropriate therapeutic qualities such as self-awareness, respect, empathy and genuineness
- Supporting the development and retention of new clinicians, including helping them establish healthy boundaries and self-care practices to prevent compassion fatigue and burnout



Reimbursement for Supervisory Services by Plan Type

Commercial plans: Effective Oct. 1, 2024, Optum will reimburse outpatient supervisory services claims for members covered by Commercial behavioral health plans as follows:

- **California, Colorado, Iowa & Massachusetts** – Both network and out-of-network providers and groups can submit claims for reimbursement of outpatient services provided under supervision, as outlined in each state’s regulations and requirements.
- **Other states** – Only network providers and groups who have an existing, fully executed participation agreement on or before Sept. 30, 2024, and who have supervisory services either outlined in the agreement or confirmed in writing by United Behavioral Health, will be eligible to submit claims for reimbursement.

Medicare Advantage plans: Federal rules and regulations governing Medicare Advantage plans currently do not permit outpatient services to be provided under supervision. If the rules and regulations change, Optum will follow them accordingly.

Medicaid plans: Optum follows each state’s Medicaid regulations and requirements for coverage of outpatient services provided under supervision.

Note: These updated requirements for supervisory services claims do not apply to Applied Behavior Analysis (ABA) services.

Provider Eligibility Requirements

Supervising Clinician – The person overseeing the clinician who is gaining experience

A supervising clinician must meet all of the following requirements:

- Be independently licensed as a psychiatrist, psychologist, social worker, family therapist or other therapist duly qualified in the state in which the services for mental health/substance abuse disorder are provided
- Practice independently as an employee of an individual or group practice
- Is credentialed or formally rostered and approved by United Behavioral Health (UBH), in writing, as a mental health or substance use disorder clinician
- The supervising clinician (or group/agency, as applicable) is the billing provider

Supervisee – The clinician who is gaining experience and being supervised as they render services

- Non-licensed rendering providers or other practitioners not eligible to practice independently.
- Non-licensed clinicians who provide behavioral health services must have a minimum of a master's degree
- All services rendered must be within the scope of the clinician's training and their state's license and practice rules
- Supervision must:
 - Occur regularly on a one-to-one basis
 - Be documented as required by state regulations
- Optum periodically audits provider records to ensure compliance with Optum policies and procedures. This may include treatment documentation for services delivered under supervision.

Claim Submission Information

Coverage and Reimbursement Considerations

Check eligibility and benefits before rendering services

- Providers should verify what behavioral services are covered under the member's health plan
- Providers should also check the member's enrollment status before every appointment

Here's how:

- The Provider Express secure portal allows you to check member eligibility and benefits at any time
 - Go to Providerexpress.com > Log in (upper right corner) > Enter your OneHealthcare ID and password > Elig & Benefits
- You may also call the phone number on the member's ID card
 - Be prepared to provide the member's name, address and ID number, as well as the subscriber's name and date of birth

Member coverage and reimbursement considerations

- Submission of a claim does not guarantee reimbursement. The services a member receives are subject to the terms and conditions of the member's health plan, as well as state license/scope and practice rules.
- Network participation agreements (contracts) outline that if the services rendered are not covered under the health plan, those services are not eligible for reimbursement by Optum Behavioral Health.
- Network providers cannot balance bill a member for the services rendered, as outlined in their participation agreement with Optum.

Claim Submission Guidelines

Required claim information

- The DQ qualifier is required to be added to the claim in conjunction with the U5 modifier. This combination designates that behavioral health outpatient services have been performed under supervision.
 - The U5 modifier is required for each service rendered under supervision. It can be noted in any modifier position.
- Claims must also include the supervising clinician name, credentials and National Provider Identifier (NPI) number. Claims that do not include this information may be denied.

CMS-1500 Field	Information to Include
Box 17	DQ qualifier and supervisor full name with credentials
Box 17b	Supervisor NPI #
EDI 837P	Information to Include
Loop 2310D	(Claim Level Supervisor) (DQ qualifier, supervisor full name with credentials and supervisor NPI #) Note; You only need to indicate a Claim Level Supervisor. Please do not indicate a Line Level Supervisor for specific claim lines.

