

# Understanding Reimbursement Issues in Utah

## A Guide for Health Care Providers and Practice Administration

### Example EYLEA® (afibercept) Injection Claim Issues and Applicable State Provisions

Prior Authorization	Prompt Payment	Request for Additional Information	Filing Deadlines	Provider Appeals
<p><b>Issue:</b> Plan delays prior authorization.</p> <p><b>Example scenario:</b> Patient is diagnosed and meets medical necessity criteria for EYLEA injections. Provider submits a request for prior authorization. Plan has not made a decision.</p> <p><b>Utah Code Annotated Section 31A-22-650 states...</b></p> <p><b>Effective January 1, 2020:</b> Plan that receives a request for authorization will treat the request as a preservice claim as defined in 29 Code of Federal Regulations Section 2560.503-1 and process the request in accordance with 29 Code of Federal Regulations Section 2560.503-1, regardless of whether the coverage is offered through an individual or group health insurance policy. Subject to certain limitations, Plan may not revoke an authorization for a drug, device, or covered service.</p> <p><b>29 Code of Federal Regulations Section 2560.503-1 states...</b></p> <p>In the case of a preservice claim, Plan will notify the claimant of Plan's benefit determination (whether adverse or not) <b>no later than 15 days</b> after receipt of the claim by Plan. Plan may extend this period 1 time for up to 15 days, provided that such an extension is necessary due to matters beyond Plan's control and Plan notifies the claimant, prior to the expiration of the initial 15-day period, of the extension and the date by which Plan expects to render a decision. If such an extension is necessary due to a failure of the claimant to submit the information necessary to decide the claim, the notice of extension will specifically describe the required information, and the claimant will be afforded at least 45 days from receipt of the notice within which to provide the specified information.</p>	<p><b>Issue:</b> Plan delays timely payment pending medical necessity determination.</p> <p><b>Example scenario:</b> Patient is diagnosed and meets medical necessity criteria for EYLEA injections. Provider submits a claim for EYLEA reimbursement, but 31 days later, claim is still pending medical necessity determination.</p> <p><b>Utah Insurance Code Section 31A-26-301.6 states...</b></p> <p><b>Within 30 days</b> of the day on which Plan receives a written claim, Plan will:</p> <ul style="list-style-type: none"> <li>• Pay the claim, or</li> <li>• Deny the claim and provide a written explanation for the denial</li> </ul> <p>Plan may extend this time period by <b>up to 15 days</b> provided that:</p> <ul style="list-style-type: none"> <li>• The extension is necessary because of matters beyond its control, and</li> <li>• Plan notifies the provider and the insured in writing before the end of the initial 30-day period of the circumstances requiring the extension and the date by which Plan expects to pay or deny the claim with a written explanation for the denial</li> </ul> <p>A late fee shall be imposed of 0.033% per day.</p>	<p><b>Issue:</b> Subsequent request for additional medical information.</p> <p><b>Example scenario:</b> Provider submits a claim for EYLEA reimbursement, but 31 days later, Plan indicates payment of claim is pending receipt of additional information.</p> <p><b>Utah Insurance Code Section 31A-26-301.6 states...</b></p> <p><b>Within 30 days</b> of receiving a written claim, Plan will notify the provider if an extension becomes necessary. The notice of extension will specifically describe the required information. Plan will:</p> <ul style="list-style-type: none"> <li>• Give the provider <b>at least 45 days</b> from the day on which the provider received the notice before Plan denies the claim for failure to provide the information. If a period of time is extended as permitted because of provider's failure to submit information necessary to decide a claim, the period for making the benefit determination will be tolled from the date on which the notification of the extension is sent to the provider until the date on which the provider responds to the request for additional information</li> <li>• Pay all sums to the provider that it is obligated to pay on the claim</li> <li>• Provide a written explanation of its decision regarding any part of the claim that is denied <b>within 20 days</b> of receiving the information requested</li> </ul>	<p><b>Issue:</b> Claim is past the filing deadline.</p> <p><b>Example scenario:</b> Provider timely submits an EYLEA claim. Plan denies the claim for being past the filing deadline.</p> <p><b>Utah Insurance Code Section 31A-22-614 states...</b></p> <p>An accident and health insurance policy may not contain a time limit on proof of loss that is more restrictive to the insured than a provision requiring written proof of loss, delivered to the Plan, <b>within 90 days</b> after the date of the loss.</p> <p><b>NOTE:</b> This provision sets forth minimum standards. Provider should check contract for specific requirements.</p>	<p><b>Issue:</b> Provider appeals.</p> <p><b>Example scenario:</b> Provider wants to challenge Plan's denial or reduction of an EYLEA claim.</p> <p><b>Utah Administrative Rule R590-261-5 states...</b></p> <p><b>An internal appeal</b> must be filed <b>within 180 days</b>.</p> <p>A prospective review should be made within a reasonable time but <b>no later than 30 days</b> after receipt of the request for determination. A retrospective review should be made within a reasonable time but <b>no later than 60 days</b> after receipt of the request for determination.</p> <p><b>Utah Administrative Rule R590-261-9 states...</b></p> <p>A request for an <b>independent external review</b> must be filed <b>within 180 days</b> of notice of final adverse determination. Form for requesting the independent external review may be downloaded from the <a href="#">Utah Department of Insurance website</a>.</p> <p>Plan will pay the cost of the independent review organization for conducting the review.</p> <p><b>Utah Administrative Rule R590-261-10 states...</b></p> <p><b>Within 45 calendar days</b> after receipt of the request for an independent external review, the independent review organization will provide written notice of its decision to uphold or reverse the adverse benefit determination.</p>

Complaints regarding these and other payer issues can be made to the [Utah Department of Insurance website](#).



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