



Ohio Revised Code

Section 3922.07 Information considered for review.

Effective: December 26, 2011

Legislation: House Bill 218 - 129th General Assembly

In addition to the information provided under division (D)(1)(b) of section 3922.05, division (B) of section 3922.08, division (C) of section 3922.09, and division (D) of section 3922.10 of the Revised Code, an assigned independent review organization, to the extent that such documents are available and appropriate, shall consider all of the following when conducting its review:

- (A) The covered person's medical records;
 - (B) The attending health care professional's recommendation;
 - (C) Consulting reports from appropriate health care professionals and other documents submitted by the health plan issuer, covered person, or covered person's treating provider;
 - (D) The terms of coverage under the covered person's health benefit plan to ensure that the independent review organization's decision is not contrary to the terms of the plan;
 - (E) The most appropriate practice guidelines, including evidence-based standards, and practice guidelines developed by the federal government, and national or professional medical societies, boards, and associations;
 - (F) Any applicable clinical review criteria developed and used by the health plan issuer or its designated utilization review organization;
 - (G) The opinion of the independent review organization's clinical reviewer or reviewers after considering the other sources described in this section.
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