Utilization Review Timeframes

Points to Remember

- Organizations may refer to urgent care cases as “expedited” cases. The turnaround time is 72 hours, not business days.
- Organizations are not required to change their terminology for purposes of meeting URAC Standards.
- The time frames should be monitored on an on-going basis as part of the Utilization Management (UM) Organization’s Quality Management Program.
- Time frames are calculated based on receipt of the UM request by the organization, not on receipt of clinical information. Organizations should define the cut off time for day of receipt in policies and/or procedures. For example, the cutoff time for current day of receipt is 8 pm PT. Anything received after this time is considered the proceeding day.
- The Utilization Management Timeframes are intended to maintain consistency with the Department of Labor (DOL) Regulations.
- If your organization has stricter turnaround timeframes, you are encouraged to maintain the stricter performance turnaround time.
- Should your organization’s policies and/or documented procedures contain stricter time frame guidelines, URAC will review the case files for compliance with the organization’s defined time frames.
- Some state regulatory agencies may have specific time frames for review that are more restrictive than DOL regulations. Review the statue regulatory time frames of all states in which you conduct UM reviews.
- The time frames are inclusive of Denial Notification.
- The organizations policy and/or written procedure must state calendar days with the clock starting at the initial request for service. The 15-calendar day requirement is inclusive of the notification process.
- If the organization never extends time frames for non-urgent cases, this should be reflected in the organization’s policies and/or written procedure.

Bright Ideas 

- Develop and provide templates or guidelines to clinical providers and facilities that outline the required routine clinical information needed to support acquiring the appropriate clinical review information in a timely manner.
- If the UM review process is supported on an electronic platform, build time frame requirements into the system to alert reviewers of impending reviews.
- Develop a template that includes any specific time frames for state-specific regulatory requirements for utilization review; place this document on the intranet or integrate this template within the clinical information system based on the zip code or state abbreviation of the consumer's record.
- As part of the quality management program and monitoring activities, include an element in the case file review audit tool that is specific to adherence to review time frames for all types of reviews.
- Establish a policy and procedure to assign a staff member to review the work queues of authorizations pending review at the beginning and end of each work day.