



Medical Necessity and Administrative Denial **DEFINITIONS**

Attachment for Provider Alert #PA 2008-01

Administrative Denial: A denial of services that is based on reasons other than the lack of medical necessity. Administrative denials are made for services provided that requires registration or authorization but where the practitioner or facility provider does not attempt to register or obtain authorization. An administrative denial is NOT made if the provider has attempted to obtain authorization OR if it was not reasonable to expect that the provider obtain authorization (e.g. patient brought into the ER with no ID, no friends or family, incoherent and unable to identify him or herself) or when retroactive eligibility exists and is the reason the provider did not obtain appropriate authorization.

Initial authorizations – RTC provider must obtain the initial authorization at the time of the Member’s arrival to the facility and at maximum within twenty-four (24) hours of arrival to the facility. RTC providers receive this authorization by calling their CT BHP Care Manager and notifying them of the new admission.

Concurrent authorizations – RTC provider must obtain a concurrent/continued care authorization by submitting the MTPPR or completing a telephonic review with your CT BHP Care Manager prior to the existing authorization end date, or at maximum within twenty-four (24) hours prior to the existing authorization end date.

Medical Necessity Denial: A denial of services for the requested treatment of a Member that does not appear to meet medical necessity criteria and cannot be medically certified based on the information provided by the treating clinician, or the treating clinician’s designated representative.

Medical Necessity – Health care provided to correct or diminish the adverse effects of a medical condition or mental illness; to assist an individual in attaining or maintaining an optimal level of health, to diagnose a condition or prevent a medical condition from occurring as cited in Connecticut Medicaid Program regulations.

Note: For additional denial and appeal process information, please refer to www.ctbhp.com website, click on Provider Handbook, and scroll to page 49.