

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

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HOUSE BILL 715
Committee Substitute Favorable 4/23/99

Short Title: Utilization Review/ASAM Criteria.

(Public)

Sponsors:

Referred to:

March 30, 1999

A BILL TO BE ENTITLED

1 AN ACT TO PROVIDE THAT UTILIZATION REVIEW CRITERIA FOR
2 SUBSTANCE ABUSE TREATMENT BE CRITERIA ADOPTED BY THE
3 AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM) OR SIMILAR
4 CRITERIA.
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6 The General Assembly of North Carolina enacts:

7 Section 1. G.S. 58-50-61(d) reads as rewritten:

8 "(d) Program Operations. – In every utilization review program, an insurer or URO
9 shall use documented clinical review criteria that are based on sound clinical evidence
10 and that are periodically evaluated to assure ongoing efficacy. An insurer may develop its
11 own clinical review criteria or purchase or license clinical review criteria. Criteria for
12 determining when a patient needs to be placed in a substance abuse treatment program
13 shall be the diagnostic criteria contained in the most recent revision of the American
14 Society of Addiction Medicine Patient Placement Criteria for the Treatment of
15 Substance-Related Disorders or criteria for determining when a patient needs to be placed
16 in a substance abuse treatment program adopted by the insurer or its URO. The
17 Department, in consultation with the Department of Health and Human Services, may
18 require proof of compliance with this subsection by a plan or URO.

1 Qualified health care professionals shall administer the utilization review program and
2 oversee review decisions under the direction of a medical doctor. A medical doctor shall
3 evaluate the clinical appropriateness of noncertifications. Compensation to persons
4 involved in utilization review shall not contain any direct or indirect incentives for them
5 to make any particular review decisions. Compensation to utilization reviewers shall not
6 be directly or indirectly based on the number or type of noncertifications they render. In
7 issuing a utilization review decision, an insurer shall: obtain all information required to
8 make the decision, including pertinent clinical information; employ a process to ensure
9 that utilization reviewers apply clinical review criteria consistently; and issue the decision
10 in a timely manner pursuant to this section."

11 Section 2. This act becomes effective October 1, 1999, and applies to
12 utilization reviews conducted on and after that date.