



# MACOMB COUNTY

## COMMUNITY MENTAL HEALTH

Subject: <b>Utilization Management</b>	Procedure: <b>Doctor-to-Doctor Consultation Procedure</b>	
Last Updated: <b>02/26/2024</b>	Owner: <b>Managed Care Operations</b>	Pages: <b>2</b>

### **I. PURPOSE:**

To define and describe the operational guidelines for requesting a doctor-to-doctor consultation upon a denial for inpatient hospitalization.

### **II. DEFINITIONS:**

None.

### **III. PROCEDURE:**

- A. MCCMH uses formalized utilization management criteria to make service authorization decisions that comply with applicable state and federal regulations.
- B. MCCMH must complete pre-admission screenings for psychiatric inpatient care within three (3) hours.
- C. All denials based on medical necessity are made by appropriate professionals including board-certified physicians or doctoral-level clinical psychologists.
- D. Upon denial of suitability for inpatient hospitalization, the person served is notified of their right to request a second opinion, at no cost to the person, and informed of the proper procedures for submission of the request. Refer to MCCMH Policy 4-005, "Second Opinion Rights" for additional information on the rights of persons served to request a second opinion.
- E. A hospital may request a doctor-to-doctor consult when MCCMH or its designee for pre-admission screening denies inpatient hospitalization and the hospital doctor does not agree with the denial.
- F. A hospital must request a doctor-to-doctor consult within one (1) hour of MCCMH's issuance of the denial.
- G. The doctor-to-doctor consult must occur within one (1) hour of the hospital's request.

H. If MCCMH’s original denial is upheld following the doctor-to-doctor consultation, the hospital provider receives a written notification via email which is also documented in the FOCUS electronic medical record.

I. If MCCMH’s original denial is overturned following the doctor-to-doctor consultation, the hospital provider receives a written notification via email and the certificate of need (CON) is updated in the EMR to indicate the change in disposition and the authorization is generated.

**IV. REFERENCES:**

None.

**V. RELATED POLICIES:**

MCCMH MCO Policy 4-005, “Second Opinion Rights”

**VI. EXHIBITS:**

None.

**Annual Review Attestation / Revision History:**

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	02/26/2024	Creation of Procedure.	