

# ORGANIZATION DETERMINATION?



## What is an Organization Determination?

An organization determination is any decision (i.e. approval or denial) made by a Medicare health plan (e.g. CommuniCare Advantage) regarding:

1. Authorization or payment for a health care item or service;
2. The amount a health plan requires an enrollee to pay for an item or service; or
3. A limit on the quantity of items or services.

### Medicare further defines Organizational Determinations as:

- Payment for temporarily out of the area renal dialysis services, emergency services, post-stabilization care, or urgently needed services;
- Payment for any other health services furnished by a provider (other than the MA plan);
- That the enrollee believes are covered under Medicare, or if not covered under Medicare, should have been furnished, arranged for, or reimbursed by the MA plan;
- Refusal to authorize, provide, or pay for services, in whole or in part, including the type or level of services, which the enrollee believes should be furnished or arranged by the MA plan;
- Reduction, or premature discontinuation, of a previously authorized ongoing course of treatment; or
- Failure of the MA plan to approve, furnish, arrange for, or provide payment for health care services in a timely manner, or to provide timely notice of an adverse determination, such that a delay would adversely affect the health of the enrollee.

### Clinical Decision Making

The Plan uses the following criteria to determine medical necessity of request:

- National Coverage Determination
- Local Coverage Determination
- Health Plan Prior Authorization Guidelines
- InterQual

For additional information, refer back to the [Clinical Practice Guidelines](#).

## Who can Request an Organization Determination?

An enrollee, an enrollee's representative, or any provider that furnishes, or intends to furnish, services to an enrollee may request a standard organization determination by filing a request with the health plan.

Expedited requests may be requested by an enrollee, an enrollee's representative, or any physician, regardless of whether the physician is affiliated with the health plan.



## How to Request an Organization Determination?

For immediate access, contact Member Services at 1-855-969-5861 (TTY/TDD 711), or use one of the below forms:

[ISNP Prior Authorization Form for Physicians and Enrollees](#)

[CSNP/MAPD Prior Authorization Form for Physicians and Enrollees](#)

## How to Request an Appeal?

An appeal is a request for us to reconsider our original decision to deny or reduce services that you asked for. It is also referred to as a reconsideration or redetermination.

*For further information, see the [MEMBER APPEALS & GRIEVANCES](#) page.*