

Time Frames for Urgent and Non-Urgent Utilization Review Requests

If you include the words Urgent, STAT or ASAP on a Utilization Review request, you trigger a process that has stricter regulatory requirements for determinations, including the time frame and verbal and written member and provider notifications.

When is it appropriate to use Urgent, STAT or ASAP on a request?

Under 2016 NCQA Standards for Utilization Management – UM 5 Timeliness of UM Decisions—an Urgent Request is:

“A request for medical care or services where application of the time frame for making routine or non-life threatening care determinations:

- Could seriously jeopardize the life, health or safety of the member or others, due to the member’s psychological state, or
- In the opinion of a practitioner with knowledge of the member’s medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.”

CMO adheres to the following NCQA UM 5 Element A time frames for timeliness of non-behavioral healthcare decision making:

- Urgent pre-service decisions: within 72 hours of receipt of the request and all necessary information
- Non-urgent pre-service decisions: within 14 calendar days of receipt of the request and all necessary information

CMO’s usual time frame for making a decision on non-urgent pre-service requests is 3 business days if all information is received.

For us to serve you and your patients better and comply with all regulatory requirements, we ask that you only include Urgent, STAT or ASAP, etc. on requests that meet the definition and criteria cited above. If the service you need is not truly urgent, please remove these terms from your request/fax cover sheet.