



# Utilization Management Policy

## Denial of Services Not Covered By the Health Plan

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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

Services will be denied if they are a non-covered Health Plan benefit. A reference source which lists non-covered services for the plan will be cited where possible.

### Purpose

To state the criteria supporting coverage denials that provide no criteria for the denial other than the service is not covered.

### Scope

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

### Background

Health plans benefit documents may include specific exclusions and/or limitations. These documents take precedence over delegated UM programs. Services that are not explicitly covered by a member's benefit document will be administratively denied. Examples of services that may not be covered include but are not restricted to those where visit limits and/or reimbursement limits have been exceeded.



# 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
1/27/2011	Background section added
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

## 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.

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