



Coast Healthcare Management, LLC

Management Company for

Alamitos IPA ♦ Brookshire IPA ♦ Family Care Specialists IPA
 Good Samaritan Medical Practice Association ♦ Lakewood IPA
 Premier ACO Physicians Network, LLC ♦ Premier Health Plan Services, Inc.
 Primary Care Associates of California ♦ St. Mary IPA

4909 LAKEWOOD BLVD., SUITE 200, LAKEWOOD, CA 90712

P: (562) 602 - 1563 ♦ F: (562) 529 - 8490 ♦ www.coasthealthcare.net

Policy Name: Second Opinion	Department: Utilization Management
Policy Number: 1.0.14	Date Issued: 5/10/99
Approved By: Khalid Saeed, MD, Medical Director/UM Chairperson	Approval Date: 1/5/07, 4/12/10, 2/14/11, 8/20/12, 1/14/13, 8/11/13
	Revision Date: 5/10/99, 7/24/00, 8/9/04, 1/5/07, 9/13/10, 2/13/12, 7/17/12, 12/10/12, 8/10/13

- I. **Purpose:** To define the second opinion referral process.

- II. **Policy:**
 - A. It is the policy of Coast Healthcare Management (CHM) to appropriately review and process second opinion requests per Health Plan criteria.
 - B. Members have the right to request a second opinion and can make this request at any time regardless of the line of business.
 - C. Second opinion approvals or denial request decisions and notifications will be made within a period of time appropriate for the member's circumstances, but within no more than 72 hours from receipt of the request when the members condition poses an imminent and serious health threat, including potential loss of life, limb, or other major bodily function, or if lack of timeliness would be detrimental to the members ability to regain maximum function.
 - D. Reasons for a second medical opinion to be provided or authorized must include the following (Commercial):
 1. If the member questions the reasonableness or necessity of recommended surgical procedures. [CA Health & Safety Code 1383.15(a)(1)].
 2. If the member questions a diagnosis or plan of care for a condition that threatens loss of life, loss of limb, loss of bodily function, or substantial impairment. [CA Health & Safety Code 1383.15(a)(2)].
 3. If clinical indications are not clear or are complex, a diagnosis is in doubt due to conflicting tests, or the treating practitioner is unable to diagnose the condition, and the member requests an additional diagnosis. [CA Health & Safety Code 1383.15(a)(3)].
 4. If the treatment plan in progress is not improving the medical condition within an appropriate period of time given the diagnosis and plan of care, and the member requests a second opinion regarding the diagnosis or continuance of the treatment. [CA Health & Safety Code 1383.15(a)(4)].
 5. If the member has attempted to follow the plan of care or consulted with the initial practitioner concerning serious concerns about the diagnosis or plan of care. [CA Health & Safety Code 1383.15(a)(5)].
 - E. Medicare second opinion referrals will be made to a provider within the IPA contracted network if at all possible, however, if authorized CHM will take into account the members ability to travel to the provider rendering the second opinion. Commercial second opinion referrals for an OON provider will be directed to the Health Plan.

- F. A second opinion shall be rendered by a PCP or specialist (SCP) acting within the scope of practice and who possess clinical background including training and expertise related to the particular illness or condition.
- G. If the second opinion is regarding PCP care, the patient may seek a second opinion within the IPA network. If the second opinion is care from a SCP, the second opinion may be obtained within the Health Plan's entire network, and the Health Plan will incur costs beyond the member's co-pay.
- H. If there is no participating plan provider with the IPAs provider network or if the member requests a second opinion outside the provider network, the member is instructed to phone the Customer Service Department of their Health Plan.
- I. If there is no specialist available within the Health Plan network, then the Health Plan will arrange for the coverage of the consultation with the identified specialist outside of the Health Plan network.
- J. The Medical Director or his designee may request a second or third opinion any time it is felt to be necessary to support a proposed method of treatment or to provide recommendations for an alternative method of treatment.
- K. Authorization process takes into account the member's ability to travel to the practitioner rendering the second medical opinion. [CA Health & Safety Code 1383.15(g)]
- L. The practitioner rendering the second opinion is required to provide the member and requesting practitioner with a consultation report including any recommended procedures or tests.

III. Procedure:

- A. The Utilization Management staff will perform the following:
 - 1. Enter the request for second opinion into EZ Cap.
 - 2. Determine availability of network provider for second opinion.
 - 3. Coordinate the authorization process with the Health Plan if a commercial patient requests a specialist outside the IPA network but within the Health Plan's Network.
 - 4. Enter the authorization into EZ Cap.
 - 5. Always document on the Memo line "2nd opinion – approved for one time consult only. All tests, lab and x-ray services must be directed back to the PCP for coordination."
- B. Consulting provider
 - 1. Provide requested consultation.
 - 2. Communicate second opinion to referring physician and patient in writing.