

<b>Department:</b>	Medical Management	<b>Original Approval:</b>	01/13/2009
<b>Policy &amp; Procedure #:</b>	MM126	<b>Last Approval:</b>	06/22/2018
<b>Title:</b>	External Peer Review		
<b>Approved By:</b>	UM Committee		
<b>Dependencies:</b>	None		

## Purpose

The purpose of this policy is to describe the situations in which Community Health Plan of Washington (CHPW) may refer cases to an outside peer review organization.

## Policy and Procedure

- It is the policy of CHPW that the Medical Director may refer a case to outside peer review in the following situations:
- Medical Necessity of a procedure cannot be determined for Medicaid members using CHPW Plan-developed Clinical Coverage Criteria, HCA Health Technology Assessments (HTA), MCG guidelines®, Hayes Guidelines, or other industry-standard criteria.
- Medical Necessity of a procedure cannot be determined for Medicare members using Centers for Medicare and Medicaid Services (CMS) National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), CHPW Plan-developed Clinical Coverage Criteria, MCG guidelines®, Hayes Guidelines, American Society of Addiction Medicine criteria (ASAM), Level of Care Utilization System for Psychiatric and Addition Services (LOCUS/CALOCUS) or other industry-standard criteria.
- A procedure is experimental or investigational.
- There is a question whether a treatment is medically appropriate and meets the standard of care.
- Lack of internal resources with appropriate expertise to perform the review, either initially, or on appeal.

## PROCEDURE

This protocol shall be followed when the decision has been made by the CHPW Plan Medical Director, Behavioral Medical Director, their physician-level designee, delegated physician level reviewer or pharmacist level reviewer to refer a case to an outside organization for peer review. The Medical Director, Behavioral Medical Director, their physician-level designee, delegated physician level reviewer, or pharmacist level reviewer will refer the case to a board certified medical review service organization, such as Advanced Medical Review (AMR), for a recommended decision. The final decision is made by CHPW's Plan Medical Director, their physician-level designee or delegated physician level reviewer, or a CHPW Pharmacist as appropriate.

## PROCESSING PEER REVIEW RESULTS

All review determinations must be recorded by the Medical Director, Behavioral Medical Director, their physician-level designee or delegated physician level reviewer, or CHPW Pharmacist. Once the determination has been made, the decision is processed per normal procedures. The review results are attached to the episode in the Care Management system.

## List of Appendices

None.

## Citations & References

<b>CFR</b>	
<b>WAC</b>	
<b>RCW</b>	
<b>Contract Citation</b>	<input checked="" type="checkbox"/> WAH <input checked="" type="checkbox"/> IMC <input checked="" type="checkbox"/> MA
<b>Other Requirements</b>	
<b>NCQA Elements</b>	UM4

## Revision History

Revision Date	Revision Description	Revision Made By
01/13/2009	Original	Debbie Tanabe
04/18/2009	Changed from CM Policy 317 to UM Policy 215	Sandra Hewett
08/14/2009	Revised for NCQA Compliance	Marcia Bush Mike Hays Christa Lilienthal
10/14/2009	No change	VerniJogaratnam
11/10/2009	Moved to new template; formatted for style	Jennifer Carlisle
02/24/2010	Approval	MMLT
08/13/2010	Added WHP citation	Jason Horne
10/27/2010	Approval	MMLT
10/26/2011	Approval	MMLT
07/26/2012	Updated to remove desk procedures	Lucy Sutphen, MD, FACP
08/08/2012	Approval	MMLT
10/25/2012	Added language to allow for use of other industry- standard clinical criteria for medical necessity determinations	JaneDaughenbaugh
11/28/2012	Approval	MMLT
10/06/2013	Changed Milliman Care Guidelines to MCG CareGuidelines; Removed Behavioral Health Medical Director as a decision maker and added Pharmacist to staff documenting	JaneDaughenbaugh

	determination.	
10/09/2013	Approval	MMLT
08/27/2014	Updated Contract Citation Section, updated procedure	Andrew Boe
09/24/2014	Approval	MMLT
10/20/2015	Added Health Technology Assessment (HTA) as criteria used.	Kelly Force
10/23/2015	Added references to the Plan Medical Director's physician-level designee or delegated physician level reviewer	Jane Daughenbaugh, Director, Delegated Healthcare Services
11/05/2015	Approval	MMLT
11/05/2016	Approval	MMLT
11/28/2017	Updated approver for Policy	Justin Fowler
12/05/2017	Approval	Patty Jones
12/05/2017	Updated header to move this policy to Medical Management and designated MMLT as approving body	Yusuf Rashid
12/05/2017	Add language to Policy to include external review if internal resources are insufficient	Yusuf Rashid for Keith Brown
01/18/2018	Clarification of sources of information for determinations regarding Medicaid and Medicare members. Addition of pharmacist level reviewer to referral source for external review.	LuAnn Chen, MD
02/09/2018	Approved	MMLT
06/22/2018	Added clarity to provider roles	Justin Fowler, RN
06/22/2018	Approved	UM Committee