

Urgent and Expedited Authorization Requests Tip Sheet

To ensure timely processing, please review the criteria and timelines for submitting **Urgent** or **Expedited** authorization requests across all lines of business.

Definitions

- **Urgent Care Services:** Services needed within **24 hours** to prevent the likely onset of an **Emergency Medical Condition**.
- **Urgent Medical Condition:** A serious illness or injury that must be treated within **24 hours** to avoid becoming a crisis or emergency. Also includes services needed to prevent **hospital admission** or **discharge delays**.

⚠ Requests that do **not** meet these definitions will be processed under **standard timeframes**.

Per CMS guidelines:

- If an expedited request is **denied**, the Jefferson Health Plans will:
 - Transfer the request to the **standard review process**.
 - Provide **verbal notice** of the denial promptly.
 - Issue a **written notice** within **3 calendar days** of the verbal notice.

Drug and Biologics Turn Around Times

Line of Business	Determination Time
Medicaid/CHIP Drugs	24 hours to the minute
Medicare Drugs	72 hours to the minute
Medicare Drugs (Expedited)	24 hours to the minute
ACA Drugs	15 calendar days

Turnaround Times for Services and Procedures

Non-Drug Turn Around Times

Service/Procedure	Line of Business	Determination Time
Utilization Management	Medicaid/CHIP	Standard: 2 business days for OP ancillary Urgent: 24 hours
Utilization Management	Medicare	14 calendar days
Utilization Management (no clinical)	ACA	72 hours
Utilization Management (with clinical)	ACA	24 hours
Pre-cert	Medicaid	2 business days
Pre-cert	Medicare	14 calendar days
Pre-cert (Standard)	ACA	15 calendar days
Pre-cert (Urgent)	ACA	2 business days
Retro	All	30 calendar days