Reminder

- All services on the claim that were supervised must have been supervised by the same person. If another clinician rendered supervisory services, a separate claim should be submitted.

Claim Examples

Supervisory Scenario 1 – Independent Network Providers (1A – Solo)

Supervisor (William C. Jones) LCSW or PhD

- Independently licensed
- Credentialed or delegated

Payment

Payment is issued to the supervising provider

Required Record Supervisor Information

Supervisor Information	EDI 837P	Form 1500
Supervising Qualifier: "DQ"	Loop 2310D	Box 17 (left of hash marks)
Supervisor Full Name & Credentials	Loop 2310D (Claim Level Supervisor)	Box 17
Supervisor NPI #	Loop 2310D	Box 17b

Required Record Service Information

Service Information	EDI 837P	Form 1500
Procedure Code Modifier: U5	Loop 2400	Box 24D
Supervisor Full Name	Loop 2310B	Box 24J (shaded upper box)
Supervisor NPI #	Loop 2310B	Box 24J
Supervising Provider Info	Loop 2010AA	Box 33
Supervising Provider NPI #	Loop 2010AA	Box 33a
Supervisor Full Name, Signature	Loop 2300	Box 31

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY			15. OTHER DATE QUAL MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY						
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DQ William C. Jones LCSW or PhD						17a	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY					
						17b	NPI 123456789					

24. A.	DATE(S) OF SERVICE		B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES		E.	F.	G.	H.	I.	J.
MM	DD	YY	PLACE OF SERVICE	EMG	OPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	SPST	ID. QUAL	RENDERING PROVIDER ID. #
1					9XXXX	U5						William C. Jones 123456789
2												NPI
3												NPI
4												NPI
5												NPI
6												NPI
25. FEDERAL TAX I.D. NUMBER			SSN	EIN	26. PATIENT'S ACCOUNT NO		27. ACCEPT ASSIGNMENT? (For gov't claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID	30. Rsvd. for NUCC Use
							YES NO		\$		\$	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)					32. SERVICE FACILITY LOCATION INFORMATION			33. BILLING PROVIDER INFO & PH# ()				
Supervisor Full Name, Signature								Supervising Provider (if also Billing Provider), if not, Billing Provider Supervising Provider or Billing Provider NPI in Box 33a				
SIGNED DATE					a. NPI b.			a. 123456789 b.				

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Supervisory Scenario 2 – Network Providers (2A / 2I) (Rostered & Individually Credentialed)

Supervisor: (William C. Jones)

- Rostered and Individually credentialed
- Employed by a group

Payment

Payment is issued to the group

Required Record Supervisor Information

Supervisor Information	EDI 837P	Form 1500
Supervising Qualifier: "DQ"	Loop 2310D	Box 17 (left of hash marks)
Supervisor Full Name & Credentials	Loop 2310D (Claim Level Supervisor)	Box 17
Supervisor NPI #	Loop 2310D	Box 17b

Required Record Service Information

Service Information	EDI 837P	Form 1500
Procedure Code Modifier: U5	Loop 2400	Box 24D
Supervisor Full Name	Loop 2310B	Box 24J (shaded upper box)
Supervisor NPI #	Loop 2310B	Box 24J
Billing Group Info	Loop 2010AA	Box 33
Billing Group NPI #	Loop 2010AA	Box 33a
Supervisor Full Name, Signature	Loop 2300	Box 31

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL	15. OTHER DATE QUAL MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DQ William C. Jones [credentials]	17a 17b NPI 123456789	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE EMG	C. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS MODIFIER	E. DIAGNOSIS ICD-9-CM	F. \$ CHARGES	G. DAYS OF UNITS	H. EPSDT Family Plan	I. ID QUAL	J. RENDERING PROVIDER ID.#
1		9XXXX U5						William C. Jones NPI 123456789
2								NPI
3								NPI
4								NPI
5								NPI
6								NPI
25. FEDERAL TAX I.D. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For group billing, see box)	28. TOTAL CHARGE \$	29. AMOUNT PAID \$	30. Rsvd. for NUCC Use		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH # ()				
Supervisor Full Name, Signature				Group Provider Info Group Provider NPI # in Box 33a				
SIGNED DATE		a. NPI		a. 456789123		b.		

