PERSPECTIVE FROM A UTILIZATION REVIEW PHYSICIAN

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Introduction

Board Certified

-Physical Medicine and Rehabilitation

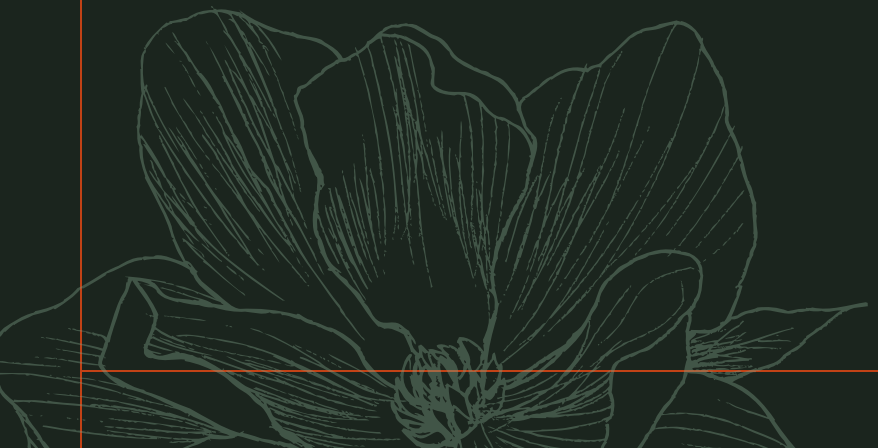
-Pain Management

-QME

Private practice, La Jolla CA

Utilization Reviewer- EK Health

QME – MD Panel, Arrowhead



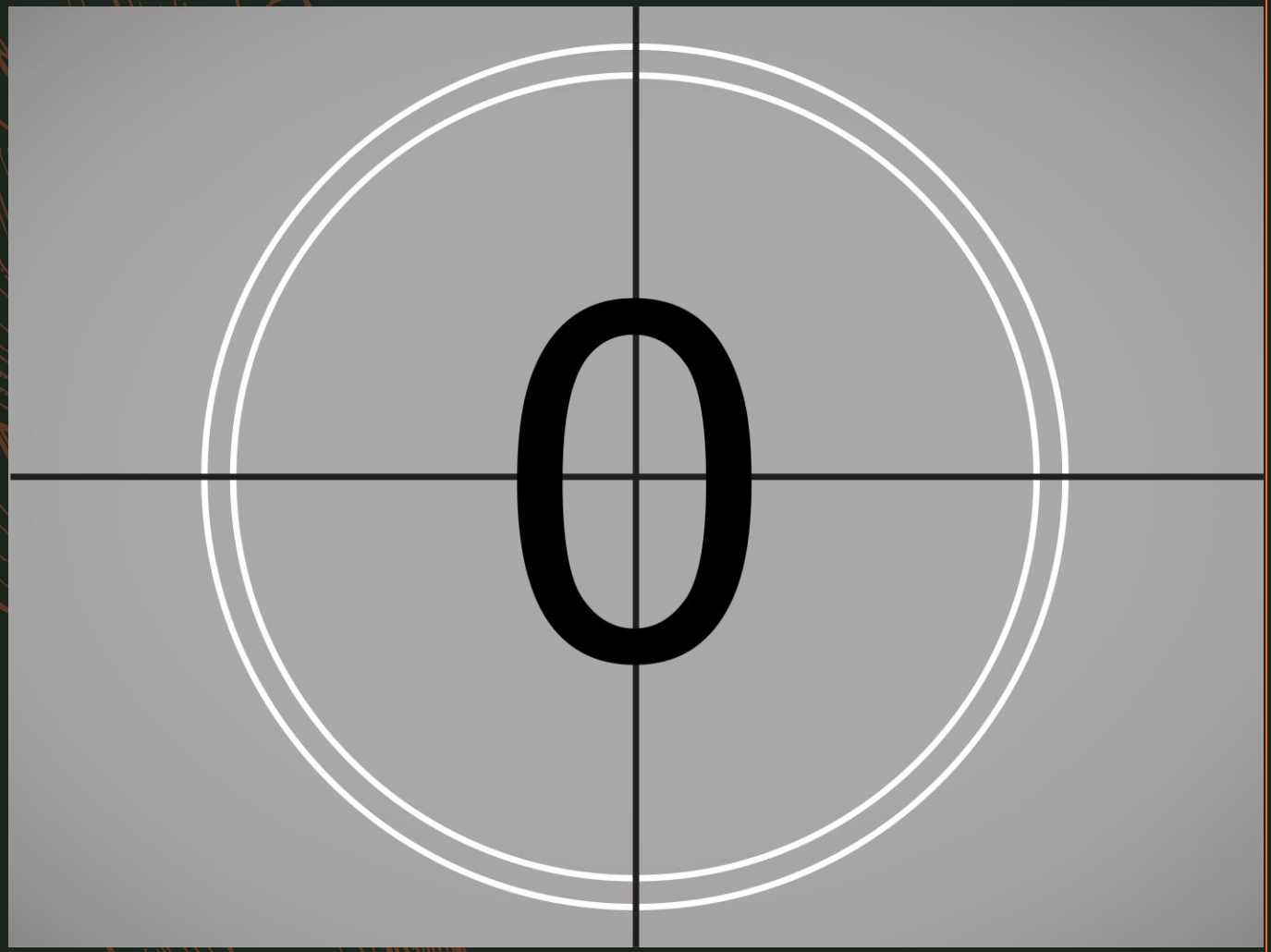
My own approval rate:

