



Utilization Management Policy

Data Collection and Data Elements

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Policy Statement

Optum* by OptumHealth Care Solutions, LLC uses standard report forms specifically for submission of patient and clinical information by treating health care providers and members.

Optum collects only the information from health care providers and patients necessary for the review process.

Purpose

The purpose of this policy is to define the data elements Optum uses in conducting utilization management processes i.e., utilization review and/or notification programs.

Scope

All in and out of network programs, involving all provider types, where the submission of clinical information is a requirement.

Description

The standardized forms are identified as:

- Patient Summary Form
- Back Index
- Neck Index
- STarT Back Screening Tool (SBST)
- Disabilities of the Arm, Shoulder, and Hand (DASH)
- Lower Extremity Functional Scale (LEFS)
- Optum Fax Cover Sheet

*Optum™ Physical Health (“Optum”) includes OptumHealth Care Solutions, LLC; ACN Group IPA of New York, Inc.; ACN Group IPA of California, Inc. d/b/a OptumHealth Physical Health of California; Managed Physical Network, Inc.; and OrthoNet Holdings, Inc. which includes OrthoNet New York IPA, Inc., OrthoNet West, Inc., OrthoNet, LLC, OrthoNet of the South, Inc.



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The data collected include the following elements:

1. Patient Information
 - Name
 - Address
 - Date of Birth
 - Sex
 - Patient ID Number
 - Plan ID Number
 - Referral information if applicable

2. Enrollee Information
 - Name
 - Address
 - Employee ID Number
 - Relationship to Patient
 - Employer
 - Health Benefit Plan/Group Number
 - Other Coverage Available (Workers' Compensation, Auto, CHAMPUS, Medicare, Other)

3. Attending Physician/Health Care Provider Information
 - Name
 - Address
 - Telephone/Facsimile Numbers
 - Degree
 - Specialty/Certification Status
 - Tax ID or other ID Number

4. Diagnosis/Treatment Information
 - Primary Diagnosis
 - Secondary Diagnosis
 - Tertiary Diagnosis
 - Multiaxial Diagnosis

5. Clinical Information
 - Sufficient for support of appropriateness and level of service proposed
 - Does not represent a duplication of previously submitted documentation
 - Contact person for detailed clinical information

6. Facility Information
 - Type (such as inpatient, outpatient, special unit, SNF, rehabilitation, office/clinic, home health agency)
 - Status (licensure/certification status and DRG exempt status, as needed)
 - Name
 - Address
 - Telephone/Facsimile Number
 - Tax ID Number or Other ID Number

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References

1. National Committee for Quality Assurance (NCQA). <http://www.ncqa.org/>
2. Optum website: <https://www.myoptumhealthphysicalhealth.com/>

Policy History/Revision Information

Date	Action/Description
2/23/2000	Original effective date
3/07/2001	Annual review and approval completed
9/20/2002	Annual review and approval completed
1/31/2003	Update and approval
11/11/2003	Annual review and approval completed
10/18/2004	Annual review and approval completed
2/14/2006	Annual review and approval completed
12/04/2006	Update and approval
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 completed
10/26/2010	Policy rebranded to "OptumHealth Care Solutions, Inc. (OptumHealth)"
4/07/2011	Annual review completed
4/19/2012	Annual review completed
4/18/2013	Annual review completed
4/17/2014	Annual review completed; Policy rebranded "Optum* by OptumHealth Care Solutions, Inc."
4/16/2015	Annual review completed; Added the STarT Back Screening Tool to the Description section
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 and approval completed; no significant changes made to the document
4/22/2021	Annual review completed; Removed URAC from the reference list and social security number from data collection set
5/03/2022	Annual review completed; Added Appendix (OrthoNet Guidance)
6/29/2022	Updated legal entity name "OptumHealth Care Solutions, LLC." to *Optum™ Physical Health ("Optum") includes OptumHealth Care Solutions, LLC; ACN Group IPA of New York, Inc.; ACN Group IPA of California, Inc. d/b/a OptumHealth Physical Health of California; Managed Physical Network, Inc.; and OrthoNet Holdings, Inc. which includes OrthoNet New York IPA, Inc., OrthoNet West, Inc., OrthoNet, LLC, OrthoNet of the South, Inc.
4/27/23	Annual review and approval completed; no significant changes made to the document. Updated contact email from policy.inquiry@optumhealth.com to phpolicy_inquiry@optum.com .

Contact Information

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

The services described in Optum* by OptumHealth Care Solutions, LLC policies are subject to the terms, conditions and limitations of the Member's contract or certificate. Optum reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Optum's administrative procedures.

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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.

Appendix

OrthoNet Guidance

OrthoNet requires submission of specific, appropriate clinical information by requesting orthopedic treating providers/practitioners in order to facilitate the certification of the admission procedure or treatment, length of stay, and frequency or duration of services. The following examples of acceptable clinical information may include, but not be limited to the following:

- Operative reports
- Treatment plans and progress notes
- Office and hospital records
- History of problem
- Clinical exam
- Photographs
- Printed copy of criteria related to request
- Patient characteristics and information
- Evaluations from other practitioners

When performing prospective (pre-service), concurrent, or retrospective reviews, OrthoNet staff will:

1. Accept information from a reliable source that will assist in the certification process;
2. Collect only information necessary, including pertinent clinical data, to certify the admission, procedure or treatment, length of stay, or frequency or duration of services;
3. Not regularly require hospitals, physicians, and other providers to numerically code diagnoses or procedures for certification consideration; although in some instances, such codes may be requested (if applicable);
4. Not regularly request copies of all medical records on all patients reviewed;
5. Require only the section(s) of the medical record necessary in that specific case to certify medical necessity or appropriateness of the admission or extension of stay, frequency, duration of service, or length of anticipated inability to return to work;
6. Administer a process to share all clinical and demographic information on individual patients among the Medical Management department who have a need to know, to avoid duplicate requests for information from the member or treating provider/practitioner;
7. Not conduct Utilization review more frequently than is reasonably required to assess whether the health care services under review are medically necessary.



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In the event that necessary clinical information is missing, the OrthoNet Clinical Review staff will contact the treating provider/practitioner to inform him or her of the required information to process the request for certification. In addition, when applicable, requests for additional medical records will be requested when there is difficulty making a review determination.

Information Collected for UM Decision-Making Procedure

OrthoNet will provide a Teleform therapy request coversheet that all treating providers/practitioners should use to request services via fax. Certain programs may also have a web portal available for electronic submission of requests.

Information collected for UM decision making is as followed:

1. Member and provider demographic information
2. Diagnosis code (ICD-10)
3. Procedure codes (CPT, etc.), if applicable per program
4. Date of service (DOS), if applicable per program
5. Name of the caller, if a telephonic request
7. Telephone and fax numbers
8. Place of service
9. Name of attending physician, if applicable per program
10. Setting of service, if applicable per program
11. Coordination of Benefits (COB)/Third Party Liability (TPL) and subrogation information (as discovered by OrthoNet)
12. COB/TPL/Subrogation Flag, as necessary for investigation
13. Clinical documentation and any additional clinical information available, such as:
 - *Co-morbidities
 - *Special payment instructions, etc.