

CLINICAL REVIEW POLICY

Policy Number: ADMINISTRATIVE 085.11 T0

Effective Date: January 1, 2019

Table of Contents	Page
INSTRUCTIONS FOR USE	1
APPLICABLE LINES OF BUSINESS/PRODUCTS	1
APPLICATION	1
PURPOSE	1
DEFINITIONS	1
POLICY	1
PROCEDURES AND RESPONSIBILITIES	2
REFERENCES	2
POLICY HISTORY/REVISION INFORMATION	2

Related Policies
None

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

APPLICATION

This policy applies to all network and non-network providers, including hospitals, ambulatory surgical centers, physicians and other qualified health care professionals.

PURPOSE

The purpose of this policy is to outline Oxford's rights relating to the review of Clinical Information for the purposes of determining eligibility of coverage, precertification of medical services and claim payment.

DEFINITIONS

Clinical Information: medical records that reflect all services provided including but not limited to ancillary services/tests ordered (i.e., laboratory, pathology, radiology, nuclear medicine, etc.), all diagnostic/therapeutic services, hospital discharge summaries and consultations from other physicians/health care professionals (i.e. all behavioral health reports, ancillary providers' reports, hospital and/or outpatient records, etc.) and any other information the Provider believes would be useful in evaluating whether a service ordered or provided meets current evidence-based clinical guidelines.

POLICY

Oxford may perform clinical reviews for various reasons, including but not limited to, medical necessity determinations, Member eligibility, and to validate the accuracy of coding for services or procedures requested or rendered by network and non-network providers (including hospitals, ambulatory surgical centers, physicians and other qualified health

care professionals). Medically necessary services will be considered for reimbursement when rendered to eligible Members, as reflected in the Clinical Information, provided the services are not fraudulent or abusive.

PROCEDURES AND RESPONSIBILITIES

Oxford may request Clinical Information in connection with utilization management (UM) quality assurance and improvement processes, claim payment and other administrative obligations, including but not limited to for compliance with the terms and provisions of a providers agreement with Oxford, and with appropriate billing practice.

Clinical Information may be reviewed on an entire population of, or a subset of physicians, procedures or Members, at Oxford's discretion. Such Clinical Information may be reviewed on a prospective, concurrent and/or retrospective basis.

Clinical Information that is reviewed prospectively may be reviewed again concurrently or retrospectively to confirm the accuracy of the information available at the time of previous review. Oxford will retrospectively deny an approval only in circumstances indicated in the approval or in circumstances involving fraud, abuse or material misrepresentation.

The procedure and information required for review will depend on the circumstances of interest, as determined by Oxford in its discretion.

The process of selecting services for review, requests for Clinical Information concerning such services, review of Clinical Information, and action based on Clinical Information will comply with all applicable federal and state regulations, laws, and provisions in a specific provider's contract with Oxford. Any applicable appeal rights will be made available for adverse determinations as required by applicable law and regulation.

Oxford's recommended medical record standards are published each November in the Network Bulletin at UHCprovider.com/news.

REFERENCES

UnitedHealthcare Administrative Guide: <https://www.uhcprovider.com/en/admin-guides.html>

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2019	<ul style="list-style-type: none">Modified procedures and responsibilities; updated reference link to the <i>Network Bulletin</i> for information on recommended medical record standardsUpdated supporting information to reflect the most current referencesArchived previous policy version ADMINISTRATIVE 085.10 T0