**191—70.6(505,514F) Variances allowed.** Upon application by a third-party payor, the commissioner may approve a variance from the URAC standards for good cause shown, provided such conditions are consistent with the purpose of this chapter. The commissioner shall require the third-party payor to provide reasonable written notice to providers of any approved variance.

**70.6(1)** Notification of allowed coverage and denials. Notification of the attending physician and treatment facility (as used and defined in the URAC standards) by telephone within one working day is not required provided a documented communication with the physician or the physician's staff and treatment facility is made within one working day of a determination not to certify an admission or extension of a hospital stay.

**70.6(2)** Individuals who are not licensed health care professionals, but who are otherwise qualified, may perform routine utilization review under the following conditions:

*a.* They have received full orientation by the utilization review organization relating to administrative practices and policies;

*b.* They have been fully trained in the application of the medical and/or benefit screening criteria established or endorsed by the utilization review organization;

*c.* They are trained to refer review requests to licensed health care professionals when the required review exceeds their own expertise, when not addressed in the criteria established or endorsed by the utilization review organization, or when requested by the provider; and

*d.* They are under the direct supervision of a licensed health care professional.