



## **Section 2 – Clinical Criteria for UM Decisions**

### **Policy 100 – Utilization Management Criteria**

Effective: 7/2011

Revision No. 0

Approvals: UM Committee \_\_\_\_\_

Board \_\_\_\_\_

Line of Business: All

### **PURPOSE:**

To describe guidelines for the use of UM Criteria in utilization review determinations of authorization requests.

### **POLICY:**

The Utilization Management staff will follow the PMG/IPA's approved UM Criteria in utilization review determinations of authorization requests. The authorization/ denial determinations will be based on medical necessity and will reflect appropriate application of the PMG/IPA approved practice guidelines and criteria. A currently licensed in the State of California, with no restrictions to practice, PMG/IPA physician will review and sign every denial based on medical necessity. Information will be clearly documented and appropriately available for review.

An appropriate actively practicing behavioral health care practitioner will be involved in the development and/or adoption and application of behavioral health care standardized criteria.

### **PROCEDURE:**

- A. The PMG/IPA will utilize criteria/ evidenced based guidelines to determine appropriateness of medical services.
- B. The PMG/IPA uses and maintains current versions of Apollo I & II Medical Review Criteria (Manual), Medical and CMS Guidelines, National Coverage Guidelines and Coverage Guidelines of Local Medicare Contractors for use by UM Registered Nurses (RNs), Licensed Vocational Nurses (LVNs) and Physician Reviewers in determining the appropriateness of UM determinations.
- C. The PMG/IPA draws from and follows recommendations of a number of locally and nationally recognized sources in the development of medical policy and criteria related to preventive care, admissions, outpatient surgeries and diagnostic and therapeutic services. Examples of these organizations include:
  - a. American College of Obstetric and Gynecology

- b. American College of Pediatrics
- c. The United States Preventive Services Task Force
- d. Centers for Disease Control
- e. Food and Drug Administration
- f. Child Health Disability and Prevention Program (CHDP)
- g. Comprehensive Perinatal Services Program (CPSP)
- h. Department of Health and Human Services Health Care Guidelines and Requirements
- i. Centers of Medicare and Medicaid

D. The PMG/IPA also follows the criteria/ guidelines set by the Health Plans.

E. Criteria used to determine appropriate of medical services by the PMG/IPA will be consistent with criteria utilized by the Health Plans. All approved criteria will be transmitted and utilized throughout the physician networks.

F. Criteria used to determine appropriateness of medical services will include the needs of the individual members. The following criteria may include, but are not limited to, areas to consider when evaluating individual member needs:

- a. Age
- b. Co-morbidities
- c. Complications
- d. Home environment, if applicable
- e. Progress of treatment
- f. Psychosocial needs
- g. Other factors that may impact the ability to implement an individual member's care plan.

G. Application of criteria also takes into consideration the capabilities of the local delivery system, such as but not limited to:

- a. Whether services are available within the service area
- b. Benefit coverage

The PMG/IPA also considers characteristics of the local delivery system available for specific patients such as:

- ◆ Availability of skilled nursing facilities, sub-acute care facilities or home care in the organization's service area to support the patient after hospital discharge
- ◆ Coverage of benefits for skilled nursing facilities, sub-acute care facilities or home care where needed
- ◆ Local hospital's ability to provide all recommended services within the estimated length of stay

H. UM Procedures/ Processes and review criteria used by the PMG/IPA are also available for disclosure to providers, members and their representatives, and the public upon request in accordance with established regulatory and contractual agreements. UM Staff shall relay the request to the Medical Director (or designee) for response. All requests for UM Criteria are logged in the UM Criteria tracking log and are processed upon request. Disclosure request will be accompanied by the following notice:

*“The materials provided to you are guidelines used by the PMG/IPA to authorize, modify, or deny care for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual needs and the benefits covered under your contract.”*

I. Disclosure includes policies, procedures, and criteria used to authorize, modify, or deny healthcare to contracted healthcare practitioners and providers.

- The PMG/IPA will provide paper copies of the information upon request.
- The PMG/IPA will;
  - Copy criteria for each practitioner
  - Read them over the phone
  - Make them available for review at its offices
  - Distribute via the internet, and
  - Notifies the practitioners of its policy for making an appropriate practitioner reviewer available to discuss any UM denial decision and how to contact the reviewer.

J. The UM RNs and LVNs will utilize criteria to determine medical appropriateness of authorization requests:

- If the authorization request meets criteria, the RN/LVN authorizes the request and processes the request within the required timeframes according to the appropriate workflow (prospective, concurrent, retrospective, or expedited) and documents the criteria used in the determination in the management information system.
  - If the referral does not meet criteria, the RN/LVN prepares the authorization request for physician review.
  - When the physician reviewer has made the determination, the case is returned to the RN/LVN to process the authorization request according to the appropriate workflow.
  - When the physician reviewer's determination is a denial or modification, the notice of action letter must include the criteria used in the determination.
- K. Consistency of application criteria is validated at all levels according to the Interrater Reliability Testing Process”.
- L. The UM Criteria P&P will be available to the public through the website [www.missionipa.com](http://www.missionipa.com) to direct providers and members how to request a UM Criteria.