IMR Statute – Applicability

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CIC § 10169(j)

An insured may apply to the department for an Independent Medical Review when **all of the following conditions are met**:

[A claim or a preauthorization request has been submitted] . . .

(2) The disputed health care service has been denied, modified, or delayed by the insurer, or by one of its contracting providers, **based in whole or in part on a decision that the health care service is not medically necessary**.

(3) **The insured has filed a grievance with the insurer or its contracting provider, and the disputed decision is upheld or the grievance remains unresolved after 30 days**. The insured shall not be required to participate in the insurer's grievance process for more than 30 days. In the case of a grievance that requires expedited review, the insured shall not be required to participate in the insurer's grievance process for more than three days.

[A **"disputed health care service"** means any health care service eligible for coverage and payment under a disability insurance contract that has been denied, modified, or delayed by a decision of the insurer, or by one of its contracting providers, **in whole or in part due to a finding that the service is not medically necessary**. A decision regarding a disputed health care service relates to the practice of medicine **and is not a coverage decision** - CIC § 10169(b)]

IMR Statute – Where Notice is Required

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CIC § 10169 (i)

No later than January 1, 2001, every disability insurer shall prominently display in every **insurer member handbook** or **relevant informational brochure**, in every **insurance contract**, on **insured evidence of coverage forms**, on **copies of insurer procedures for resolving grievances**, on **letters of denials** issued by either the insurer or its contracting organization, and on all **written responses to grievances**, information concerning the right of an insured to request an independent medical review in cases where the insured believes that health care services have been improperly denied, modified, or delayed by the insurer, or by one of its contracting providers.

RIGHT TO INDEPENDENT MEDICAL REVIEW FLOWCHART

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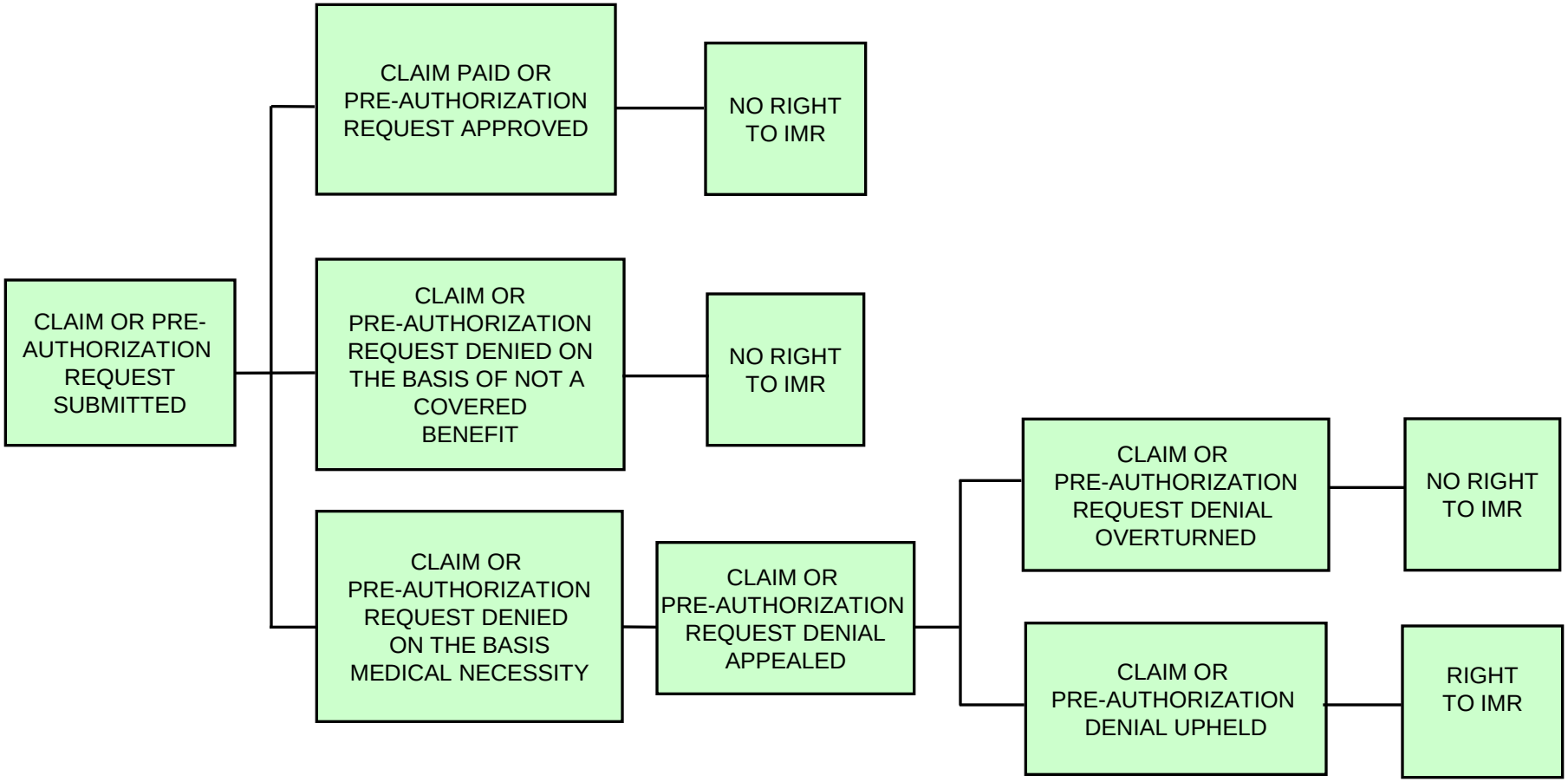