Supervisory Scenario 3 – Network Providers (3A / Supervisor Not Rostered)

Supervisor: (William C. Jones)

- Not rostered with Optum Behavioral Health
- Employed by an agency/group

Payment

Payment is issued to the group

Note: For this scenario, the supervisor must be added onto the claim in Box 17 or Loop 2310D, even though the supervisor is not rostered with Optum.

Required Record Supervisor Information

Supervisor Information	EDI 837P	Form 1500
Supervising Qualifier: "DQ"	Loop 2310D	Box 17 (left of hash marks)
Supervisor Full Name & Credentials	Loop 2310D (Claim Level Supervisor)	Box 17
Supervisor NPI #	Loop 2310D	Box 17b

Required Record Service Information

Service Information	EDI 837P	Form 1500
Procedure Code Modifier: U5	Loop 2400	Box 24D
Agency/Group Name	Loop 2310B	Box 24J (shaded upper box)
Agency/Group NPI #	Loop 2310B	Box 24J
Billing Agency/Group Provider Info	Loop 2010AA	Box 33
Billing Agency/Group Provider NPI #	Loop 2010AA	Box 33a
Agency/Group Name, Signature	Loop 2300	Box 31

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL			15. OTHER DATE QUAL MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DQ William C. Jones [credentials]			17a			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY					
			17b NPI 123456789								

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Paying Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #		
1			9XXXX U5					NPI	Agency/Group Name 789123456		
2								NPI			
3								NPI			
4								NPI			
5								NPI			
6								NPI			
25. FEDERAL TAX I.D. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt claims, see back) YES NO		28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. Rsvd. for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Agency/Group Name, Signature				32. SERVICE FACILITY LOCATION INFORMATION a. NPI b.				33. BILLING PROVIDER INFO & FH # () Agency/Group Provider Info Agency/Group Provider NPI # a. 789123456 b.			

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Supervisory Scenario 4 – Network Providers (3B / Supervisor Is Rostered)

Supervisor: (William C. Jones)

- Rostered with Optum Behavioral Health
- Employed by an agency/group

Payment

Payment is issued to the group

Required Record Supervisor Information

Supervisor Information	EDI 837P	Form 1500
Supervising Qualifier: "DQ"	Loop 2310D	Box 17 (left of hash marks)
Supervisor Full Name & Credentials	Loop 2310D (Claim Level Supervisor)	Box 17
Supervisor NPI #	Loop 2310D	Box 17b

Required Record Service Information

Service Information	EDI 837P	Form 1500
Procedure Code Modifier: U5	Loop 2400	Box 24D
Supervisor Full Name	Loop 2310B	Box 24J (shaded upper box)
Supervisor NPI #	Loop 2310B	Box 24J
Billing Agency/Group Info	Loop 2010AA	Box 33
Billing Agency/Group NPI #	Loop 2010AA	Box 33a
Supervisor Full Name, Signature	Loop 2300	Box 31

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL	15. OTHER DATE QUAL MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DQ William C. Jones [credentials]		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
17a. NPI		17b. NPI 123456789

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) OPT/HCPCS MODIFIER	E. DIAGNOSIS PONTNER	F. \$ CHARGES	G. DAYS OR UNITS	H. FSDT Rate	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1			9XXXX U5					NPI	William C. Jones 123456789
2								NPI	
3								NPI	
4								NPI	
5								NPI	
6								NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES NO	28. TOTAL CHARGE \$	29. AMOUNT PAID \$	30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Supervisor Full Name, Signature		32. SERVICE FACILITY LOCATION INFORMATION a. NPI b.		33. BILLING PROVIDER INFO & PH# () Agency or Group Provider Info Agency or Group Provider NPI in Box 33a a. 456789123 b.	

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