



## American Behavioral

Document Title: *Policy and Procedure # MBH 36: Administrative Non-Certification*  
Department: Managed Behavioral Healthcare Services

### Policy:

Differentiating between non-certifications based on medical necessity and those based upon benefit limitations, exclusions, or lack of information.

### Responsibility:

Managed Behavioral Healthcare Services (MBH) team members, Medical Director.

### Procedure:

1. MBH team members forward reviews that cannot be approved based on medical necessity to the medical director for review. (See *Policy and Procedure # MBH 6: Initiated Physician Review*.)
2. MBH team members review all requests related to benefit coverage issues (i.e. exclusions, limited number of days/visits covered, etc.)
3. If the request is a non-covered benefit, the MBH team member informs the requesting party that the request cannot be approved.
4. The MBH team member consults the MBH leader and/or medical director if the determination for coverage is dependent upon certain diagnosis exclusion. This is to ensure that the diagnosis is truly a non-covered benefit.
5. If the MBH leader and/or medical director think extra-contractual benefits are a possibility; the process outlined in *Policy and Procedure # MBH 8: Extra-Contractual and Substituted Benefits* is followed.
6. If there is insufficient information to make a fair determination, the MBH team member follows the process outlined in *Policy and Procedure # MBH 7: Lack of Information* is followed.
7. All applicable regulatory timeframes apply. (See *Policy and Procedure # MBH 911: Turnaround Timeframes*.)

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