



# Utilization Management Policy

## Late Clinical Submissions

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Policy Statement.....	1 <a href="#">Timeframes of UM Decisions and Notification</a>	Original Effective Date:	1/1997
Purpose.....	1 <a href="#">Utilization Management Overview</a>	Current Approval Date:	4/23/20
Scope.....	1	Next Review:	4/2021
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### Policy Statement

Requests for clinical services and its supporting documentation that includes a treatment period that falls entirely outside the filing time requirements, as stated in the Plan Summary, will not be forwarded to the Support Clinician for clinical review unless information is appended in regard to the untimeliness. Those with an explanation are forwarded for review.

In these late cases with no explanation the provider will be sent a written notice that the request is denied. The provider will be advised of their appeal rights in accordance with the Provider Operational Manual and applicable regulation. Members will not be held financially responsible for a provider's failure to submit in a timely manner.

For the purpose of the Optum\* by OptumHealth Care Solutions, LLC, clinical program adjudication, “completely outside the filing time requirements” for clinical submissions is defined as:

- Requested date of service plus 2 months for tier 2 providers
- Requested date of service plus 3 months for tier 1 providers

### Purpose

To define a consistent procedure for the review and processing of treatment plans with dates of service not meeting the filing time requirement as determined by the Plan Summary.

### Scope

All in and out of network programs, involving all provider types, where the submission of clinical information is a requirement.

\*Optum is a brand used by OptumHealth Care Solutions, LLC and its affiliates



## Utilization Management Policy

### References

1. Plan Summary
2. Provider Contract

### Policy History/Revision Information

Date	Action/Description
1/1997	Original effective date
3/24/1998	Annual review completed
1/28/1999	Annual review completed
2/23/2000	Annual review completed
3/07/2001	Annual review completed
9/20/2002	Annual review completed
11/11/2003	Annual review completed
11/18/2004	Annual review completed
2/14/2006	Annual review completed
12/04/2006	Annual review completed
4/10/2008	Annual review completed
11/11/2008	Policy header rebranded, "OptumHealth Care Solutions – Physical Health
1/15/2009	Policy placed into new format
4/30/2009	Annual review completed
4/08/2010	Annual review completed
7/15/2010	Policy Statement updated to include descriptions of filing time requirements
10/26/2010	Policy rebranded to "OptumHealth Care Solutions, Inc. (OptumHealth)"
4/07/2011	Annual review completed
4/19/2012	Annual review completed
4/18/2013	Annual review completed
4/17/2014	Annual review completed; Policy rebranded "Optum* by OptumHealth Care Solutions, Inc."
4/16/2015	Annual review completed
4/21/2016	Annual review completed
4/20/2017	Annual review completed; Policy statement revised to indicate "requested dates of service" as opposed to "initial dates of service"; Legal entity name changed from "OptumHealth Care Solutions, Inc." to "OptumHealth Care Solutions, LLC."
4/26/2018	Annual review completed; no significant changes made to the document
4/25/2019	Annual review completed; no significant changes made to the document
4/23/2020	Annual review and approval completed; no significant changes made to the document

### Contact Information

Please forward any commentary or feedback on Optum utilization management policies to: [policy.inquiry@optumhealth.com](mailto:policy.inquiry@optumhealth.com) with the word "Policy" in the subject line.

The services described in Optum\* by OptumHealth Care Solutions, LLC policies are subject to the terms, conditions and limitations of the Member's contract or certificate. Optum reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Optum's administrative procedures.

Certain internal policies may not be applicable to self-funded members and certain insured products. Refer to the member's Summary Plan Description (SPD) or Certificate of Coverage (COC) to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member's SPD or COC, the member's SPD or COC will govern.

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