



Document Title: *Policy and Procedure # MBH 911: Turnaround Timeframes*  
Department: American Behavioral

**Purpose:** Providing a method of documentation that ensures a consistent flow of communication within the department, thereby, avoiding duplicate requests for information.

**Responsibility:** Clinical Services Department (Clinical Services) team members, Clinical Peer Reviewers (CPRs)

**Policy and Procedure:**

1. A case is entered into the American Behavioral System if:
  - A Clinical Services team member is unable to pre-certify a request due to lack of information or
  - A Clinical Services team member is unable to pre-certify a request due to failure to meet medical criteria.
2. The status of the case is “certification suspended,” as the certification is put on hold until more information is received.
3. All pertinent information is documented in the notes screen attached to the authorization.
4. The Clinical Services team member immediately requests, first verbally then in writing, additional information needed to make a determination. This may include requesting medical records. (See *Policy and Procedure # MBH 26: Requesting Medical Records.*)
5. The requests for further information and/or medical records is documented in the authorization notes, including the date and time in which the verbal and written requests are made.
6. If the requested information is not received within applicable regulatory time frames, the Clinical Services team member makes up to two additional requests for information. (See *Policy and Procedure # MBH 911: Turnaround Timeframes.*)
7. If no further information is received after the second request, the Clinical Services team member forwards the information to the CPR.

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8. The CPR reviews the request for determination based on the available information.
9. If the CPR notifies the Clinical Services team member of a non-certification determination, he or she sets the status of the case as an “administrative non-certification.”
10. The Clinical Services team member sends written notification of the non-certification to the consumer, provider and facility within applicable regulatory timeframes. (See *Policy and Procedure # MBH 911: Turnaround Timeframes*.)
11. If the Clinical Services team member receives the requested information and the criteria for approval are met, he or she changes the status of the case to “approved” and issues the following:
  - The authorization number;
  - The number of extended days or units of service;
  - The next anticipated review point;
  - The new total number of days or services approved; and
  - The date of admission or onset of services.
12. Upon request from the attending physician or other ordering provider, facility rendering service, or patient, the organization provides written notification of any certification.
13. If the Clinical Services team member receives the requested information and the criteria for approval are not met, he or she forwards the case to the CPR.
14. The CPR reviews the case as outlined in *Policy and Procedure # MBH 6: Initiated Physician Review*.
15. All applicable regulatory time frames for prospective review, concurrent review and retrospective review are followed. (See *Policy and Procedure # MBH 911: Turnaround Timeframes*.)

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