



Utilization Management Policy

Overlapping Submissions

Table of Contents		Related Policies	Policy Number	371
Policy Statement.....	1	Timeframes of UM Decisions and Notification	Original Effective Date:	9/2002
Purpose.....	1	Utilization Management Overview	Current Approval Date:	4/27/2023
Scope.....	1		Next Review:	4/2024
References.....	2		Category:	Administrative
History.....	2			

Policy Statement

Only one authorization will be provided for a specified time period for the same patient/provider combination. In the event that a provider submits documentation requesting overlapping time periods, the authorized treatment plan shall be modified to avoid the overlapping dates of service.

The Support Clinician should apply one of the following options based upon the case presentation:

- Modify the previously approved treatment plan to end on the day prior to the new treatment plan. This action would generally be supported by a documented interim history of either a new area of complaint or a significant aggravation/change of the original complaint, which would warrant more intensive treatment than that originally approved.
- Render a determination beginning after the ending date of the previously approved treatment plan. This action would generally be supported by the absence of a reported new complaint and/or a significant change in the original case presentation.

Purpose

To summarize the procedure by which consecutive submissions that overlap treatment plans are reviewed and processed.

Scope

All in network health care providers, involving all provider types, where the submission of clinical information is a requirement.

*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.



Utilization Management Policy

References

1. Consensus – Utilization Management Committee

Policy History/Revision Information

Date	Action/Description
9/20/2002	Original effective date
11/11/2003	Annual review and approval completed
10/18/2004	Annual review and approval completed
2/14/2006	Annual review and approval completed
4/10/2008	Annual review and approval completed
1/15/2009	Policy reformatted
4/30/2009	Annual review and approval completed
4/08/2010	Annual review and approval completed
10/26/2010	Policy rebranded to “OptumHealth Care Solutions, Inc. (OptumHealth)”
4/07/2011	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; 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
4/23/2020	Annual review and approval completed; no significant changes made to the document
4/22/2021	Annual review and approval completed; no significant changes made to the document
5/03/2022	Annual review and approval completed; no significant changes made to the document
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.
4/27/23	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 .

Contact Information

Please forward any commentary or feedback on Optum utilization management policies to: phpolicy_inquiry@optum.com with the word “Policy” in the subject line.

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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.