

## **1001 SECOND LEVEL REVIEW**

EFFECTIVE DATE: May 3, 2023

REFERENCES:

### **PURPOSE**

The purpose of this policy is to outline the requirements related to the Second Level Review process for Arizona Long Term Care System (ALTCS) eligible members. It applies to the Division of Developmental Disabilities Administrative Services Subcontractors (AdSS).

### **DEFINITIONS**

1. "Behavioral Health Residential Facility" or "BHRF" means a health care institution that provides treatment to an individual experiencing a behavioral health issue that:
  - a. Limits the individual's ability to be independent, or
  - b. Causes the individual to require treatment to maintain or enhance independence.
2. "Health Care Professional" means a physician, podiatrist, optometrist, chiropractor, psychologist, dentist, physician assistant, physical or occupational therapist, therapist assistant,

speech language pathologist, audiologist, registered or practical nurse (including nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist and certified nurse midwife), licensed social worker, registered respiratory therapist, licensed marriage and family therapist and licensed professional counselor.

3. "Practitioner" refers to a Physician, Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist.
4. "Second Level Review" means a review performed by a Division of Developmental Disabilities (Division) Medical Director who has the appropriate clinical expertise in managing a member's condition or disease. Second Level Review is used to screen for medical necessity and compare the findings to clinical data in the member's medical record to ensure Division members are receiving medically appropriate and high quality care.


## **POLICY**

### **A. AUTHORIZATION OF SERVICES**

1. The AdSS shall have written policies and procedures for processing requests for initial and continuing authorizations of services.
2. The AdSS shall ensure timely notification of requests for services that are provided by the Division.
3. The AdSS shall ensure that any decision to deny a service authorization request or to authorize a service amount shall be made by a Health Care Professional who has appropriate clinical expertise in treating the member's condition or disease.
4. The AdSS shall submit authorizations requests for the following services to the Division for Second Level Review prior to issuing a decision:
  - a. Behavioral Health Residential Facility (denials only);
  - b. Enclosed or partially enclosed beds;
  - c. Hysterectomy;
  - d. Sterilization;
  - e. Termination of pregnancy; or
  - f. Transplants (denials only).

5. The AdSS shall submit a Second Level Review to the Division for any transplant services and transplant immunosuppressant related medications prior to denying services.
6. The AdSS shall submit a request to the Division for prior authorization with clinical documentation that supports medical necessity for the required service and includes the following:
  - a. Medical records related to the request;
  - b. Prescription signed by a Practitioner; and
  - c. If the request is for an enclosed bed, the Healthcare Common Procedure Coding System (HCPCS) code of the bed being requested and a picture of the bed if using miscellaneous HCPCS E1399.
7. The AdSS shall submit the requests to the Division in a timely manner to allow the Division, at minimum, seven business days, for review and response for standard service authorization requests, and two business days for expedited service authorization requests. Expedited requests must be clearly labeled as expedited.

7. The AdSS may request a peer-to-peer review with the Division Medical Director if there is a disagreement regarding a service authorization.

Signature of Chief Medical Officer:   
[Anthony Dekker \(Apr 28, 2023 11:33 PDT\)](#)  
Anthony Dekker, D.O.