

Medical director determination documentation

Quick reference guide



During audits, medical director documentation and letter language are closely evaluated. Letter requirements can come from the federal or state level and accrediting agencies.

At a minimum, the following should be the components of letter language documentation:

- Medical director full name and department
- Criteria used to make the determination, based on the applicable business area hierarchy
- Case summary, including review of past relevant information
- Summary of information obtained during a peer-to-peer review, if applicable
- Decision summary
 - Approval
 - Adverse
 - Mixed/split determination
- For adverse determinations, include the reason for the adverse determination
- Denial notice rationale should:
 - List the criteria used for the denial
 - Contain information needed to approve coverage
 - Provide special language requirements



Questions

If you have questions, please contact your clinical delegation oversight consultant, or email the Clinical Business Performance Oversight team at cbpo_support@uhc.com.