PERSPECTIVE FROM A UTILIZATION REVIEW PHYSICIAN

- Training
- Preparation and determinations
- Common reasons for denials
- Report writing
- The appeal
- Peer to peer evaluations

Training

There is no formal training for utilization reviewers



Preparation and determinations

-Cases flow through workday

-Same day cases vs next day

-Easy denials vs the more uncomfortable ones

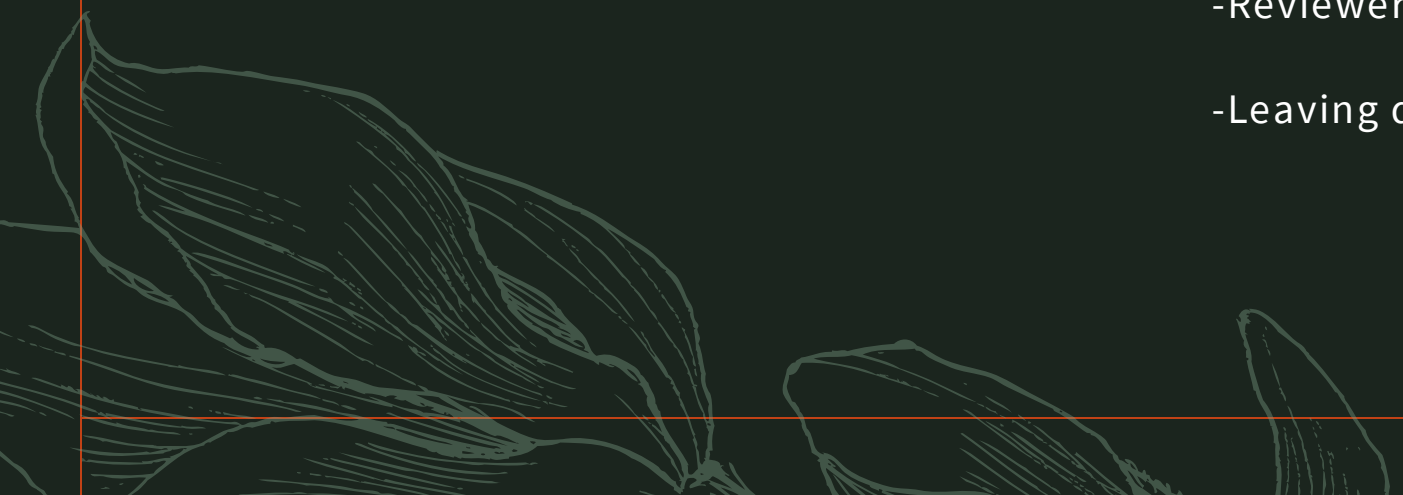
-CA MTUS vs ODG vs other

-The company matters

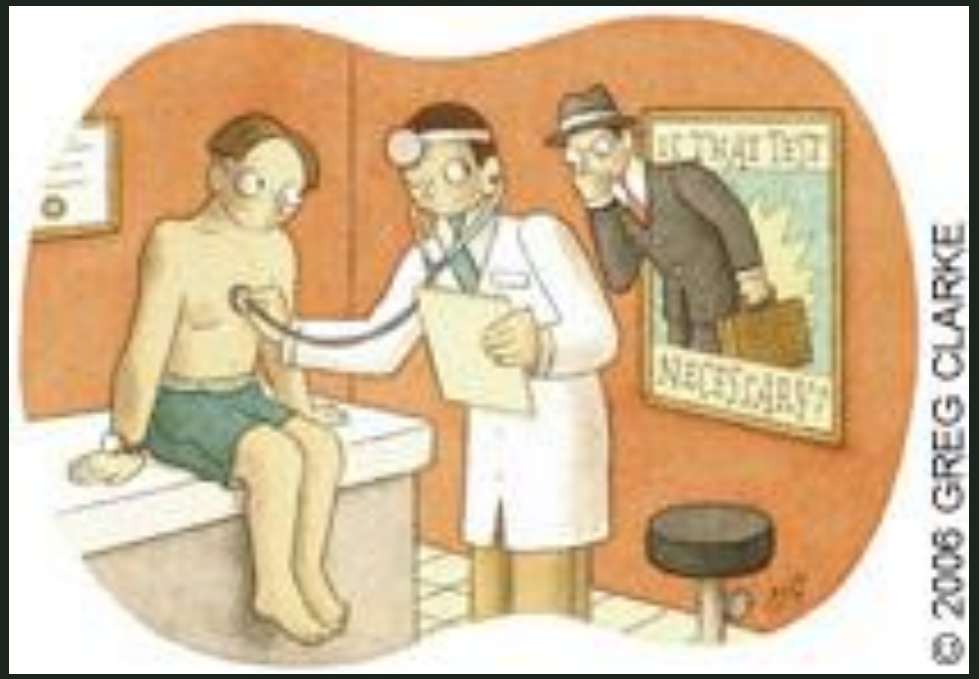
-Reviewer report cards and vendor supervision

-Reviewer variation

-Leaving determinations



Common reasons for denials



