

# POLICY AND PROCEDURE

Policy No: 2016UM039  
 Page Number: 1 of 3  
 Effective Date: August 2016



**TITLE:** Authorization Request Determination Timeframes

<b>Department:</b>	Medical Affairs Utilization Management	<b>Department Head:</b> (Name and Signature)	Fred Buckwold  <i>F. Buckwold</i>
<b>Approval Date:</b>	08/2016	<b>Next Review Date:</b> (12 months from approval date)	08/2017
<b>Compliance/Executive Approval:</b>			
<b>Name :</b>	<i>Devona J. Williams</i>	<b>Date:</b>	08/02/16

**APPLIES TO:**  MEDICAID  CHIP/ CHIP P  HEALTH INS  OTHER MARKETPLACE

**PURPOSE:**

To outline the authorization request process cycle and authorization determination timeframe.

**POLICY:**

1. Community will:

- Receive authorization requests via provider portal, fax, and phone
- Load authorization request into medical platform
- Send for review of medical necessity by medical personnel
- Render a clinical determination within identified timeframes established by governing entities and/ or contractual agreements

Service Type	Timeframe	Authorization Required	Failure to obtain authorization
Inpatient Services	1 business day	Yes	May result in reduction or denial of benefits.
Outpatient Surgery	3 business days	Requires prior authorization for certain services	May result in reduction or denial of benefits.
Emergency Room	N/A	No	N/A

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Policy No: 2016UM039  
 Page Number: 2 of 3  
 Effective Date: August 2016



Services			
Urgent Care	N/A	No	N/A
Imaging (CT/PET scans, MRIs)	3 business days	Yes	May result in reduction or denial of benefits.
Diagnostic test (x-ray, blood work)	3 business days	Requires prior authorization for certain services	May result in reduction or denial of benefits.
Home Health	3 business days	Yes	May result in reduction or denial of benefits.
Rehabilitation Services	3 business days	Yes	May result in reduction or denial of benefits.
Skill Nursing	3 business days	Yes	May result in reduction or denial of benefits.
Durable Medical Equipment	3 business days	Requires prior authorization for certain services	May result in reduction or denial of benefits.
Mental/Behavioral Services	1-3 business days	Requires prior authorization for certain services	May result in reduction or denial of benefits

### DEFINITIONS:

**Urgent Care-** means health services or Mental Health services provided in other than an emergency which are typically provided in a setting such as a Physician or provider's office or Urgent Care Center, as a result of acute injury or illness that is severe or painful enough to lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that his or her condition, illness or injury is of such nature that failure to obtain treatment within a reasonable period of time would result in serious deterioration of the condition of his or her health

**Emergency Room Care-**means any service provided for a Bodily Injury or Illness manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

1. Placing the health of that individual in serious jeopardy;
2. Serious impairment of bodily functions;
3. Serious disfigurement; or
4. Serious dysfunction of any bodily organ or part; or
5. For pregnant women, result in serious jeopardy to the health of the fetus

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Policy No: 2016UM039  
 Page Number: 3 of 3  
 Effective Date: August 2016



## PROCEDURE:

<u>Responsible Party (Who)</u>	<u>Step</u>	<u>Action Taken (Does What)</u>
UM Coordinator	A	<ul style="list-style-type: none"> <li>• Receive authorization request via provider portal, fax, and phone</li> <li>• Load authorization request into medical platform</li> <li>• Send for review of medical necessity by medical personnel</li> </ul>
Nurse and or Physician	B	<ul style="list-style-type: none"> <li>• Render a clinical determination within identified timeframes established by governing entities and/ or contractual agreements</li> </ul>

## MONITORING:

Turnaround Time Report  
 Coordinator Surveillance  
 Monthly Nurse Audits

## REPORTING:

<u>Name of Report</u>	<u>Frequency of Report</u>	<u>Owner</u>
Aging Report Turnaround Time Report	Daily	Medical Affairs- Utilization Management

**ATTACHMENT(S):** None