

	DEPARTMENT:	Utilization Management
	SUBJECT:	Use of Board-Certified Consultants
	PRODUCT LINE:	All
	POLICY NUMBER:	118
	ORIGINAL POLICY EFFECTIVE DATE:	7/1/2022
	LAST REVISED DATE:	11/2/2024
	LAST REVIEWED DATE:	11/2/2025

SCOPE:

To ensure Group Health Cooperative of Eau Claire consistently employs the use of external consultants when necessary to assist in making medical necessity determinations on complex cases where decisions cannot be sufficiently made via the use of established clinical support tools already in place (i.e.: InterQual, Hayes or internal policy and procedures). The external consult will be with a board-certified consultant that is either a GHC in network provider or a contracted Independent Review Organization (IRO).

DEFINITIONS:

Board-Certified Consultant: Physician of a nationally recognized specialty board who has received and maintains that board’s certification.

Independent Review Organization: An external independent entity that conducts Medical or Behavioral Health reviews of medical necessity determinations and adverse health care treatment decisions and performs independent peer reviews.

Medical Necessary Services: Healthcare services that are a covered benefit that a healthcare provider would prescribe to prevent, evaluate, diagnose, or treat illness, injury or disease that are consistent with general standards of practice and appropriate in relation to level of care, quantity, length of treatment, cost effectiveness and are not for convenience.

PROCEDURE:

1. The GHC Chief Medical Officer, Assistant Medical Director, or Clinical Pharmacist may seek consultation for medical necessity determinations from a board-certified consultant via a provider who is credentialed as part of the Cooperative’s network, or, via IRO, in the following situations:
 - a. An unusually complex case that cannot be determined via the use of available existing internal clinical support tools (InterQual, Hayes, internal Policy and Procedure)
 - b. Cases requiring special expertise
 - c. Situations of discord between the treating provider and the Cooperative’s Chief Medical Officer, Assistant Medical Director, or Clinical Pharmacist that arise regarding treatment plan or appeal decision (Grievance/Appeal process in place)

2. When consultation is necessary an in-network board certified consultant is selected from our online provider directory or a contracted IRO is used to review the medical information and current treatment plan, define the current standards of care, and make a recommendation on coverage of the service. Compliance maintains a list of contracted IROs and the UM Manager has access to the names and contact information for the IROs.

3. UM staff may consult with a network board certified consultant from our provider directory at any time. This directory is available to all UM staff. When a contracted IRO board certified consultant is

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being used for the consult, the UM Manager requests the review and furnishes the clinical information to the IRO.

4. The board-certified consultant or contracted IRO will review the case and make a determination within a specified timeframe and provide the results back to the Chief Medical Officer or other designated staff.
5. The Chief Medical Officer, Assistant Medical Director, or Clinical Pharmacist (Advisor Reviewer) reviews the report of the board-certified consultant or contracted IRO and makes a medical necessity determination. An Advisor Review task reminder is sent to the Advisor Review queue. The advisor reviewer will make the determination and document the board-certified consultant or contracted IRO recommendations in a note entitled, Board Certified Consultant. The Evaluate Advisor Review task is returned to the appropriate work queue (Inpatient or Outpatient) so determination letters can be sent.
6. Board certifications of network consultants are vetted through the Cooperative's Provider Relations credentialing and recredentialing processes. IRO is responsible for vetting consultants through their own credentialing and recredentialing process.

APPROVED: *Michele Bauer MD.* DATE: 11/2/2025

Formal policies and procedures require department manager review, approval and signature. Executive and/or administrative policies and procedures require CEO/General Manager review, approval and signature.

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
7/1/2023	Michele Bauer, MD, CMO	Reviewed. No Changes.
7/2/2024	Michele Bauer, MD, CMO	Reviewed. No changes.
11/2/2024	Michele Bauer, MD, CMO	Updated process for requesting a board certified consultant review.
11/2/2025	Michele Bauer, MD, CMO	Revised. No changes.