

# CONTRA COSTA HEALTH PLAN

Utilization Management

## Title: Processing Of Claims Without Prior Authorization

Policy #: UM15.034

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Revised: 12/05

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01/2017, 01/2018, 01/2019

Reviewer: Lynn Soloway RN, Auth & UM  
Director

Reviewed: 5/20/2022

Reviewer: Dennis Hsieh, MD, JD, CMO

### Reviewed and approved by

Quality Council: 6/9/16, 4/27/17,  
12/14/17, 2/28/19, 7/2023

Presented in UM Committee:  
5/2022

Applies to:

- Medi-Cal  
 BAC

- Medicare  
 State Sponsored

- Commercial  
 All  N/A

Regulatory/Accreditation:

- CCR  
 DMHC

- CMS:  
 NCQA:

- DHS:  
 Other Reg. References:

Units:

- Administration  
 Business Services  
 Marketing  
 Provider Affairs

- Advice Nurses  
 Case Management  
 Member Services  
 Quality Management

- All Staff  
 Health Ed/Cultural Ling.  
 Planning, Survey, Reg Affairs  
 Auth/Utilization Management

OPS Council Approval Date & Sign Off \_\_\_\_\_

## POLICY

Upon receipt of an unauthorized claim request from the Claims Unit, the Authorization and Utilization Management Unit shall review the claim request for type of service rendered, urgency of service, medical necessity and prior authorization requirements. Reviewing these claims in the Authorization and Utilization Management Unit shall not exceed thirty calendar days from CCHP's receipt of the claim (in line with any other retroactive authorization request). As such, the Authorization and Utilization Management Unit shall attempt not to exceed seven business days from receipt from claims for its review and determination of these requests.

## PURPOSE

To establish an interdepartmental process for handling unauthorized claim requests in a timely manner.

## PROCEDURE

On a daily basis, a Data Entry Operator in the Claims Unit refers unauthorized claims to the Authorization and Utilization Management Unit via "AUTH" routing mailbox in the computer system. The Authorization and Utilization Management Unit's Clerical Supervisors or designee reviews this mailbox no less than 3 times a week. After reviewing available documentation related to the claim, the claim request is either denied or approved. The Authorization and Utilization Management Unit review and

determination process for unauthorized claim request shall not exceed thirty days from CCHP's initial receipt of the claim. As such, the Authorization and Utilization Management Unit shall attempt not to exceed **seven** business days from receipt from claims for its review and determination.

**IF the claim is approved:** The Authorization Unit enters an authorization in the computer system, a UM authorization letter is issued, and the claim is routed back to the Claims Unit for processing and payment.

**IF the claim is denied:** A denial is entered in the computer system by the Authorization Unit, a UM denial letter is issued, and the claim is routed back to the Claims Unit to generate a claims denial letter.