

---

**Subject: Clinical Information**

**(Page 1 of 2)**

**Objective:**

- I. To ensure that when Tuality Health Alliance (THA) makes a determination of coverage based on medical necessity, THA Medical Management staff obtains and uses relevant clinical information and consults with the treating provider(s) as necessary.

**Policy:**

- I. THA Medical Management staff uses all information related to a member's care when making Utilization Management (UM), or referral/prior-authorization, decisions; the clinical information for use may include, but is not limited to, the following:
- Office and hospital records;
  - A history of the presenting problem;
  - Clinical exam records;
  - Diagnostic testing results;
  - Treatment plans and progress notes;
  - Patient psychosocial history;
  - Information from consultations with the treating practitioner;
  - Evaluations from other healthcare practitioners;
  - Photographs;
  - Operative and pathological reports;
  - Rehabilitation evaluations;
  - A printed copy of criteria related to the UM/referral request;
  - Information regarding benefits for services or procedures;
  - Information regarding the local delivery system;
  - Patient characteristics and information; and
  - Information from responsible family members.
- II. THA reviews information using McKesson InterQual Criteria, Oregon Administrative Rules, and/or specific health plan criteria to establish medical necessity in support for UM/referral decisions.
- III. At times, it may be necessary to provide on-site review services at area hospitals or other facilities in order to obtain clinical information.

Formulated:	February 2003
Reviewed:	March 2004 March 2005 February 2006 August 2010 October 2013 September 2015

**Subject: Clinical Information**

**(Page 2 of 2)**

	August 2017
Revised	July 2007 September 2005