

Notices of Review Outcome

Written notifications of approval review determinations are sent to outpatient PT/OT/SLP providers.

Review determinations involving denials are sent in writing to the beneficiary/representative, outpatient PT/OT/SLP provider, and the prescribing provider.

Note: The beneficiary/representative's notice will not contain the medical basis for the denial.

Notices of review outcome include the following information, based upon timing of the review.

Type of Review Outcome	Information	Precert	Concurrent	Retro
Approval	Date of notice	✓	✓	✓
	Brief statement of HSM's authority and responsibility for review	✓	✓	✓
	Reason for determination and/or modification		✓	✓
	Date(s) of service being approved	✓	✓	✓
	Type service or procedure certified	✓	✓	✓
	Number of units certified	✓	✓	✓
	Total number & type procedures or services certified to date		✓	
	Time span	✓	✓	✓
	Total time span approved to date		✓	
	Treatment Authorization Number (TAN)	✓	✓	

Information contained in review denial notifications is contained in the table on the following page.

Type of Review Outcome	Information	Precert	Concurrent	Retro
Denial	Date of notice	✓	✓	✓
	Brief statement of HSM's authority and responsibility for review	✓	✓	✓
	Principal reason and clinical rationale for denial	✓	✓	✓
	Type of procedures or services, number of units, and dates of services being denied	✓	✓	✓
	Denial start date			✓
	Total number and time span for previously certified procedures or services		✓	
	Process for requesting a peer-to-peer conversation by the prescribing provider or OP PT/OT/SLP provider	✓	✓	✓
	Process for submitting a reconsideration	✓	✓	✓
	Reconsideration timeframes	✓	✓	✓
	May include approved number of days (partial approval)			✓