

**INLAND EMPIRE HEALTH PLAN**

**SECOND OPINION TRACKING LOG**

IPA Name: Date Submitted:

Report for Month of: Submitted by:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Member Name and  IEHP ID # | Name of the Requesting Practitioner or Member | Diagnosis | Reason for Second Opinion  *(use codes below)* | Request Date | Decision Date | Decision Code  (circle one) | Second Opinion to be provided by (name): | Date of Appoint. | Date Consult Report Received | \*See Legend Below For Member Type |
|  |  |  |  |  |  | Approved  Modified  Denied |  |  |  |  |
|  |  |  |  |  |  | Approved  Modified  Denied |  |  |  |  |
|  |  |  |  |  |  | Approved  Modified  Denied |  |  |  |  |
|  |  |  |  |  |  | Approved  Modified  Denied |  |  |  |  |

**Second Opinion Reason Codes:**

Reason 1: The Member questions the reasonableness or necessity of recommended surgical procedures.

Reason 2: The Member questions a diagnosis or plan or 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.

Reason 3: If clinical indications are not clear or are complex and confusing, a diagnosis is questionable due to conflicting test results, or the treating PCP/Specialist is unable to diagnose the condition and the Member requests an additional diagnosis.

Reason 4: If the treatment plan in progress is not improving the medical condition of the Member within an appropriate time period given the diagnosis and plan of care, and the Member requests a second opinion regarding the diagnosis or continuance of the treatment.

Reason 5: 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