IMR – Universe of Potential Claims Subject To IMR

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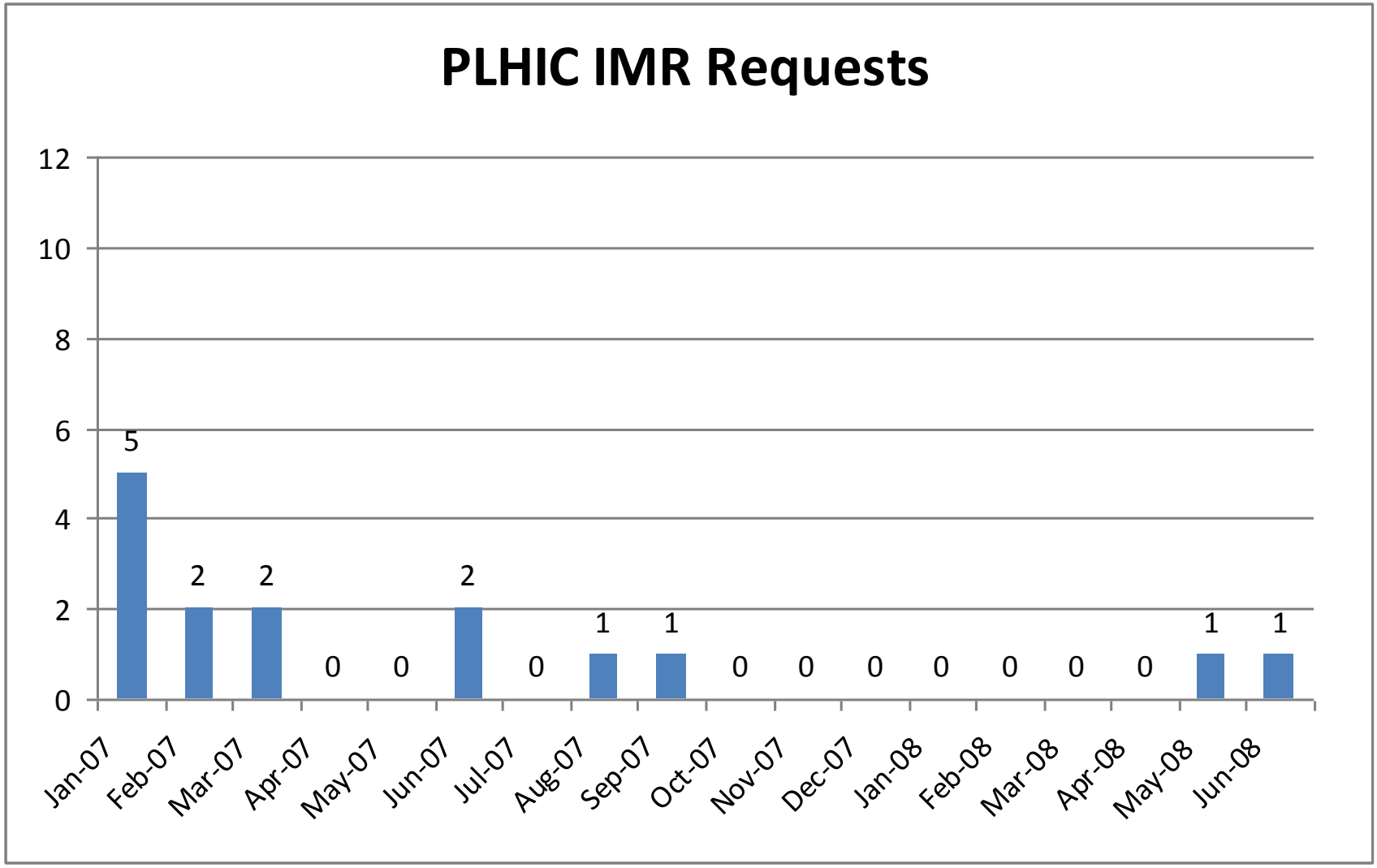
The total number of claims that were contested or denied on the basis of medical necessity from March 27, 2007 to June 15, 2007:

57

IMR Requests

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