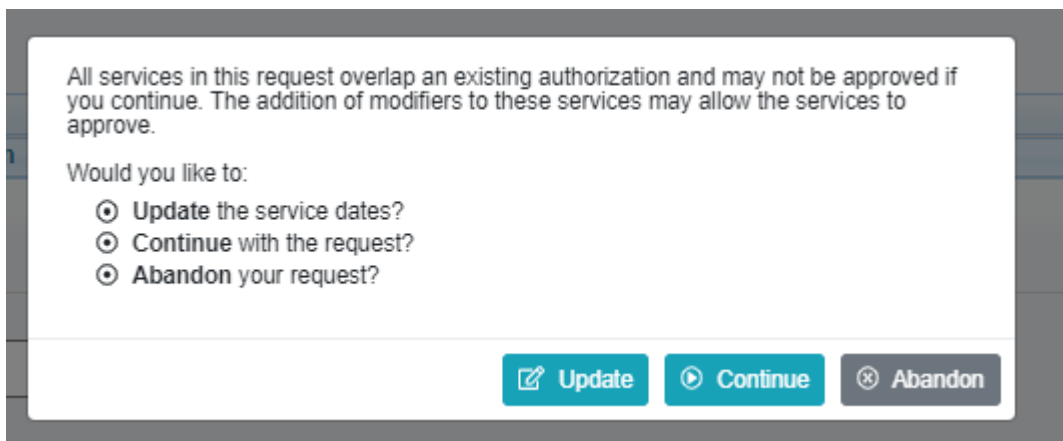OPTUM® | Maryland

Frequently Asked Questions: Outpatient Authorizations

1. ***What should I do if I receive an overlapping authorization warning when entering an authorization request into the Incedo Provider Portal (IPP), as pictured below?***


First, check to see where the overlap may be coming from. It is possible that your program may have another authorization already approved for this participant over the same period of time, so the overlapping authorization may be yours. If this is the case, please do one of the following:

    a) If you are entering this request because you have exhausted all available units on this authorization and the participant is continuing in treatment, please reference the guidance outlined in the August 11, 2020 Provider Alert to end date the initial authorization. Once the new end date is added, the pended authorization will move to an approved status without additional provider action needed.

    b) If you are entering this authorization as a concurrent request because you believe the original authorization has ended or will be ending in the next 30 days, please review the prior authorization and modify the start date of the new authorization request to the first uncovered day.

If the overlapping authorization is not yours (i.e., belongs to another program), you should speak with the participant to determine any overlaps in care for the same treatment code being delivered at the same time by another provider.

- If the participant is in treatment with another provider for the same service, the situation should be resolved before proceeding with an authorization request.
- If the participant informs you that they are **not** in treatment with another provider:

    1. The participant should notify Optum that they are not in care with another provider and request to have the unused authorization closed.
    2. You may then select "**continue**" on the overlapping message warning (as pictured below) to obtain authorization in the interim. Do NOT wait for the participant to have the other authorization closed before entering the new request.
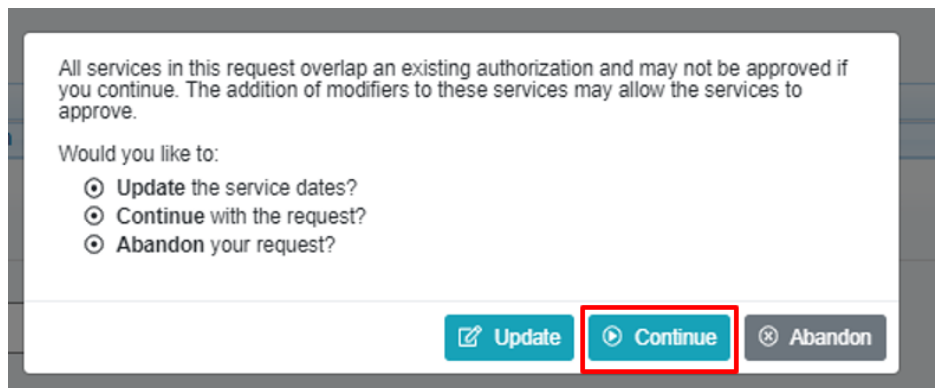
2. *What should I do if my authorization pends?*
Authorizations will only pend if they overlap an already approved authorization for your program. To resolve this, immediately submit an authorization correction request asking to modify the start date of the pended authorization. Ensure that the start date is later than the end date of the previously existing authorization.

3. *What should I do if I run out of units before my outpatient authorization's end date?*
If you run out of units before the authorization end date, you should:

    1. Submit an end-date request using the information outlined in the August 11, 2020, Provider Alert.
    2. **Without waiting for Optum to add the end date**, enter a new authorization. The start date of the new authorization must be after the most recent date of service (DOS) for which you have already

submitted claims for that participant. (e.g., If you have submitted claims for DOS January 1 and January 2, the new authorization must start no sooner than January 3.

The new authorization will remain in a pended status until Optum has entered the end date on the previous authorization. Once Optum enters the end date, a script will run to reprocess the new authorization to approve.

4. ***What should I do if the participant does not have active Medicaid eligibility at the time of service, but I expect that they will get it?***
If the participant does not have active Medicaid eligibility you can do the following:
   ● Request a 90-day uninsured span depending on whether the level of care being requested is covered for uninsured individuals (see the Uninsured Eligible Consumers section of the Provider Manual for details on levels of care that are covered by uninsured); or
   ● Request an unfunded span be created.

5. ***How can I request an authorization correction?***
Authorization corrections may be requested by calling customer service or through the IPP. Details on requesting authorization corrections through the IPP and customer service can be found here.

Note: authorization correction requests *can only be made for authorization dates that fall within 20 calendar days of the date you are making the authorization correction request*.

If you realize more than 20 days later that an authorization contained an error, please contact customer service at 1-800-888-1965 and provide justification as to why an exception to the backdating rule should be made.

Please view the Changes to *Submitting Authorization Correction Requests* Provider Alert for further details. This alert lists the conditions under which providers may submit an authorization correction request.

6. ***What is the allowed time period to backdate authorizations?***
   Since May 1, 2021, providers may backdate authorizations by a ***maximum of 20 calendar days***. This does not apply for acute levels of care, for which the standard authorization timeframes, outlined [here](#), continue to apply.

   ● Please note the following important points regarding backdating of authorizations:
     ○ Providers are encouraged, where possible, to submit authorizations *prior* to rendering the service.
     ○ Providers assume the risk that an authorization entered after the date of service may be denied because of medical necessity, or ineligibility.
     ○ Please submit an authorization correction request or end-date change request immediately if an outpatient authorization that you submit goes into a PENDED status.