

**Government Business Division  
Policies and Procedures**

<b>Section (Primary Department)</b> Utilization Management (UM)		<b>SUBJECT (Document Title)</b> Use of Consultant Physicians and Providers for Opinion - CA	
<b>Effective Date</b> 08/20/2002	<b>Date of Last Review</b> 04/22/2024	<b>Date of Last Revision</b> 05/31/2023	<b>Dept. Approval Date</b> 04/22/2024
<b>Department Approval/Signature:</b>			

**Policy applies to health plans operating in the following State(s). Applicable products noted below.**

<b>Products</b>	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

**POLICY:**

Anthem Medicaid maintains a procedure for using board-certified physical or behavioral health physicians from appropriate specialty areas to assist in making determinations of medical necessity appropriateness.

**DEFINITIONS:**

None

**PROCEDURE:**

**Consultant Appointment**

- I. Anthem Medicaid, through its affiliation with other Anthem entities, has access to a broad range of physical and behavioral health practitioners within the organization available for written and verbal consultation. Cases requiring special expertise in order to determine medical necessity when expertise is not readily available within the organization; Anthem Physical and Behavioral Health Medical Directors and physician reviewers have local physician leaders available as consultants. Finally, so as to comply with state regulations or provide an external opinion, consultant services may be obtained from outside contracted vendors.
- II. Only board-certified physicians/providers are eligible for use as a consultant.
- III. The consultant reviewers represent various specialties and subspecialties including behavioral health in the field of medicine.
- IV. The consultant signs an agreement regarding confidential and proprietary information upon contracting with Anthem Medicaid.

**Procedure for Obtaining Consultant Opinion**

- I. At the direction of the Physical or Behavioral Health Medical Director or designee, opinion may be sought from a specialist to assist in determination of medical

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necessity. The Physical or Behavioral Health Medical Director or designee determines whether the case requires the use of a local consultant, an Anthem consultant or a consultant from an external vendor.

- II. The consultant will be informed by the Physical or Behavioral Health Medical Director or designee of the response timeframe requirement per National Committee for Quality Assurance (NCQA) and state guidelines.
- III. If applicable or requested, pertinent clinical documents may be sent via fax, mail or courier to the consultant, after appropriate steps to ensure patient confidentiality have been taken.
- IV. The consultant is asked to render an opinion regarding the clinical matter.
- V. The consultant opinion may be rendered verbally or in writing as dictated by the situation and requested by the Physical or Behavioral Health Medical Director or designee. If rendered verbally, the Physical or Behavioral Health Medical Director or designee documents opinions in the utilization management notes.
- VI. In all cases where the use of outside consultants is subject to state regulatory requirements, these requirements will be followed.

**REFERENCES:**

- NCQA UM Standard 4

**RESPONSIBLE DEPARTMENTS:**

**Primary Department:**

Utilization Management (UM)

**Secondary Department(s):**

Behavioral Health

**EXCEPTIONS:**

None

**REVISION HISTORY:**

Review Date	Changes
04/22/24	<ul style="list-style-type: none"> <li>• Annual Review, no changes</li> </ul>
05/31/23	<ul style="list-style-type: none"> <li>• Annual Review</li> <li>• Updated primary department name from “Medical Management (Utilization Management &amp; Case Management)” to “Utilization</li> </ul>

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Review Date	Changes
	Management (UM)” to match primary department name in header
05/26/22	<ul style="list-style-type: none"> <li>• Annual review. No changes</li> </ul>
05/27/21	<ul style="list-style-type: none"> <li>• Annual Review</li> <li>• Added what NCQA stands for in the procedure</li> </ul>
05/27/20	<ul style="list-style-type: none"> <li>• Annual Review, No Changes</li> </ul>
04/30/19	<ul style="list-style-type: none"> <li>• Added consultant language per NCQA</li> </ul>
03/06/19	<ul style="list-style-type: none"> <li>• Annual Review, No Changes</li> </ul>
03/20/18	<ul style="list-style-type: none"> <li>• Annual Review, no changes</li> </ul>
03/31/17	<ul style="list-style-type: none"> <li>• Annual Review, no changes</li> </ul>
12/30/16	<ul style="list-style-type: none"> <li>• Off cycle edits. Added BH references</li> </ul>
04/29/16	<ul style="list-style-type: none"> <li>• Annual Review</li> <li>• Updated NCQA References</li> </ul>
03/02/15	<ul style="list-style-type: none"> <li>• Created a California specific document from the business wide document.</li> </ul>