-*Lack of medical information (most common)

-Lack of Information

-Opioids (need CURES, UDS, functional improvement, etc.)

-Quantity limits of modalities

-Functional restoration programs without cause

-Repeated studies or procedures without prior evidence of benefit

-Fringe modalities not supported by guidelines

-Braces, compounds, and other obvious money grabs (compound creams)

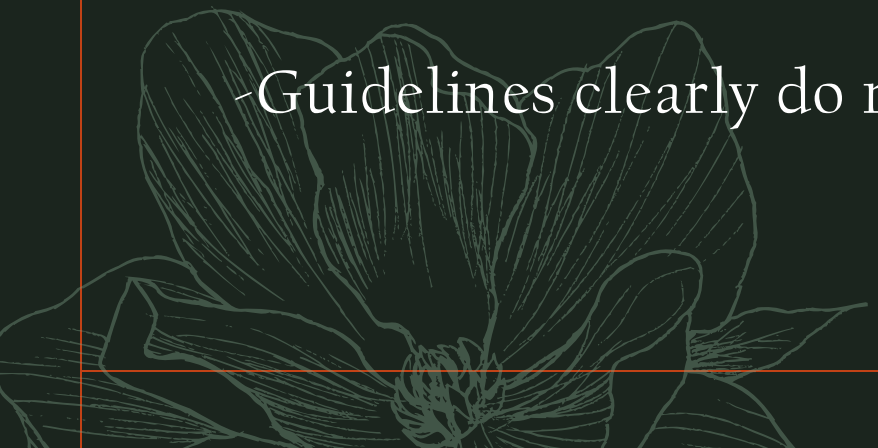
-Diagnostic testing without rationale

-Medications not indicated for long term use (ex: muscle relaxers)

-Lack of assessments for home care services

-Obvious unnecessities (gym memberships, etc.)

