

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Utilization Management	<b>DOCUMENT NAME:</b> Authorizations for Second Clinical Opinions
<b>PAGE:</b> 1 of 4	<b>REFERENCE NUMBR:</b> LA.UM.94
<b>APPROVAL DATE:</b> 8/2018	<b>REPLACES DOCUMENT:</b> EPC.UM.216
<b>EFFECTIVE DATE:</b> 9/1/2018	<b>RETIRED DATE:</b>
<b>PRODUCT TYPE:</b> All Products Medicaid	<b>REVIEW/REVISED DATE:</b> 8/2019

### SCOPE: Utilization Management

This policy and procedure applies to all [Louisiana Health Care Connections \(LHCC\)](#) staff involved in the design, implementation, operations, and management of [Behavioral Health](#) utilization management services.

### PURPOSE:

To provide the opportunity for a second opinion from a provider with appropriate expertise to confirm or clarify a diagnosis or proposed treatment plan upon the request of a treating provider, member or any member of the treatment team.

### POLICY:

LHCC Utilization Management ~~ments~~ [clinical reviewers \(UMCR\)](#) will facilitate second opinions for care when appropriate.

### PROCEDURE:

- 1) A second opinion may be requested by any member of the healthcare team, including member, parent and/or guardian or social worker exercising a custodial responsibility ~~for the following reasons: from a network provider, or arrange for the member to obtain one outside the network, at no cost to the member (RFP 7.1.8)~~
  - a) ~~Clarification of diagnosis~~
  - b) ~~Improving and/or revising the treatment plan~~
  - c) ~~As requested by State or Federal law for involuntary treatment~~
  - d) ~~Electro Convulsive Treatment (ECT)~~
  - e) ~~Any other reasons identified by the requesting party.~~
- 2) Second opinion consultations must be pre-authorized by a Utilization Manager and must be conducted by a licensed [psychiatrist-physician](#) or other member of the practitioner network with experience appropriate to the specific case.
- 3) Consultations by out-of-network practitioners will only be allowed in cases where an in-network practitioner is not geographically convenient to the member and/or the case requires a specialty-type practitioner not currently available within the practitioner network.
- 4) The request for a second opinion may be received either orally or in writing.
- 5) The Utilization Management [clinical reviewer \(UMCR\)](#) ~~r~~ will contact the selected consultant to provide pertinent clinical information and review documentation requirements for the consultation. The ~~Utilization Manager~~ [UMCR](#) will also notify the member/member's treating practitioner(s) of the consultation and, in inpatient cases, will notify the facility.

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Utilization Management	<b>DOCUMENT NAME:</b> Authorizations for Second Clinical Opinions
<b>PAGE:</b> 2 of 4	<b>REFERENCE NUMBR:</b> LA.UM.94
<b>APPROVAL DATE:</b> 8/2018	<b>REPLACES DOCUMENT:</b> EPC.UM.216
<b>EFFECTIVE DATE:</b> 9/1/2018	<b>RETIRED DATE:</b>
<b>PRODUCT TYPE:</b> <del>All Products</del> Medicaid	<b>REVIEW/REVISED DATE:</b> <u>8/2019</u>

- 6) The consultant will also be asked to make a verbal or written report and recommendation to the ~~Utilization Manager~~ UMCR.
- 7) The ~~Utilization Manager~~ UMCR will discuss the consultant's recommendations with the treating practitioner and other involved parties in an effort to revise the treatment plan.
- 8) Payment for a second opinion consultation will be as follows:
  - a) For an inpatient consultation, the selected practitioner will be authorized for an inpatient evaluation/consultation.
  - b) For an outpatient consultation, the selected practitioner will be authorized for an psychiatric evaluation.

### ATTACHMENTS:

**DEFINITIONS:** ~~Most current NCQA Standards and Guidelines for the accreditation of MBHOs and MCOs~~

### REVISION LOG

REVISION	DATE
<u>Added RFP Reference 7.1.8; Added Clinical Reviewer to Utilization Management (UMCR); Added Louisiana Healthcare Connections to Scope to identify staff; Changed Utilization Manager to UMCR; Removed Definitions for NCQA Standards &amp; Guidelines</u>	<u>8/2019</u>

### APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

V.P. Medical Management: \_\_\_\_\_ Signature on file \_\_\_\_\_  
~~Sr. VP, Chief Medical Affairs~~ Director: \_\_\_\_\_ Signature on file \_\_\_\_\_