

ADVERSE DETERMINATIONS AND APPEALS

IEAP serves in an advisory capacity to Third Party Administrators (TPAs) in determining the medical necessity of mental health and chemical dependency treatment. Thus, IEAP can only make recommendations to the TPA regarding the medical necessity of a particular course of treatment. The procedures contained in this section were designed to allow health care providers every reasonable opportunity to discuss their plan of treatment for the participant and provide clinical data to support their recommendations. However, each request for an appeal MUST include clinical data not previously submitted by the health care provider. Any participant, guardian, or documented representative of a participant, health care provider, physician, or representative of a facility may request a review of an IEAP recommendation for denial/adverse determination IF they were directly involved in the treatment which has been deemed medically not necessary.

A. Recommendation for Adverse Determination: An “adverse determination” is a determination by a utilization review agent that the health care services furnished or proposed to be furnishing to a patient are not medically necessary or not appropriate.

1. A physician who specializes in adult, child, and/or geriatric psychiatry will review data provided to determine whether an adverse determination is indicated.
2. IEAP will fax and/or mail a letter notifying the provider of services of an adverse determination, including
 - a) A statement of the reviewing physician’s specialties and clinical qualifications
 - b) The principal reasons for the determination
 - c) Instructions for initiating an appeal or reconsideration of the determination
 - d) Instructions for requesting a written statement of the clinical rationale, including the clinical review criteria, used to make the determination

B. Appeal Process: The formal process by which a utilization review agent offers a mechanism to address adverse determinations.

1. **Physician-to-Physician Review:** In cases in which time is an important factor in making a determination of medical necessity, a direct telephone consultation between the physician treating the participant and IEAP’s Medical Panel can be utilized to appeal a recommendation of an adverse determination.
 - a) The individual requesting the physician-to-physician review must provide the name and telephone number of the physician/therapist who will provide clinical data for review, as well as the date and time that physician is available for consultation with IEAP’s reviewer to a member of IEAP’s Care Coordination Team.
 - b) IEAP will arrange for a physician who specializes in adult, child and/or geriatric psychiatry to consult with the physician/therapist via telephone at the specified date/time. In most cases, a Physician-to-Physician review can take place within one (1) working day of the initial request; however, scheduling of such a consultation is dependent upon the availability of the physician who will provide the clinical data.
 - c) If the Physician-to-Physician review yields another recommendation of an adverse determination, a letter detailing the principal reasons for the adverse determination will be sent to the TPA within ten working days of the telephone consultation.
 - d) If the Physician-to-Physician review does not resolve the differences of opinion, the covered person or the provider on behalf of the covered person may appeal the adverse determination. The Physician-to-Physician review shall not be a prerequisite to a standard appeal or an expedited appeal of an adverse determination.
2. **Review of Records:**
 - a) In the event of an appeal of the recommendation of an adverse determination, copies of pertinent medical records may be provided for IEAP Medical Director’s review. All records should be mailed to IEAP to the attention of the Inpatient Services Coordinator. Pertinent records include: all case notes from unit staff, psychiatrists, etc.; intake forms; psychological reports; case notes from mental health consultations; laboratory reports (particularly in substance abuse cases); and any other data which directly addresses participant symptoms and the recommended treatment plan. Copies must be legible.

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- b) Results of a Review of Records will be available via telephone within one working day of the outcome of the review of the records. If the Review of Records yields another recommendation of an adverse determination, a letter detailing the principal reasons for the adverse determination will be sent to the TPA within ten working days of the receipt of records.

3. 2nd Level Review:

- a) Concurrent or retrospective second opinion reviews, including requests accompanying previously submitted records, will be forwarded to the Medical Director or to an Independent or External Review Organization.
- b) All requests for second opinion review of the same medical records previously reviewed by IEAP Medical Director will be coordinated through the Inpatient Services Coordinator. Previously submitted records which may include: all case notes from unit staff, psychiatrists, etc.; intake forms; psychological reports; case notes from mental health consultations; laboratory reports (particularly in substance abuse cases); and any other data which directly addresses participant symptoms and the recommended treatment plan will be kept in the participant's file.
- c) Results of 2nd Level Review will be available via telephone within five working days of the Medical Director's receipt of the records and will supersede the previous adverse determination. If the review of records yields another recommendation for an adverse determination, a letter detailing the principal reasons for the adverse determination will be sent to the TPA within ten working days of the telephone consultation.
- d) All subsequent requests for review will require submission of additional clinical information not previously submitted.

C. Time Frames for Appeals:

- 1. An appeal of a recommendation of an adverse determination may be entered at any time during a participant's treatment or after the treatment in question has ended. Appeals for treatment that has ended must be submitted in writing with accompanying supportive documentation (copies of records, etc.).
- 2. A method for expedited appeals for on-going treatment or emergency care may be submitted via the telephone or electronic transmission of a written document. Such a review will be conducted by a health care provider/physician who has not previously reviewed the case. Results of the appeal will be provided to the provider of record via telephone and electronic transmission no later than one working day following the day on which the appeal was made to IEAP, including all information necessary to complete the appeal.
- 3. Written notification of the determination of the appeal of recommendation for denial will be provided to the participant, physician, and facility (if any) no later than 30 days after receiving all required documentation for the appeal. All letters notifying parties in the appeal will contain a clear and concise statement of the specific clinical basis for the appeal as well as the clinical specialty of the physician making the denial.
- 4. A physician will make all appeal decisions with specialties in adult, child, and/or geriatric psychiatry. However, if within ten working days of the issuance of the recommendation for denial, the health care provider sets forth in writing good cause for having a particular type of specialty provider review the case, the denial shall be reviewed by a health care provider in the same or similar specialty as typically manages the medical/mental health condition, procedure, or treatment under discussion for the review of the recommendation for adverse determination.

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D. Staff available to perform reviews of appeals of recommendations for adverse determination:

IEAP employs one physician to serve as the Medical Director on a part-time contract basis. The Medical Director has a valid license to practice medicine in the State of Texas and is certified by the American Board of Psychiatry and Neurology in the specialization of Psychiatry as well as Child and Adolescent Psychiatry.

IEAP also maintains contracts with External Review Organizations to provide additional review services, including second level reviews and independent reviews, as necessary.

In the event that a provider requests review of an appeal of a recommendation for adverse determination by a provider with specific experience in the treatment procedure in question (such as electro convulsive therapy) or in a specialization other than Psychiatry (such as chemical dependency), IEAP will contact a physician currently under contract/In-Network with IEAP who has the necessary qualifications, specialization, training, and/or experience to perform the review of the appeal.