

Advantage Dental

From DentaQuest

Policy Name: Second Opinion Request	Policy Number: PL051-Second Opinion Request-CARE
Type of Policy: DCO	Effective Date: 12/7/2012
Responsible Department: Plan Operations	
Page Number (s): 2	Revised Date: 05/20/2019
Approved By: Clinical and Credentialing Sub-Committee	Approved Date: 07/17/2019
PURPOSE: To establish Dental Care Organization's (DCO's) policy on second opinion requests by enrollees and the process to submit and review such requests.	
FORMS: Second Opinion form; Release of Information form	
REFERENCES: 42 CFR 438.100	
<p>POLICY:</p> <p>All second opinion requests must be made by enrollees to the Case Management Department. The Second Opinion Form and a Release of Information Form is sent to the enrollee with a self-addressed stamped return envelope. The second opinion is to be scheduled within 30 days of receiving the signed release of information.</p> <p>When the release of information is received, Case Management will send a request for chart notes, x-rays, etc., pertaining to the reason for a second opinion, to the Primary Care Dentist (PCD). Once the requested information is received, the Case Management Department will coordinate with the Vice President of Clinical Services to determine the best suited provider for the case. Case Management will coordinate with the secondary provider and enrollee for scheduling of the second opinion. After the secondary provider has completed the evaluation, the secondary provider will send a report to the enrollee's PCD and the Case Management Department. The Case Management Department will contact the enrollee and confirm they are satisfied with the second opinion and review all recommendations and options.</p> <p>The consultation fee for the second opinion will be paid to the secondary provider at the current emergency visit allowed amount.</p> <p>If a DCO contracted provider is available to see the enrollee, but the enrollee refuses to see the DCO contracted provider and requests to see a non-contracted provider, then the enrollee is responsible for the consultation fee. If the DCO does not have a qualified contracted provider, the DCO shall arrange for the enrollee to see a non-contracted qualified provider at no cost to the enrollee. The DCO will inform the enrollee that non-contracted providers may not completely understand the Dental Services Rulebook, and may not be able to tell them what services are covered under the enrollee's plan.</p>	

Reviewed and Revised By:

12/07/2012	Jeanne Dysert	Tamara Kessler	Missy Mitchell	
06/06/2014	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio
03/12/2015	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio
02/23/2016	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Jeff Dover
02/14/2017	Jeanne Dysert	Tamara Kessler	Missy Mitchell	
03/17/2017	QI/UR Committee			
03/12/2018	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Rose Novak
05/20/2019	Missy Mitchell	Phebe Ditzler	Rosa Pedraza	