Negotiated Services

Optum Health Solutions Musculoskeletal (MSK) Utilization Management Policy
Policy Number: 477

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Policy statement

Negotiations with non-participating healthcare providers on behalf of eligible health plan members are supported when geo-access standards are not met as determined by Optum.

Negotiations with specialist non-participating healthcare providers are supported when **all** of the following criteria are satisfied:

- The service meets a defined healthcare requirement for the member
- The service is within the healthcare provider's professional scope of practice
- There is a reasonable expectation that the delivery of negotiated healthcare services will result in superior relevant health outcomes and/or affords less risk in achieving equivalent health outcomes associated with services rendered by participating providers within the geo-access standard

Member requests for the negotiation of services are **not** supported for any of the following circumstances:

- The member's health plan benefit does not include coverage for the negotiation of services with non-participating healthcare providers.
- There are participating providers, who offer the same or similar services, identified as accessible to the member.
- The services to be rendered are solely for the comfort and convenience of the member.
- The request for negotiation of services is based primarily upon service technique preference e.g., a specific manipulative technique, specific exercise approach.
- Services have been determined to be investigational, experimental, and/or unproven.
- There is a reasonable expectation that equivalent health outcomes i.e., effectiveness and safety would be achieved with similar services performed by an accessible participating provider.
- The service is not medically necessary.

Purpose

This policy has been developed to describe the criteria that Optum uses to conduct the negotiation of health care services with non-participating healthcare providers, when requested by client health plan members.

Scope

This policy applies to programs, products, provider types, and settings where Optum is contractually obligated to provide service negotiations.

Definition

Negotiation

The process whereby Optum acts at the request and on behalf of a member to receive eligible services, which are subject to reimbursement at a mutually agreed-to schedule, from a healthcare practitioner who does not participate as a network provider.

Description

The negotiation process commences once an eligible health plan member contacts the Optum customer service department either by phone or in writing. A designated customer service specialist confirms member eligibility, determines if geo-access standards are not satisfied, consults with a medical director about the clinical appropriateness/necessity of the proposed service(s), and contacts the non-participating provider on behalf of the member to establish willingness to treat, confirm professional competencies, and to negotiate reimbursement.

Background

Overview

Optum contracts with healthcare providers (participating providers). The minimum number and/or distribution (geo-access standards) of participating providers are generally mandated by contract. In this manner, health plan members are assured of having access to participating healthcare providers.

Health plan member benefits, as described in their Certificate of Coverage or Summary Plan Description, typically include language promoting the utilization of participating providers. Occasionally, geo-access standards are not satisfied in meeting individual member healthcare requirements. In these circumstances, certain health plans have established procedures that provide for the negotiation for healthcare services on behalf of plan members with non-participating healthcare practitioners.

Professional designations

Geo-access of participating providers considers professional degrees (doctor of chiropractic, physical therapist, occupational therapist, and speech therapist). Additionally, certain professional specialty designations have been recognized as providing skilled services that extend competencies well beyond those typically attained via core educational training programs. These competencies may include the use and interpretation of specialized equipment. Scope of practice considerations can usually be determined by reviewing the rules and regulations of the designated professional oversight entity i.e., Board of Examiners. Safety and effectiveness assessments are the product of explicit evidence reviews, where the strength of recommendation is based, in part, on the trade-offs i.e., risks vs. benefits. The recognition of a technology across professional disciplines, and the settings in which education and training are provided aide in making informed judgments about service negotiation. In some circumstances relating to the negotiation of services (i.e., devices), regulatory approval (e.g., FDA) is a basic step in technology assessment. A systematic review of the research evidence using an accepted grading scheme provides key input in making judgments about the validity, predictive value, and clinical utility of a service proposed for the negotiation process. Demonstration of clinical competencies, which is inherent in the credentialing of participating healthcare providers, is a fundamental requirement for successfully conducting the negotiation of services on behalf of a plan member. The nature and limits of a service can, in part, be described by the reporting of Current Procedural Terminology (CPT) or Health Care Financing Administration's Common Procedure Coding System (HCPCS) codes. Procedures that have been assigned unique *CPT or HCPCS* codes are more likely to be supported for service negotiation. Special considerations include the judgments in the context of the negotiation process on the variation among services that broadly viewed as being the same or similar e.g., manipulative approach (technique systems), different specific exercise approaches, etc.

Due to the prevalence of requests by members for service negotiations that are primarily due to technique preferences, the following references provide an in-depth critical appraisal of the evidence on the rating and comparative analysis of manipulative technique systems:

Cooperstein et al. (2001); Gatterman et al. (2001) reported on the characterization and rating of manipulative (chiropractic) technique procedures for common low back conditions in systemic reviews and expert panels. Very little research evidence is published by specific innovators and developers of named techniques, apart from distraction techniques, has to do with clinical outcomes (Cooperstein et al. 2001).

Side posture manipulation technique has the widest base of evidence support for low back pain. The clinical evidence is insufficient (sparse and low quality) to make informed judgements about which specific chiropractic treatment techniques are most appropriate for specific clinical conditions (Cooperstein et al. 2001). Clinical guidelines typically recommend manipulation without specifying particular technical approaches (Qaseem et al., 2017).

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Policy history and revisions

Date	Action
3/12/2009	Utilization Management Committee approval
4/30/2009	Quality Improvement Committee approval – origination date
4/8/2010	Policy references (17-19) were updated; Quality Improvement Committee annual review and approval
10/26/2010	Policy rebranded to “OptumHealth Care Solutions, Inc. (OptumHealth)”
4/7/2011	Annual review and approval completed
4/19/2012	Annual review and approval completed
4/18/2013	Annual review and approval completed
4/17/2014	Annual review and approval completed; References updated; Policy rebranded “Optum* by OptumHealth Care Solutions, Inc.”
4/16/2015	Annual review and approval completed
4/21/2016	Annual review and approval completed
4/20/2017	Annual review and approval completed; Legal entity name changed from “OptumHealth Care Solutions, Inc.” to “OptumHealth Care Solutions, LLC.”
4/26/2018	Annual review and approval completed
4/25/2019	Annual review and approval completed; no significant changes made to the document
4/23/2020	Annual review and approval completed; no significant changes made to the document
4/22/2021	Annual review and approval completed; Updated references
5/3/2022	Annual review and approval completed; Updated references
6/29/2022	Updated legal entity name “OptumHealth Care Solutions, LLC.” to *Optum™ Physical Health (“Optum”) includes OptumHealth Care Solutions, LLC; ACN Group IPA of New York, Inc.; ACN Group IPA of California, Inc. d/b/a OptumHealth Physical Health of California; Managed Physical Network, Inc.; and OrthoNet Holdings, Inc. which includes OrthoNet New York IPA, Inc., OrthoNet West, Inc., OrthoNet, LLC, OrthoNet of the South, Inc.
4/27/2023	Annual review and approval completed; no significant changes made to the document. Updated contact email from policy.inquiry@optumhealth.com to phpolicy_inquiry@optum.com.
3/6/2024	Annual review; no substantive changes. Approved by Optum Clinical Guideline Advisory Committee.
4/25/2024	Annual review and approval completed. Document content transitioned to new policy template. No significant changes made to the document.