blue california
Promise Health Plan

Policy Title: Second Opinion		POLICY #: 10.2.44 Line of business: MCAL	
Department Name: Utilization Management	**Original Date** 6/97	**Effective Date** 5/19	**Revision Date** 12/18, 6/22, 9/22
Department Head: Sr. Director, UM		**Date: 10/22**	
Medical Services/P&T Committee: (If Applicable) PHP CMO		**Date: 10/22**	

PURPOSE

To provide Blue Shield of California Promise Health Plan (Blue Shield Promise) members with a medically necessary second medical opinion from an "appropriately qualified healthcare professional" not previously involved in the member's treatment plan. The second opinion will serve to evaluate and determine the medical necessity for any proposed or continued treatment or medical options for the member's condition.

Definition: "Appropriately Qualified Health Care Professional": Appropriately licensed Primary care physician or specialist who is 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 second opinion request.

POLICY

The member, the primary care physician, or a specialist that is treating an enrollee may on occasion request a second opinion prior to surgery, to evaluate treatment options, to assist with a diagnosis, or to validate the need for specific procedures. Blue Shield Promise allows for a second opinion from a qualified health professional within the Network, if available. If a qualified health professional within the Network is not available, Blue Shield Promise will authorize an Out-of-Network Provider to provide the second opinion at no cost to the Member, in accordance with 42 CFR section 438.206. The Promise Medical Director or physician designee will evaluate the medical necessity of an authorization referral request that is submitted for a second opinion.

Second opinion referral request determinations will be processed within a standard time frame based on the status of the request. See P&P 10.2.8 Authorization Denial, Pending/Deferral, and/or Modification Notification and 10.2.38 Prior Authorization Review and Approval Process.

Reasons for a second opinion shall include, but are not limited to, the following:

1. If the enrollee questions the reasonableness or necessity of a recommended surgical procedure.
2. If the enrollee 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

3. If 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 enrollee requests an additional diagnosis.
4. If the treatment plan in progress is not improving the medical condition of the enrollee within an appropriate period of time given the diagnosis and plan of care, and the enrollee requests a second opinion regarding the diagnosis or continuance of treatment.
5. If the enrollee has attempted to follow the plan-of-care or consulted with the initial provider concerning serious concerns about the diagnosis or plan of care.

PROCEDURE

1. All second opinion requests received by Blue Shield Promise Health Plan shall be referred to the Utilization Management Department (UM) and forwarded to a UM Clinician
2. The UM Clinician will review the referral for completion of demographic and clinical information to support the second opinion request.
3. If more information is needed the UM Clinician will contact the treating provider to obtain additional information
4. If the UM Clinician has all the information needed to approve a Second Opinion request, approval letters are issued to both the member and provider.
5. If the UM Clinician does not have sufficient information or the request may not meet the Second Opinion criteria, the request would be forwarded to a Medical Director for further consideration. The Medical Director may approve or deny the request or refer it for a consultative review with a physician in the same specialty as the one being requested. The Medical Director will document their determination in the case and return it to the UM Clinician.
6. If after review, the Medical Director recommends the second opinion it will be approved and forwarded to the UM Clinician for processing. If after the review, the consultative physician does not recommend the second opinion, it will be denied and forwarded to the UM Clinician Processing.
    a. If the second opinion request is for primary care services, an appropriately qualified primary care physician within the same physician organization shall provide the second opinion. If the enrollee is making the request, he or she may designate one of their choice from the same network.
    b. If the second opinion request is for specialty care services the second opinion shall be provided by a Board Certified Physician of the same specialty. If that specialty is not available within the Participating Provider Group (PPG), then the second opinion will be referred to a Blue Shield Promise Health Plan contracted specialist. If the specialty is not available within Blue Shield Promise, the member will be referred out of network. Blue Shield Promise Health Plan shall incur the cost or negotiate on behalf of the PPG the fee arrangements for the second opinion.
7. Blue Shield Promise enrollees should not be responsible for the cost of a second opinion that has been authorized by Blue Shield Promise or a PPG.
8. If the second opinion request is processed at the IPA level, the IPA will send a copy of the request and the medical record information to Blue Shield Promise Health Plan at the time decision is rendered. This procedure will afford Blue Shield Promise Health Plan the opportunity to monitor PPG compliance.
9. All second opinion request approvals and denials are coded by category within the AuthAccel system for tracking and reporting purposes.
10. Reports are generated from the system and submitted to the UM/QM Committees on a quarterly basis. This is done to identify any provider trends and potential quality issues. The

Committees will determine the recommended actions to be taken which includes informing the member and the provider.

Third Opinion (for Medicare)

1. In the event that the recommendation of the first and second physician differs regarding the need for surgery (or other major procedure), a third opinion is also covered.
2. Second and third opinions are covered even though the surgery or other procedure, if performed, is determined not covered. Payment may be made for the history and examination of the patient, and for other covered diagnostic services required to properly evaluate the patient's need for a procedure and to render a professional opinion. In some cases, the results of tests done by the first physician may be available to the second physician.

REFERENCES