

## An Overview of our Medical Necessity Review Process

### Timing is Important

We are committed to deciding cases quickly and professionally. Here are several time frames you can expect:

Type of review	The maximum amount of time from receipt of the information in which a health plan must decide medical necessity
Non-urgent pre-service	5 business days for fully insured and HMO/POS plan members 72 hours for non-urgent prescription drug requests for fully-insured and HMO/POS plan members 15 calendar days for self-funded plan members (unless otherwise stated in the member's Evidence of Coverage or benefit booklet)
Urgent pre-service	72 hours 24 hours for urgent prescription drug requests for fully-insured and HMO/POS plan members
Urgent inpatient or outpatient ongoing care	24 hours (in specific instances, no later than within 72 hours of receiving a request)
Retrospective/post-service	30 calendar days