Denial, Adverse Determination and Coverage Denial

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Related Policies

Utilization Management Overview

Policy Number	**332**
Original Effective Date:	2/2000
Current Approval Date:	4/23/20
Next Review:	4/2021
Category:	Compliance

Policy Statement

A denial is a non-approval (non-authorization) of a request for care or services. Non-authorization decisions can be based on either appropriateness, or medical necessity, or benefit coverage, or administrative requirements. A denial of care or services is the difference between the services requested and the services approved. A partial approval of care and service(s) is also considered a denial. Care terminations are also considered denials.

An adverse determination is a denial of services deemed to be not medically necessary or appropriate. Denials due to a limitation in benefit coverage or benefit exclusion are considered coverage denials.

Optum* by OptumHealth Care Solutions, LLC applies the definition of medical necessity that exists under the patient's medical benefit plan unless specific state or federal law requires other specific language.

Purpose

The purpose of this policy is to define denial, adverse determination and coverage denials.

Scope

All in and out of network programs, involving all provider types, where utilization review determinations are performed.

References

1. URAC. http://www.urac.org/
2. National Committee for Quality Assurance (NCQA). http://www.ncqa.org/

Policy History/Revision Information

Date	Action/Description
2/23/2000	Original effective date
3/07/2001	Annual review and approval completed
9/20/2002	Annual review and approval completed
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; Duplicative state specific information, which can be found within KY/NY Addenda, was removed; 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; 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 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 with the word "Policy" in the subject line.