

Policy

DEPARTMENT: Utilization Management	POLICY#: UM - 026
TITLE: Administrative Denial	VERSION: 1.0
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DEPENDENCIES:	

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Purpose

This policy outlines the reasons for an administrative denial.

Definitions, Abbreviations, and Acronyms

Acronym	Meaning
LHP	Longevity Health Plan, the Plan

Policy

In order a provider to receive payment for services rendered, the provider must initiate a prior authorization or authorization through the Utilization Management Department for the covered services according to the authorization required timelines. Failure to obtain a prior authorization or authorization will result in an administrative denial.

Note: Members cannot be billed for an administrative denial.

To obtain a prior authorization or authorization or to verify member eligibility, benefits, or account information, the provider should contact the Plan utilizing the customer service telephone number(s) available on the member's identification card and/or the Plan website.

Providers who do not notify the Utilization Management Department within the required authorization timeframe or who do not provide the Plan with clinical records will receive an administrative denial or the claim will be denied.

The Plan also reminds providers that they may not bill the member if the services are denied for the failure to obtain a required authorization for services.

The Plan will also educate the providers if administrative denials occur and they do not follow Utilization Management requirements.



Change Log

Document Version	Major or Minor Revision?	Date	Name	Comments
NEW		7/26/2022	Courtney Gonzales	NEW