

UnitedHealthcare Clinical Services Medical Management Operational Policy

Title

UCSMM.06.15 Peer Clinical Review

Applicability

UnitedHealthcare Clinical Services Medical Management (**UCSMM**) Program

Statement

Staff members who conduct peer clinical review will be qualified health professionals, with a current license to practice in accordance with their license, or current license in the same category as the treating/ordering provider or an administrative license to review UM cases. The peer clinical reviewer will be available to provide peer-to-peer discussion. Only peer clinical reviewers will render adverse determinations for clinical review outcomes. In the case of clinical adverse determination, the peer clinical reviewer or their alternate will be available within one business day to discuss determinations with requesting providers.

Purpose

- To ensure adverse determination resulting from clinical review is conducted only by appropriately licensed health professionals
- To minimize need for formal appeal process through timely peer discussion

Definitions

Refer to **UCSMM** UnitedHealthcare Clinical Services Medical Management [Approved Definitions](#) which are maintained in accordance with operational policy UCSMM.01.11 Document Oversight and Adherence.

Provisions

PROCEDURAL GUIDELINES for POLICY COMPLIANCE

A. Peer Clinical Reviewer Qualifications

1. Is a qualified health professional.
2. ~~Is determined by clinical medical director leadership of the utilization management program through quality oversight committee approval, to be qualified based on the description of Medical Director outlined in the UnitedHealthcare Utilization Management Program Description.~~
3. ~~Staff members will~~ Complies with the established requirements or the more stringent/restrictive of applicable accreditation, state/federal law, **government** contracts or ~~government~~ program requirements when conducting reviews. **Such Requirements** This may include:
 - a) Holding active, unrestricted license or certification to practice in accordance with their license in a state or territory of the United States.
 - b) Being located in a state or territory of the United States when conducting a peer clinical review unless expressly allowed by state or federal law to be outside of the United States.

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3. ~~Has~~ **Qualifications include** education, training or professional experience in medical or clinical practice that is appropriate to render a clinical **coverage determination** ~~opinion~~ about medical conditions, procedures and treatment under review.
4. Holds a current and valid unrestricted license to practice in accordance with their license, or licensed in the same category as the treating/ordering provider or an administrative license to review UM cases.
5. If contracted to consult regarding medical necessity decisions, will also hold current board certification in a specialty recognized by the American Board of Medical Specialties or Advisory Board of Osteopathic Specialists. Standard operating procedure will define **contracted vendors providing** the use of contracted board-certified consultants. ~~and a list of contracted board-certified consultants will be maintained.~~

B. Peer Clinical Review

1. **Applies to** cases ~~that~~ are reviewed that were not approved/certified by initial screening or initial clinical review process, **including** i.e., all cases in which medical necessity ~~cannot be~~ **is not approved**, certified, or **for** in which benefits ~~are~~ **determination is** not explicitly excluded and cannot be approved based on information provided.
2. ~~Either approval/certification or a~~ **Peer clinical review is** Adverse determination are made based on clinical review criteria and evidence based **clinical criteria, individual member needs and consultation as needed.** ~~medical resources, and professional medical assessment or consultation.~~
3. A pharmacist is not permitted to conduct peer clinical review when:
 - a. State UM law prohibits pharmacists from rendering non-certifications as part of the UM process, or
 - b. The ordering provider and/or member request that a physician conduct the review, or
 - c. A patient's response to treatment requires physician intervention as indicated by medical or scientific evidence or clinical practice guidelines in circumstances that require the involvement of a physician.
4. **Peer clinical reviewers offer** peer-to-peer **discussions** ~~contact is initiated by the peer clinical reviewer as appropriate and when required; or, the peer clinical reviewer is available to the requesting provider for discussion about the decision if adverse determination is made.~~
5. **Peer clinical reviewers enter** required data ~~is entered~~ into the system with principal reason provided for adverse determinations and identification of the peer clinical reviewer
6. The peer clinical reviewers who rendered an adverse **decision is documented** ~~determination will document an electronic identifier in the medical management system.~~
7. Cases are routed to support staff to complete written/verbal determination notices that comply with operational policies UCSMM.06.17 Approval and Certification Determination Notices and UCSMM.06.18 Initial Adverse Determination Notice.

C. Peer-to-Peer Discussion

1. The goal of peer-to-peer discussion is to allow conversation with the **requesting** provider ~~who is requesting services on a prospective/concurrent basis when possible, or within a reasonable timeframe following~~ **related to** an adverse determination before the initiation of an appeal.
2. A peer clinical review determination timeframe may be extended for non-urgent cases if the determination is awaiting a peer-to-peer discussion after several attempts to reach the requesting provider. If an extension is required, the process of extending the review conforms to operational policy UCSMM.06.16 Initial Review Timeframes.
3. In the event of an adverse determination, where no peer-to-peer discussion has taken place, the peer clinical reviewer who conducted the review will be available for discussion with the requesting provider ~~within one business day.~~ An alternate peer clinical reviewer will be available if the original

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peer clinical reviewer who rendered the adverse determination is not.

4. The following guidelines apply to peer-to-peer discussion that is requested following an adverse determination:
 - i. The peer-to-peer discussion is granted within a reasonable ~~and predetermined~~ timeframe following the adverse determination, and the requesting provider is advised of the appeal process if the timeframe is exceeded;
 - ii. ~~The adverse determination will be reconsidered if permitted by contracts using based on information provided during the peer-to-peer discussion;~~
 - iii. If the peer-to-peer discussion does not result in rescission of the initial adverse determination, the provider and consumer are informed of the right to initiate an appeal and the procedure to do so in the written adverse determination notice in accordance with operational policy UCSMM.06.18 Adverse Determination Notices;
 - iv. The process for peer-to-peer discussion ~~with reconsideration and rescission~~ of an adverse determination will comply with applicable laws/regulations and government programs.
5. Peer-to-peer discussion is outside the scope of the appeal process.

