

# Behavioral Health Inpatient Retrospective Utilization Review

## Frequently Asked Questions (FAQ)



NUMBER	QUESTION	ANSWER
<b>REQUIREMENTS FOR SUBMISSION OF CLINICAL RECORDS AND NOTIFICATION OF ADMISSION</b>		
1.	Will an inpatient behavioral health claim be considered for payment if the facility notifies Superior of the admission, and supplies the clinical records required to complete a medical necessity review of the inpatient stay?	<p>Superior will complete a retrospective utilization review to make a medical necessity determination.</p> <p>If review of the clinical records validate the medical necessity of all inpatient days, the claim will be processed within thirty days of receipt.</p> <p>If review of the clinical records results in one or more inpatient days that are not medically necessary, the entire admission, or applicable days within the admission will be denied for lack of medical necessity.</p> <p>The member/patient, admitting physician and inpatient facility will receive an adverse determination denial letter, including appeal rights, if the medical necessity of the inpatient stay cannot be confirmed.</p>
2.	Will an inpatient behavioral health claim be considered for payment if the facility notifies Superior of the admission, but no clinical records are submitted with the inpatient claim?	<p>If no clinical records are received with the claim, one outreach attempt to collect required clinical information, allowing 5 business days for receipt.</p> <p>If the requested clinical information is not received to support the service requested, the member/patient, admitting physician and inpatient facility will receive an adverse determination denial letter, including appeal rights.</p> <p>Simultaneously, the claim will be denied for lack of medical necessity of the inpatient admission.</p>
3.	Can appeal of an adverse determination be submitted if the claim is denied for lack of medical necessity of the admission?	<p>Superior continues to accept appeals in the same manner as today. The appeal can be submitted within 60 calendar days of the adverse determination.</p> <p>The appeal must include the clinical records necessary to complete a medical necessity review of the inpatient admission.</p>
4.	Will an inpatient claim be denied if the facility does not timely notify Superior of the inpatient admission, but clinical records are submitted with the claim?	<p>The claim will be denied for failure to meet inpatient notification requirements.</p> <p>A facility has complaint rights for contractual denials for failure to provide timely notification of admission, and must provide reason and justification of why the notification was not supplied as required with the complaint submission.</p> <p>If the complaint resolution results in reversal of the denial for lack of notification, Superior will complete a retrospective utilization review to make a medical necessity determination.</p>

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		<p>If review of the clinical records validate the medical necessity of all inpatient days, the claim will be processed within thirty days of receipt.</p> <p>If review of the clinical records results in one or more inpatient days that are not medically necessary, the entire admission, or applicable days within the admission will be denied for lack of medical necessity.</p> <p>The member/patient, admitting physician and inpatient facility will receive an adverse determination denial letter, including appeal rights, if the medical necessity of the inpatient stay cannot be confirmed.</p>
5.	Will a claim be denied if the facility fails to submit clinical records with a claim, AND fails to notify of the inpatient admission?	<p>The claim will be denied for failure to meet inpatient notification requirements.</p> <p>A facility has complaint rights for contractual denials for failure to provide timely notification of admission. If a complaint is filed in response to this claim denial, the facility must provide justification of the reason for failure to notify of admission with the complaint submission.</p> <p>If the complaint resolution results in reversal of the denial for lack of notification, the facility must submit the clinical records to accommodate a medical necessity determination for the inpatient stay.</p>
<b>CLAIM RECEIPT AND CLAIM PROCESSING TIMEFRAMES</b>		
6.	What is the timeframe required for submission of the claim and clinical records?	The inpatient behavioral health claim AND the clinical records must be received by Superior within 95 days of the admission discharge date.
7.	Through what methods are clinical records submitted with an inpatient claim?	Clinical records can be submitted as attached to both electronic and paper claims. Electronic claim attachments can be submitted through the facility's claims clearinghouse, Centene EDI, or Superior's secure provider portal.
8.	What is the timeframe for Superior's review of the clinical records and processing of the claim?	Superior will complete the retrospective utilization review and finalize the claim for payment or denial within 30 days of receipt of the claim.
9.	Will Superior notify the facility if the claim is received, but clinical records are not received with the claim?	Superior will send a request for clinical records if not received with the claim. The facility will be required to submit the clinical records within 5 business days of the request for records.
10.	Will the claim be denied if clinical records are neither submitted with the claim, nor submitted to Superior within 5 business days of request for the records?	Superior will deny the claim if clinical records are not received; reference response to questions #2 and #5.