



October 2020

Authorization Timelines and Decisions

Prior authorization for any service, including behavioral health, should be requested at least 14 calendar days before the requested service delivery date. CountyCare renders decisions on routine requests within four (4) calendar days of the receipt of request. CountyCare renders decisions on urgent requests within 48 hours of receipt of the request.

Prior authorization requests must include all relevant clinical information needed to make a medical necessity decision, including but not limited to, history and physical information, clinical evaluation (including diagnostic testing), treatment plans, discharge plans for inpatient admissions, barriers to transitions of care, and any other supporting medical information.

If all relevant clinical information is not submitted at the time of request, services may be denied. Once services are denied for medical necessity, a Peer to Peer option is available for up to 2 business days from date of denial letter. A peer to peer is not available for non- medical necessity denials. An appeal option will be required for reconsideration of denied services.

Additional information can be found in the [CountyCare Provider Manual](#).