

# POLICY

SOUTHEASTERN CENTER MH/DD/SAS	Section: Care Management
Subject: <b>Utilization Management Appeals Process and Review</b>	Policy No. <b>416</b> Effective Date: August 25, 2011 Reference: NCGS 122C 10A NCAC 27G.7004 URAC HUM-30-36

## PURPOSE:

The purpose of the policy is to establish requirements for a formal non-certification appeals process.

## POLICY:

It is the policy of the agency to provide for a formal process to consider the medical necessity appeals of non-certification decisions that ensure the appeal rights and process are well documented and communicated; follow specific written protocols; are conducted in a timely manner according to the type of appeal; determine appeal staff qualifications; and specific notification requirements for appeal decision notification.

It is the policy of the agency that consumers for whom a behavioral health service has been denied, reduced, suspended, or terminated for medical necessity reasons shall have the opportunity to appeal the decision in accordance with North Carolina state rule 10A NCAC 27G .7004. There shall be available both a standard appeals process for non-urgent cases and an expedited appeals process for those cases involving urgent care. The consumer and the consumer's provider shall have the opportunity to present additional information in support of the appeal and that information shall be considered for the appeals process regardless of whether it had been submitted for consideration at the time of the initial clinical review. If the decision made by this first level appeal process overturns the initial denial then it shall be implemented by the agency.

The clinical appeal reviewer is defined as a physician or other health professional that holds an unrestricted license and is, at minimum, in the same or similar profession and licensure category as the ordering provider. The clinical appeal reviewer is neither the clinician nor the subordinate of the clinician making the original non-certification decision.

For expedited appeals, the decision shall be verbally communicated to the consumer within 72 hours of the request followed by written notification within 3 calendar days to the consumer and the ordering provider.

For standard appeals, the decision shall be completed and written notification of the appeal

decision issued within 7 business days of the receipt of the request for appeal.

**Revision History:**

<b>Revision</b>	<b>Date</b>	<b>Description of changes</b>
0	03/24/2011	Initial Release
1	08/25/2011	Clarification of the minimum requirements for a clinical peer to perform the appeal reviews as per URAC standard HUM 32.a