blue california
Promise Health Plan

Policy Title: Second Opinion		**POLICY #**: 10.02.44 **Line of business**: Medi-Cal	
Department Name: Utilization Management	**Original Date** 6/97	**Effective Date** 11/22	**Revision Date** 9/24
Governing Committee: Medical Services Committee			
Governing Committee Approval: Jennifer Nuovo, MD, Blue Shield Promise Chief Medical Officer		**Date: 9/9/24**	
Vice President (VP) Approval: Tracy Alvarez, VP, Medical Care Solutions		**Date: 9/9/24**	

A. PURPOSE

To define the policy and procedure for providing 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.

B. DEFINITIONS

1. "Appropriately Qualified Health Care Professional" is an appropriately licensed Primary Care Physician (PCP) 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.

C. POLICY

I. The Member, the PCP, or a Specialist that is treating a member 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 Title 42 of the Code of Federal Regulations (CFR) section 438.206. The Blue Shield Promise Medical Director or physician designee will evaluate the medical necessity of an authorization referral request that is submitted for a second opinion.

II. When requested by a Blue Shield Promise member or participating health professional who is treating a member, Blue Shield Promise will provide or authorize a second opinion by an appropriately qualified health care professional. Reasons for a second opinion to be provided or authorized include, but are not limited to, the following:

a. If the member questions the reasonableness or necessity of recommended surgical procedures.
b. 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.
c. 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 member requests an additional diagnosis.
d. 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 opinion regarding the diagnosis or continuance of the treatment.
e. If the member has attempted to follow the plan of care or consulted with the initial provider concerning serious concerns about the diagnosis or plan of care.

III. All UM activities are performed in accordance with California Health and Safety (H&S) Code sections 1363.5 and 1367.01 and Title 28 of the California Code of Regulations (CCR) sections 1300.70 (a)(3), (b)(2)H). and (c).

D. PROCEDURE

I. All second opinion requests received by Blue Shield Promise will be referred to the Utilization Management Department (UM) and forwarded to a UM Clinician.

II. Second opinion referral request determinations will be processed within a standard time frame based on the status of the request. See P&P 10.2.22 Utilization Management (UM) Decision Making & Timeframes.

III. The UM Clinician will review the referral for completion of demographic and clinical information to support the second opinion request.

IV. If more information is needed the UM Clinician will contact the treating provider to obtain additional information

V. If the UM Clinician has all the information needed to approve a Second Opinion request, approval letters will be issued to both the member and provider.

VI. If the UM Clinician does not have sufficient information or the request may not meet the Second Opinion criteria, the request will 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.

a. If the second opinion request is for primary care services, an appropriately qualified primary care physician within the same physician organization will provide the second opinion. If the member is making the request, he or she may designate one of their choices from the same network and no authorization is required.
b. If the second opinion request is for specialty care services, the second opinion will be provided by a Board-Certified Physician of the same specialty. If that specialty is not available within the Independent Physician Association (IPA) or Medical Group (MG), then the second opinion will be referred to a Blue Shield Promise contracted specialist. If the specialty is not available within Blue Shield Promise, the member will be referred out of network. Blue Shield Promise will incur the cost or negotiate on behalf of the IPA/MG the fee arrangements for the second opinion.

VII. The Medical Director will document their determination in the UM system of record and return it to the UM Clinician.

a. If, after review, the Medical Director approves the second opinion, it will be approved and returned to the UM Clinician for processing.
b. If after the review, the Medical Director or consultative physician does not recommend the second opinion, it will be denied, and the case will be returned

to the UM Clinician for processing.

VIII. Blue Shield Promise members will not be responsible for the cost of a second opinion that has been authorized by Blue Shield Promise or IPA/MG.

IX. If the second opinion request is processed at the IPA/MG level, the IPA/MG 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.

X. All second opinion request approvals and denials are coded by category within the AuthAccel system for tracking and reporting purposes.

E. MONITORING

N/A

F. REPORTING

Reports are generated from the AuthAccel system and submitted to the Medical Services Committee (MSC) on a quarterly basis. This is done to identify any provider trends and potential quality issues. The Committee will determine the recommended actions to be taken which includes informing the member and the provider.

G. ATTACHMENTS

N/A

H. REFERENCES

I. 28 CCR sections 1300.70 (a)(3), (b)(2)H). and (c)
II. 42 CFR § 438.206
III. BSCPHP Medi-Cal Provider Manual, Section 7.8.1
IV. BSCPHP Member Handbook
V. CA H&S Code § 1363.5
VI. CA H&S Code § 1367.01
VII. CA H&S Code § 1383.15(a), (b), (c), (f), and (i)
VIII. DHCS Contract, Exhibit A, Attachment III, Section 2.3(C)
IX. 10.2.22 Utilization Management (UM) Decision Making & Timeframes
X. 10.2.8 Authorization Denial, Pending/Deferral, and/or Modification Notification
XI. 10.2.38 Prior Authorization Review and Approval Process.

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I. REVISION HISTORY

Date	Modification (Reviewed and/or revised)	E-Filing Number
9/2024	2024 Annual Review • Formatting/grammatical updates • Reviewed regulatory requirements • Added references	
9/2023	Annual Review	