-Guidelines clearly do not support



The Appeal

-Needs to provide new evidence, not just re-sent reports

-Tie goes to the denial

-Appeal templates should not look the same

-Need to see reason to go outside guidelines and provide other evidence

-Reviewer report needs to address prior denial and appeal letter

Point of contention (for use on appeal letter):

1. UR physician did not contact our office/called after hours
2. UR physician did not provide determination on peer to peer
3. UR physician did not do the work themselves (assistant called)
4. UR physician took guidelines “word for word” without seeing clinical perspective
5. UR physician used outdated or non-relevant guidelines
6. UR physician did not provide sufficient rationale for denial
7. UR physician did not sufficiently review chart notes that that requested information
8. UR physician denied request without offering a request for additional information (RFI)
9. UR physician denied based upon extrapolated guidelines instead of using specific source (ex. PRP).

Peer to Peer

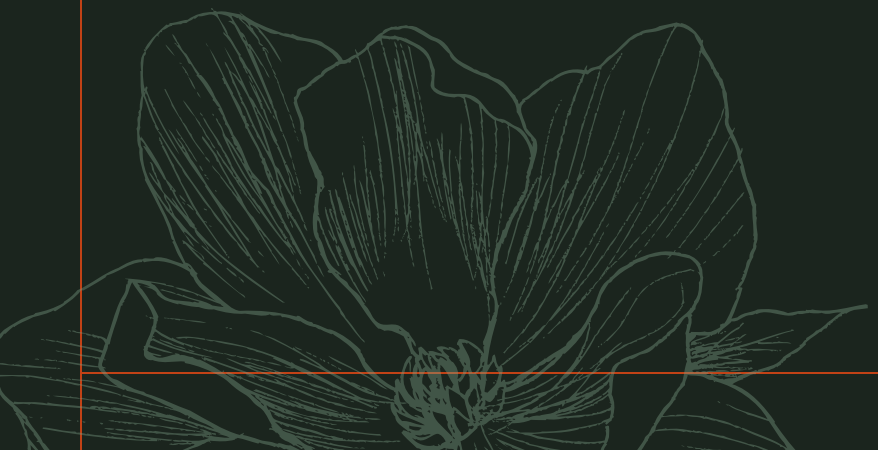
-3 attempts necessary

-must give determinations

-rates of approval vary

-must be done by physician, not assistant

-must be done at treating physician’s convenience.



Tips for increase approval rates

-Consider going BIG with small (large requests to get small items)

-Procedure and medication together on RFA

-Documentation a must... EXPLAIN WHY!

-Note quantity and prior benefit of the modality

-Be NICE on the phone.

-Come to the phone

-KNOW the guidelines

-Mention Independent medical review

Thank you

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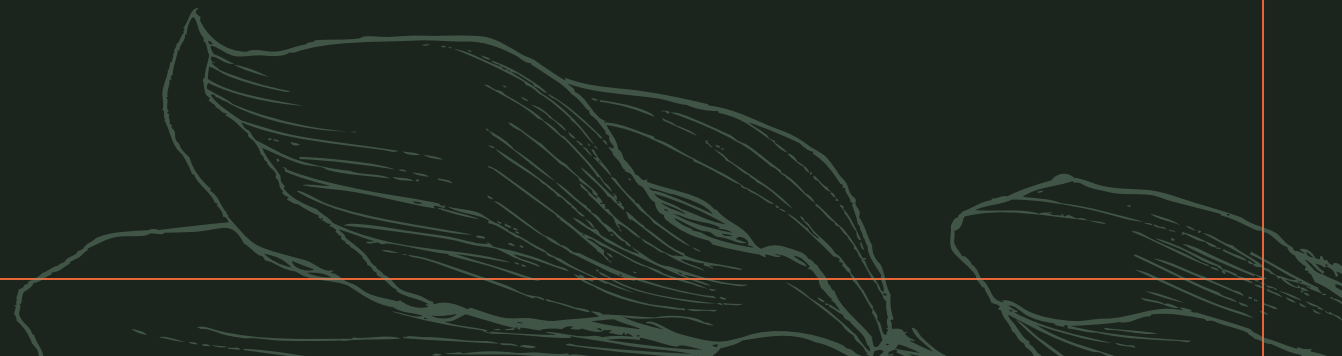


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