

**HIGHLINE MEDICAL SERVICES ORGANIZATION  
MEDICAL MANAGEMENT POLICY/PROCEDURE**

<b>Title: RETROACTIVE REFERRAL REQUESTS</b>	Policy Number:	324
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**Policy**

HMSO has developed and published a list of services requiring prior authorization. Prior authorization is a process designed to ensure that HMSO enrollees receive the right care, at the right place, at the right time and that members and providers are protected from unexpected financial liability due to denial of non-covered services. The prior authorization policy is required for effective management of patient care.

The prior authorization process begins with a prospective referral request from an HMSO Member Provider or provider managing a patient's ongoing treatment. Retroactive referral requests are not accepted by HMSO for those services that require prior authorization. Elective services that require prior authorization will be denied if a referral request was not received and prior authorization was not given before the services were rendered.

Emergent services do not require a prospective referral request; timely notification is required for a retrospective review of the services rendered and authorization for any necessary follow-up care.

Retroactive referral requests may be considered for approval if good cause is shown for the delay. Good cause may be found when the record clearly shows that the delay was due to circumstances beyond the provider or member's control; incorrect or incomplete information was furnished by the health plan or HMSO staff; or destruction or damage to the provider's records was responsible for the delay.