Optum Behavioral Health launches reconsideration process for providers

The 2-step reconsideration and appeal process offers you another opportunity for a review of a claim decision

Think we paid a claim incorrectly? Want us to review a coverage determination we made for services you provided to a member?

Beginning July 5, 2023, you have an additional path to ask Optum Behavioral Health to take another look at a decision we made on a claim you submitted for reimbursement.*

1. Step 1: Reconsideration
2. Step 2: Appeal

Here's what you need to know

1. **Use the 2-step process for Commercial and Medicare Advantage health plans:**
   - Claims that were denied or paid at a reduced rate due to a lack of prior authorization or not meeting medical necessity criteria, or
   - Claims denied due to administrative issues (e.g., services not covered by the benefit plan, timely filing, etc.)
2. **Reconsideration reviews are encouraged.** If you prefer to submit an appeal directly, you can do so – however, the reconsideration option would no longer be available if you disagree with the outcome of the appeal.
3. **And they're faster.** Reconsideration reviews are completed within 30 days. Appeal reviews typically take 30-45 days.
4. **You have 12-months to submit requests.** The 2-step process allows for a total of 12 months for timely submission for both steps (Step 1: Reconsideration and Step 2: Appeals).
5. **Submit reconsideration requests by mail.** Initially, you will not be able to use the Provider Express secure portal to submit requests. We are working to add that capability and will let you know when it's available. Note: You can submit appeal requests through the secure portal.

The Optum Behavioral Health National Network Manual has been updated with detailed information on the 2-step reconsideration and appeals process.

The provider manual also reflects a few other updates, including an Appendix of all state-specific Medicaid, CHIP, federal/state Medicare-Medicaid (MME) enrollees and regulatory requirements. For details of all the updates, refer to the Change Index on page 2 of the manual.

Questions?

For more detailed information on the 2-step reconsideration and appeal process, review the National Network Manual. This one-page quick reference guide may be helpful as well. For other questions, please call the Provider Services Line at **1-877-614-0484.**

Thank you for being part of the Optum Behavioral network. The importance of mental health services has never been greater. We value and appreciate all you do to support individuals and communities.

**The 2-step process applies to claim submissions for Commercial and Medicare Advantage health plans for dates of services of July 5, 2023 or later. It does not apply to requests or submissions for dates of services prior to July 5, 2023. The reconsideration process does not apply in all states, such as Maryland, based on applicable state law. Your state rules and regulations, as well as the member's benefit plan, will govern whether reconsideration of claims decisions is available or whether claims decisions are to be resolved solely through the appeals process. Refer to Health care provider dispute resolution (California Commercial HMO, Oregon HMO claims, Oregon and Washington commercial plans) section for more information on similar prohibitions in those jurisdictions.*