



Utilization Management Policy

Retrospective Clinical Review (Post-Service)

Table of Contents		Related Policies	Policy Number	336
Policy Statement.....	1	Timeframes of UM Decisions and Notification	Original Effective Date:	3/2001
Purpose.....	1	Determination of Maximum Therapeutic Benefit	Current Approval Date:	4/23/20
Scope.....	1	Maintenance or Custodial Care	Next Review:	4/2021
References.....	2	Patient Healthcare Records: Documentation Requirements for Utilization Review and File Audits	Category:	Compliance
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Policy Statement

Retrospective utilization review addresses those services, which have taken place prior to the initial receipt of documentation submitted for consideration. Retrospective utilization review is subject to those parameters stated in Policy # 75, Late Clinical Submissions. Documentation requirements are set forth in the Provider Operations Manual and Optum* by OptumHealth Care Solutions, LLC # 310, Data Collection/Data Elements. Determinations are rendered by qualified clinical peer reviewers [UM 4,7] within 30 days of receipt. Support Clinicians review case information and evaluate the following:

- Medical necessity of the requested services
- Appropriateness of services recommended/requested
- Outcome of care [UM 1]

Purpose

This policy was developed to define the parameters for retrospective clinical utilization review.

Scope

All in and out of network programs, involving all provider types, where retrospective utilization review determinations are performed (subject to specific health plan benefit limitations).

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References

1. URAC. <http://www.urac.org/>
2. National Committee for Quality Assurance (NCQA). <http://www.ncqa.org/>

Policy History/Revision Information

Date	Action/Description
3/07/2001	Original effective date
9/20/2002	Annual review and approval completed
11/11/2003	Annual review and approval completed
10/18/2004	Annual review and approval completed
2/14/2006	Annual review and approval completed
4/10/2008	Annual review and approval completed
1/15/2009	Policy reformatted
4/30/2009	Annual review and approval completed
4/08/2010	Annual review and approval completed
10/26/2010	Policy rebranded to "OptumHealth Care Solutions, Inc. (OptumHealth)"
4/07/2011	Annual review and approval completed
4/19/2012	Annual review and approval completed
4/18/2013	Annual review and approval completed
4/17/2014	Annual review and approval completed; Policy rebranded "Optum* by OptumHealth Care Solutions, Inc."
4/16/2015	Annual review completed
4/21/2016	Annual review completed
4/20/2017	Annual review completed; Legal entity name changed from "OptumHealth Care Solutions, Inc." to "OptumHealth Care Solutions, LLC."
4/26/2018	Annual review completed; no significant changes made to the document
4/25/2019	Annual review completed; no significant changes made to the document
4/23/2020	Annual review completed; no significant changes made to the document

Contact Information

Please forward any commentary or feedback on Optum utilization management policies to: policy.inquiry@optumhealth.com with the word "Policy" in the subject line.

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Certain internal policies may not be applicable to self-funded members and certain insured products. Refer to the member's Summary Plan Description (SPD) or Certificate of Coverage (COC) 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's SPD or COC, the member's SPD or COC will govern.

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