CHAPTER 62M

UTILIZATION REVIEW OF HEALTH CARE

62M.02 Definitions.
62M.03 Compliance with standards.
62M.09 Staff and program qualifications.

62M.02 DEFINITIONS.

[For text of subds 1 to 20, see M.S.1996]

Subd. 21. **Utilization review organization.** "Utilization review organization" means an entity including but not limited to an insurance company licensed under chapter 60A to offer, sell, or issue a policy of accident and sickness insurance as defined in section 62A.01; a health service plan licensed under chapter 62C; a health maintenance organization licensed under chapter 62D; a community integrated service network licensed under chapter 62N; a fraternal benefit society operating under chapter 64B; a joint self–insurance employee health plan operating under chapter 62H; a multiple employer welfare arrangement, as defined in section 3 of the Employee Retirement Income Security Act of 1974 (ERISA), United States Code, title 29, section 1103, as amended; a third party administrator licensed under section 60A.23, subdivision 8, which conducts utilization review and determines certification of an admission, extension of stay, or other health care services for a Minnesota resident; or any entity performing utilization review that is affiliated with, under contract with, or conducting utilization review on behalf of, a business entity in this state.

History: *1997 c 225 art 2 s 30*

62M.03 COMPLIANCE WITH STANDARDS.

Subdivision 1. **Licensed utilization review organization.** Beginning January 1, 1993, any organization that meets the definition of utilization review organization in section 62M.02, subdivision 21, must be licensed under chapter 60A, 62C, 62D, 62N, or 64B, or registered under this chapter and must comply with sections 62M.01 to 62M.16 and section 72A.201, subdivisions 8 and 8a. Each licensed community integrated service network or health maintenance organization that has an employed staff model of providing health care services shall comply with sections 62M.01 to 62M.16 and section 72A.201, subdivisions 8 and 8a, for any services provided by providers under contract.

[For text of subds 2 and 3, see M.S.1996]

History: *1997 c 225 art 2 s 62*

62M.09 STAFF AND PROGRAM QUALIFICATIONS.

[For text of subds 1 and 2, see M.S.1996]

Subd. 3. **Physician reviewer involvement.** A physician must review all cases in which the utilization review organization has concluded that a determination not to certify for clinical reasons is appropriate. The physician should be reasonably available by telephone to discuss the determination with the attending physician. This subdivision does not apply to outpatient mental health or substance abuse services governed by subdivision 3a.

Subd. 3a. **Mental health and substance abuse reviews.** A peer of the treating mental health or substance abuse provider or a physician must review requests for outpatient services in which the utilization review organization has concluded that a determination not to certify a mental health or substance abuse service for clinical reasons is appropriate, provided that any final determination not to certify treatment is made by a psychiatrist certified by the American Board of Psychiatry and Neurology and appropriately licensed in the state in which the psychiatrist resides. Notwithstanding the notification requirements of section 62M.05, a utilization review organization that has made an initial decision to certify in accordance with the requirements of section 62M.05 may elect to provide notification of a determination to continue coverage through facsimile or mail.

[For text of subds 4 to 8, see M.S.1996]

History: *1997 c 140 s 1,2*