

SB 83 updates the process for consumers to ask their health insurance issuer to reconsider its decision to deny payment.

**Utilization Review**

The criteria that forms the basis for denials, why an insurance company will or won't cover something, has to be on file with the Office of the Montana State Auditor

**Internal Review**

Within 180 days after receiving notice by the issuer of adverse determination a covered person may request an internal review by the issuer.

**External Review**

Within 4 months after receiving notice of right to external review, a covered person may file a request for external review by an independent source.

**Prospective Review**  
 Review conducted prior to admission or a course of treatment

Issuer must notify covered person 15 days after receiving request for review. Issuer may extend once for 15 days.  
 Expedited: Issuer must make a determination within 72 hours to approve a course of treatment.

Issuer must provide a decision no later than 30 days after the date the request was received.  
 Expedited: Issuer must make a decision within 72 hours of request.

**Standard External Review:**

- Within 5 days of receiving the request, the issuer must perform a preliminary review and notify the insured
- Within one day of the initial determination, issuer must assign case to IRO
- Within 5-10 days of assigning IRO consumer and issuer can submit additional information
- Within 45 days IRO must make determination

**Concurrent Review**  
 Review during a patient's stay or course of treatment in a health care setting

Issuer must notify the covered person sufficiently in advance to allow the person to file a grievance.  
 Expedited: Issuer must make a determination within 24 hours to extend a course of treatment.

Issuer must provide a decision no later than 30 days after the date the request was received.  
 Expedited: Issuer must make a decision within 72 hours of request.

**Expedited External Review:**

- Same process as standard but all timelines are "immediately" and all information must be transmitted by the most expeditious method.
- A decision must be made by the IRO no later than 72 hours after receiving the request.

**Retrospective Review**  
 Review of medical necessity after services have been provided to a patient

Issuer must make a decision no later than 30 days after receiving benefit request. Issuer may extend once by 15 days.  
 Expedited: Issuer must make a determination within 24 hours to extend a course of treatment beyond that initially authorized.

Issuer must provide a decision no later than 60 days after the date the request was received.  
 Expedited: Issuer must make a decision within 72 hours of request.

**Experimental or Investigational Treatment:**

- Within one business day of receiving request, the IRO must assign the review to qualified clinical reviewers.
- Within 20 days of being assigned each clinical reviewer shall provide an opinion to the IRO.
- Within 20 days of receiving the opinion of the clinical reviewer, IRO shall make a decision.

