

## UTILIZATION REVIEW

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
<p>Does a QIO or another group outside the hospital do all URs for your hospital?</p> <p><b>If YES, you do not have to answer the remaining questions.</b></p> <p><b>If NO, continue.</b> A-0653, A-0655 COP §482.30(a)&amp;(c)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does your hospital have a UR plan for the services provided by the hospital and its medical staff to Medicare and Medicaid patients? A-0652 COP §482.30</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Are there at least two doctors of medicine or osteopathy on the UR committee? A-0654 COP §482.30(b)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the hospital assure that none of the members of the UR committee have a direct financial interest of 5% or greater in the hospital? A-0654 COP §482.30(b)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Are any members professionally involved in the care of the patient whose case is being reviewed excluded from the review? A-0654 COP §482.30(b)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Has the governing body delegated to the UR committee the authority and responsibility to carry out the UR function? A-0654 COP §482.30(b)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the UR plan and other documentation show frequent reviews of the medical necessity with respect to admission, duration of stay and professional services offered? A-0655 COP §482.30(c)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>If paid under prospective payment system, does your UR plan specify which extended length of stay cases (outliers) are to be reviewed? A-0655 COP §482.30(c)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>If paid under PPS, does your UR plan specify which extraordinarily high costs cases (outliers) are to be reviewed? A-0655 COP §482.30(c)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Does the UR committee review all cases reasonably assumed to be outlier cases (i.e., the extended length of stay exceeds the threshold criteria for the diagnosis, as described in <a href="#">§412.80(a)(1)(i)</a> ? A-0657 COP §482.30(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the URs carried out in the time frame specified in the UR plan and documented? A-0657 COP §482.30(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does your UR plan define extended stay? A-0657 COP §482.30(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there documentation about the number of days needed for each diagnosis to qualify as extended stay? A-0657 COP §482.30(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are periodic reviews of extended stays carried out on or before the expiration of the stated period or no later than seven days after the date required in the hospital's plan? A-0657 COP §482.30(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the determination that an admission or continued stay is not medically necessary made by one member of the UR committee if the practitioner(s) caring for the patient agree, or at least two members of the UR committee if the practitioner(s) do not agree? A-0656 COP §482.30(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the final determination that a patient's stay is not medically necessary or appropriate always made by a physician? A-0656 COP §482.30(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
When determining medical necessity, do the UR members consult with the practitioner(s) responsible for the care of the patient? A-0656 COP §482.30(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the written notice sent to the attending physician, the patient (or next of kin), the facility administrator and the state agency (in the case of Medicaid) no later than two days after final determination or no later than three working days after the end of the assigned extended stay period? A-0656 COP §482.30(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<p>Does the UR committee review the use of professional services (diagnostic and therapeutic services and procedures) provided to determine medical necessity and to promote the most efficient use of available health facilities and services? A-0658 COP §482.30(f)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

### Key Resources and Links

- [COP §482.30](#)
- COP [§412.80\(a\)\(1\)\(i\)](#)