

**OLIVE VIEW-UCLA MEDICAL CENTER
POLICY & PROCEDURE**

NUMBER: 3149

VERSION: 2

SUBJECT/TITLE: SECOND MEDICAL OPINION

POLICY: DHS/Olive View-UCLA Medical Center will provide for a second opinion, or arrange for the member to obtain one outside its network by an appropriately qualified health care professional, at no cost to the DHS enrolled members in the Medi-Cal Managed Care Program.

PURPOSE: To establish a mechanism for the provision of medically necessary second opinion from an appropriately qualified health care professional not previously involved in the member's treatment, at no cost to DHS patients enrolled in the Medi-Cal Managed Care Programs.

DEPARTMENTS: ALL

DEFINITIONS: **Appropriately qualified healthcare professional:** A primary care physician, specialist who is acting within his/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 a second medical opinion.

Member: an individual enrolled in the Medi-Cal Managed Care Program

Second Opinion: serves to evaluate and determine the medical necessity for any proposed or continued treatment or other treatment options for the enrollee's condition

PROCEDURE: **DHS/Olive View-UCLA Medical Center shall arrange and/or request authorization of a second medical opinion for their members, according to its standard referral management process, at no cost to the member whenever any of the following occurs:**

1. If the member questions the reasonableness or necessity of recommended surgical procedures.
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, 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 provider is unable to diagnose the condition, and the member requests

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

Routine turn-around timelines standards shall be applied to the review and communication of the decision to the member.

If 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 functions, or lack of timeliness that would be detrimental to the member's ability to regain maximum function, a second medical opinion must be authorized or denied in a timely fashion appropriate for the nature of the member condition, not to exceed 72 hours from the time of receipt, whenever possible.

If the second opinion request is about care from the member's primary care provider, an appropriately qualified primary care physician within the DHS will provide the second opinion.

If the second opinion request is about care from a specialist, second opinion will be provided by a Board-certified physician of the same specialty and of the member's choice. The member may choose the specialist from any DHS facility. If such specialty is unavailable within DHS, then the second opinion will be obtained from a specialist out of DHS' network.

- DHS will incur the cost for the second opinion, if obtained outside the network
- Geographical distance will be considered in arranging in-network and out-of-network referrals, and if necessary, DHS will arrange for transportation.

It is required that the provider/specialist of the second opinion provide the member and the referring provider a copy of his/her consultation report, including any recommended procedures or test necessary.

If additional second opinions are denied, subsequent second medical opinions not within DHS shall be the responsibility of the member.

The member shall receive written notification of the reason(s) for denial of the second opinion and information on the right to file a grievance with the health plan.

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DHS/OVMC will be responsible for monitoring their members' second opinions in primary care and those referred within the DHS network through its standard referral process.

REFERENCE(S)/

AUTHORITY: MCS/UM Policy & Procedure # UM.001 Second Medical Opinion Health & Safety Code, Section 1383.16

Approved by: Judith Maass (Chief Executive Officer), Shannon Thyne (Chief Medical Officer)	Date: 06/29/2017
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