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

Legend:

MC = IEHP Medi-Cal

CMC = IEHP DualChoice (HMO D-SNP)

CCA = IEHP Covered

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