

**Government Business Division
Policies and Procedures**

Section (Primary Department) Utilization Management	SUBJECT (Document Title) Review of Non-English Medical Records - CA
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Effective Date 09/22/2006	Date of Last Review 04/08/2024	Date of Last Revision 03/30/2023	Dept. Approval Date 04/08/2024
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Department Approval/Signature:

Policy applies to health plans operating in the following State(s). Applicable products noted below.

<u>Products</u>	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

POLICY:

Medical records that are received in a non-English language requiring review for payment will be reviewed by a nurse or peer clinical reviewer proficient in that specific non-English language. The review will be for the purpose of determining medical necessity.

DEFINITIONS:

None

PROCEDURE:

Medical records received in a non-English language will be read and reviewed by an available multi-lingual internal nurse or peer clinical reviewer. Linguistic needs that cannot be met by internal staff will be forwarded to qualified multi-lingual medical professionals.

Claims Operations send claims with medical records to the Post Service Clinical Claims Review (PSCCR) or Grievance and Appeal (G&A) departments when medical review is required to determine medical necessity. When a claim is not a covered benefit, the claim along with translation of medical records is handled in Claims Operations and not by PSCCR or G&A.

REFERENCES:

None

RESPONSIBLE DEPARTMENTS:

Primary Department:
Utilization Management

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Secondary Department(s):

Case Management
Grievance and Appeals

EXCEPTIONS:

None

REVISION HISTORY:

Review Date	Changes
04/08/24	<ul style="list-style-type: none"> Annual Review; no changes
03/30/23	<ul style="list-style-type: none"> Annual Review Updated primary department from “Medical Management: Case Management and Utilization Management” to “Utilization Management” Added “Case Management” as a secondary department
03/24/22	<ul style="list-style-type: none"> Annual Review, no changes
03/10/21	<ul style="list-style-type: none"> Annual Review, no changes
03/11/20	<ul style="list-style-type: none"> Annual Review, no changes
03/06/19	<ul style="list-style-type: none"> Annual Review, no changes
03/20/18	<ul style="list-style-type: none"> Annual Review, no changes
03/31/17	<ul style="list-style-type: none"> Annual Review, no changes
04/29/16	<ul style="list-style-type: none"> Annual Review, no changes
03/02/15	<ul style="list-style-type: none"> Created California specific document from the business wide document