

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 form to the following fax numbers:

Inpatient Stays: 801-213-2132

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):

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