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eAUTH OUTPATIENT AUTHORIZATION REQUESTS: COMMONLY USED TERMS

Durable Medical Equipment (DME): Medical equipment that can withstand repeated use, is customarily used to serve a medical purpose, is generally not useful in the absence of illness or injury and is appropriate for use in the enrollee's home.

Expedited Service: An accelerated request review process will be put into place when the standard timeframe for resolution of the request could seriously jeopardize the member's life, health or ability to obtain, maintain or regain maximum function.

Home Health: Medically necessary skilled nursing and home health aide services to recipients whose medical condition, illness, or injury requires the care to be delivered in their home or in the community.

Outpatient Services: A patient of an organized medical facility, or distinct part of that facility, who is expected by the facility to receive, and who does receive, professional services for less than a twenty-four (24) hour period, regardless of the hours of admission, whether or not a bed is used and/or whether or not the patient remains in the facility past midnight.

Outpatient Clinical Documentation: Examples of this type of documentation include physician notes, nursing notes, multidisciplinary notes (social worker, dietician, physical/speech/occupational therapy), medication administration record, lab results, diagnostic test orders/results and all consultant summaries.

Post-Service Decision: Any review of care or services that has already been received (e.g., retrospective review).

Post-Stabilization Services: Covered services related to an emergency medical condition provided after the Member is stabilized, in order to maintain the stabilized condition, or to improve or resolve the member's condition.

Pre-Service: A service for the member that is requested in advance of the member obtaining medical care or services.

Pre-Service Decision: Any case or service that Sunshine Health must approve, in part or in whole, in advance of a member obtaining medical care or services.

Prior Authorization: Authorization granted in advance of the rendering of a service after appropriate medical review. When related to an inpatient admission, this process may also be referred to as pre-certification.

Retrospective Review: The initial review for medical necessity of services delivered to a member, but for which authorization and/or timely Sunshine Health notification was not obtained.

Service Authorization: The Managed Care Plan's approval for services to be rendered. The process of authorization must at least include an enrollee's or a provider's request for the provision of a service.

Time of Receipt: When the request is made to Sunshine Health in accordance with reasonable filing procedures, regardless of whether Sunshine Health has all the information necessary to make the decision at the time of the request. Time of receipt for urgent requests does not have to occur during normal business hours.

Untimely Request: An authorization request from a provider, facility or member received more than (2) two business days after an inpatient admission or after outpatient services have been initiated.

Urgent Care: Services for conditions, which, though not life-threatening, could result in serious injury or disability unless medical attention is received (e.g. high fever, animal bites, fractures, severe pain, etc.) or those conditions that substantially restrict a member's activity (e.g. infectious illness, flu, respiratory ailments, etc.).