

## **Request to Reopen an Organizational Determination for Medical Review**

**Purpose of this form:** If you received a medical necessity denial and there is additional clinical information that may change the outcome of our decision, please submit this form and associated clinical to the fax numbers listed below.

### **Guidelines**

- Resubmission of clinical information will not be accepted after the date of discharge for inpatient stays. Once discharged, refer to the appeal instructions in the original denial letter.
- This form must be filled out in its entirety and must be submitted along with accompanying clinical documentation. Incomplete forms, forms without clinical, or submissions with only duplicate clinical from the original request will not be considered.
- Clinical information and medical reasoning for re-review must be provided by requesting entity.
- Timelines: submission must fall within the timelines listed below for consideration
- If the resubmission does not meet the criteria for re-review and you wish to submit an appeal, please refer to the denial letter.

**Please submit the additional information along with this fax form to the following numbers:**

Inpatient Stays: 801-213-2132 or Email: [UUHP\\_Transition@hsc.utah.edu](mailto:UUHP_Transition@hsc.utah.edu)

Outpatient Pre-service Requests: 801-213-1358

## Request to Reopen an Organizational Determination for Medical Review

### Requester Information

Facility/Provider Name: \_\_\_\_\_  
Name of individual submitting this form: \_\_\_\_\_  
Direct Contact phone number: \_\_\_\_\_  
Direct Contact fax number: \_\_\_\_\_

### Member Information

Member name: \_\_\_\_\_  
Member ID: \_\_\_\_\_  
Date of birth (mm/dd/yyyy): \_\_\_\_\_  
Estimated discharge date (if IP stay): \_\_\_\_\_  
Authorization/Reference Number from original request \_\_\_\_\_  
Please select one of the following criteria to qualify for a resubmission of the previously denied service or admission.

### Reason for Resubmission Request

### Filing Timeline

Peer to Peer Discussion: Health Plan representative has agreed to re-review additional documentation as a result of a Peer to Peer Discussion

Currently admitted member to an inpatient facility in a denied status with new information demonstrating continued hospitalization is warranted

Provider believes denial was based on incomplete clinical information (for example: records were missing PT/OT notes)

48 hours of denial

Pre-service Outpatient:  
within 14 calendar days  
of denial

1. Please Provide the reason for the request to resubmitted (change on treatment plan, new medical condition, missing information):

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2. Interqual criteria/path used by the facility/reviewer to review the IP admission

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