Anthem Blue Cross and Blue Shield

Requesting Expedited Organization Determinations

Expedited organization determinations (per the CMS Manual Chapter 13, Section 50) can be requested by a provider or enrollee when the provider or enrollee believes that waiting for a determination under the standard organization determination timeframe (14 days) could place the enrollee's life or health in jeopardy. Expedited organization determinations are valid only before the service is performed.

Per section 50.3, if the health plan denies the request for expedited organization determination, the health plan will automatically apply the standard organization determination time frame with prompt oral notice to the enrolled for doing so. Additional information is available here.