

Second Opinion Consultation

Benefit Coverage

A second opinion consultation that is initiated at the request of an HMO member, Primary Care Physician (PCP), plan specialist, or other plan licensed health care provider is covered, subject to plan benefit limitations and exclusions.

A second opinion consultation is provided by an appropriately qualified health care professional who is a PCP or specialist acting within his or her scope of practice and who possesses a clinical background including training and expertise, related to the particular illness, disease, condition or conditions associated with the request for second opinion.

A second opinion consultation is considered to be a covered service including, but not limited to, the following conditions:

- The member questions the reasonableness or necessity of recommended surgical procedures.
- 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, including, but not limited to, a serious chronic condition.

Note: When the member's condition is such that the member faces an imminent and serious threat to his or her health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or lack of timeliness that would be detrimental to the member's ability to regain maximum function, the second opinion shall be authorized or denied as soon as possible to accommodate the patient's condition not to exceed 72 hours from receipt of the request.

- The clinical indications are not clear or are complex and confusing, a diagnosis is in doubt due to conflicting test results, or the treating health professional is unable to diagnose the condition and the member requests a second opinion.
- The treatment plan in progress is not improving the medical condition of the member within an appropriate length of time given the diagnosis and plan of care, and the member requests a second opinion regarding the diagnosis or continuance of the treatment.
- The member has attempted to follow the plan of care or consulted with the initial physician concerning serious concerns about the diagnosis or plan of care.

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Benefit Coverage *(cont'd.)*

Second Opinions - Primary Care Physician

If the member is requesting a second opinion about care from their Primary Care Physician, the second opinion shall be provided by an appropriately qualified health care professional of the member's choice within the same IPA/medical group as their PCP as arranged by the IPA/medical group (IPA/MG).

The IPA/MG is responsible for obtaining a second opinion outside of the IPA/MG network if an appropriately qualified licensed health care professional is not available in the IPA/MG.

Second Opinions - Specialist

If the member is requesting a second opinion about care from a specialist or other licensed health care provider outside of their assigned IPA/MG, Blue Shield will authorize a second opinion by an appropriately qualified health care professional of the member's choice within the Blue Shield HMO network.

If there is no participating plan provider within the HMO network who meets the standards specified, then Blue Shield must authorize a second opinion by an appropriately qualified health professional outside of the Blue Shield HMO provider network.

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Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments for:

Physician Outpatient/Consultation

Physician Inpatient/Consultation

Benefit Exclusions

Second opinion consultations regarding infertility are not a benefit for IFP members.

Benefit Limitations

Second opinion consultations for requests regarding care from the assigned PCP must be referred by the member's PCP and approved through the contracted IPA/medical group authorization process. Generally, members will be provided one second opinion consultation if requested. This is in addition to any consultations that the PCP or attending physician may determine are medically necessary.

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Exceptions

Members may arrange an Access+ *Specialist* visit with a plan specialist in the same IPA/medical group as the PCP without a referral when the IPA/medical group participates as an Access+ Provider.

References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

HMO Benefit Guidelines for:

Consultations

Infertility Services

Mental Health and Substance Use Disorder

Blue Shield HMO IPA/Medical Group Procedures Manual