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| Utilization Management Program: Pre-certification Review |  |
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**Pre-certification Review Process**

The Payer Compass Utilization Review Department assumes the following responsibilities during the pre-certification process:

* Facilitate pre-certification reviews of all outpatient services or procedures and inpatient admissions requested for authorization from the patient, provider, or authorized representative within indicated timeframes.

### The following outlines the Pre-certification Review procedure:

1. The Payer Compass Utilization Reviewer processes a pre-certification request by obtaining all the pertinent patient and clinical information.
2. Pertinent medical information may be obtained from reliable sources, including the patient’s medical records or treating providers, to provide evidence supporting medical necessity, appropriateness of the admission or extension of stay, frequency, or duration of service.
3. Once the clinical information has been gathered, clinical appropriateness and medical necessity will be determined by utilizing established clinical criteria (see the Clinical Criteria Selection Policy).
4. If additional information is required to make an initial certification decision, such information shall be requested by the Payer Compass Clinical Reviewer within three (3) business days of receipt of the initial clinical information (unless the request is for an urgent/emergent admission).
5. If the clinical criteria are met, the reviewer will document that the case meets certification criteria and notify the ordering physician/provider, facility, or member by phone or fax of the certification details. However, when there is an adverse determination, written correspondence will be sent to the ordering physician/provider, facility, or member notifying them of the decision.
6. The Payer Compass Clinical Reviewer will render determination within the following timeframes:

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| **Review Type** | **Timeframe\*** | **Expedited Timeframe (Urgent Situations)** |
| Prospective | 15 Calendar Days | ASAPNo later than 72 hours |
| Concurrent | 72 hours, if request is received less than 24 hours BEFORE certification expires | 24 hours, if request is received at least 24 hours BEFORE certification expires |
| Retrospective | 30 Calendar Days |  |

\*Timeframes begin when the request is received. **Prospective and Retrospective only:** If clinical information is not received with the initial request, the time frame stops when the clinical is requested and then starts when the clinical information is received.