APPLICABLE ACCREDITATION STANDARDS

- ~~URAC v7.4: HUM 13 Peer Clinical Review Cases~~
- ~~URAC v7.4: HUM 14 (a, b, c, and d) Peer Clinical Reviewer Qualifications~~
- ~~URAC v7.4: HUM 15 b (i-iv) Drug Utilization Management Reviewer Qualifications~~
- ~~URAC v7.4: HUM 16 Prospective, Concurrent and Retrospective Drug Utilization Review~~
- ~~URAC v7.4: HUM 17 Peer-to-Peer Conversation Availability~~
- ~~URAC v7.4: HUM 18 (a, b) Peer-to-Peer Conversation Alternate~~
- **URAC v8.1: UM 8: Clinical Peer Review, UM 8-1: Clinical Peer Review Policy, UM 9: Clinical Peer Review Qualifications, UM 9-1: Clinical Peer Reviewer Licensure, UM 10-1: Peer to Peer Conversation**
- NCQA **2023** 2022: UM 4 Appropriate Professionals - A. Licensed Health Professionals (A.1, A.2) - B. Use of Practitioners for UM Decisions (B.1, B.2) - C. Practitioner Review of Nonbehavioral Healthcare Denials - F. Use of Board-Certified Consultants (F.1, F.2)
- NCQA **2023** 2022: UM 7 Denial Notices - A. Discussing a Denial With a Reviewer - G. Discussing a Pharmacy Denial with a Reviewer

More stringent/restrictive applicable state/federal laws/regulations/contracts will take precedence over UnitedHealthcare Clinical Services Medical Management Policy.

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UCSMM.06.15 Peer Clinical Review	
Louisiana Medicaid Contract Requirements	State/Federal Medicaid Rules
<p><u>LOUISIANA MEDICAID MANAGED CARE ORGANIZATION Attachment A: Model Contract – FINAL Round 8.5.22</u></p> <p>PART 2: CONTRACTOR RESPONSIBILITIES</p> <p>2.12 Utilization Management</p> <p>2.12.5 Service Authorization Staffing Requirements</p> <p>2.12.5.2 The Contractor shall ensure that only licensed clinical professionals with appropriate clinical expertise in the treatment of an Enrollee's condition or disease and training in the use of any required assessments shall determine Service Authorization request denials or authorize a service in an amount, duration or scope that is less than requested.</p> <p>2.12.5.2.1 The individual making determinations shall attest that no adverse determination will be made regarding any medical procedure or service outside of the scope of the individual's expertise.</p>	
<p>2.12.6 Service Authorization Determination Timing and Notices</p> <p>2.12.6.4 Notices of Determinations</p> <p>2.12.6.4.3 Informal Reconsideration</p> <p>2.12.6.4.3.1 As part of the Contractor's Appeal Procedures, the Contractor shall include an Informal Reconsideration process that allows the Enrollee (or provider/agent on behalf of an Enrollee) a reasonable opportunity to present evidence, and allegations of fact or law, in person and in writing.</p> <p>2.12.6.4.3.2 In a case involving an initial determination or a concurrent review determination, the Contractor shall provide the Enrollee or a provider acting on behalf of the Enrollee and with the Enrollee's written consent an opportunity to request an informal reconsideration of an adverse determination by the physician or clinical peer making the adverse determination [42 CFR §438.402(c)(1)(ii)].</p> <p>2.12.6.4.3.3 The informal reconsideration shall occur within one (1) Business Day of the receipt of the request and shall be conducted between the provider rendering the service and the Contractor's physician authorized to make adverse determinations or a clinical peer designated by the medical director if the physician who made the adverse determination cannot be available within one (1) Business Day.</p> <p>2.12.6.4.3.4 The Informal Reconsideration does not extend the thirty (30) Calendar Day required timeframe for a Notice of Appeal Resolution.</p>	

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Policy Number/Title	Revisions
UCSMM.06.15 Peer Clinical Review	<p>A. Peer Clinical Reviewer Qualifications Revision:</p> <p>Section A.2- deleted statement about reviewer being qualified as duplicative and spoken to in remainder of Section A</p> <p>Section A.5-- revised statement to read 'contracted vendors providing' and deleted 'a list of contracted board-certified consultants will be maintained'</p> <p>B Peer Clinical Review Revision:</p> <p>Section B.2- deleted 'review based on professional medical assessment or consultation' as inaccurate and revised to read 'Peer clinical review' in place of 'adverse determinations' and added in review conducted on 'clinical criteria, individual members needs, or consultation as needed.'</p> <p>Section B.4&5- added in 'Peer clinical reviewers</p> <p>Section B.6- revised to read 'decision is documented' instead of 'documented an electronic identifier'</p> <p>C. Peer to Peer Discussion Revision:</p> <p>Section C.1- deleted explanation of provider and simplified by adding in 'requesting' provider.</p> <p>Section C.3- deleted 'within one business day;' and added in explanation to explain alternate peer reviewer will be available if the 'peer reviewer who rendered the adverse determination' is not.</p> <p>Section C.4.ii-- deleted sentence 'the adverse determination will be reconsidered if permitted by contracts using based on information provided during the peer-to-peer discussion' as unsure of accuracy</p> <p>Section C4iv.- deleted 'with reconsideration and recission'</p> <p>Applicable Accreditation Standards: Updated NCQA and URAC standards</p>