BACKGROUND: The Louisiana State Board of Medical Examiners (the Board) has received an inquiry from the public as to whether physicians who serve as medical review officers (specifically to utilization reviews and peer reviews) must be licensed by the Board to practice medicine in Louisiana. In response to this inquiry, and because the law has changed since previous guidance was issued by the Board on this subject, the Board has deemed that updated guidance on this subject is warranted.

STATEMENT OF POSITION: By declaring the following Statement, the Board intends to: (i) protect the public and ensure quality of health care in Louisiana; and (ii) inform physicians and other interested parties of the licensing requirements for medical review officers in this State.

Current law relating to medical review officers is found in La. R.S. 22:2391 et seq., the “Internal Claims and Appeals Process and External Review Act” (“the Act”), effective January 1, 2015.¹ The Act establishes standards and criteria for the structure and operation of utilization review and benefits determination processes and provides uniform standards for the establishment and maintenance of internal claims and appeals processes and external review procedures, including independent reviews of adverse or final adverse determinations.²

The Act contains various definitions,³ including:

(10) "Clinical peer" means a physician or other health care professional who holds a nonrestricted license in a state of the United States and in the same or similar specialty as typically manages the medical condition, procedure, or treatment under review.

(27) "Health care professional" means a physician or other health care practitioner licensed, accredited, registered, or certified to perform specified health care services consistent with state law.

¹ The Board notes that Louisiana law relating to medical review officers has been amended. Accordingly, some of the Board’s earlier guidance may no longer be applicable. Additionally, the information provided herein is not legal advice, and any questions of law should be directed to an attorney.

² La. R.S. 22:2391 (B)(1) and (3).

³ La. R.S. 22:2392 (emphasis added).
"Utilization review" means a set of formal techniques designed to monitor the use of or evaluate the clinical or medical necessity, appropriateness, efficacy, or efficiency of health care services, procedures, or settings. Techniques may include ambulatory review, prospective review, second opinion, certification, concurrent review, case management, discharge planning, or retrospective review.

The Act contemplates that internal reviews will be conducted by a health insurance issuer or its designee utilization review organization. A utilization review organization must be licensed by the Louisiana Commissioner of Insurance ("the Commissioner.")

External reviews of an adverse or final adverse determination resulting from the internal claims and appeals processes may be requested from the Commissioner. These reviews are conducted by independent review organizations approved by the Commissioner. To be eligible to perform external reviews, an independent review organization must meet various statutory requirements and ensure that such reviews are conducted by clinical peers as defined La. R.S.2392.

Current law appears to have removed any difference in licensing requirements between medical review officers performing "internal" versus "external" reviews. Thus, it is the Board’s position that under current law, a physician who serves as medical review officer for purposes of utilization reviews and peer reviews in the State of Louisiana is not required to be licensed in Louisiana, but must hold an unrestricted license in a state of the United States.

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7 La. R.S. 22:2440, et seq.