



IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Tertiary Care Center Referral Requests	Guideline #	UM_OTH 05
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COVERAGE POLICY

A tertiary care center is defined as specialized consultative care provided by specialists working in a center that has personnel and facilities for special investigation and treatment of complicated medical conditions. Patients are usually referred from primary or secondary medical care personnel. Secondary medical care is provided by a specialist physician who acts as a consultant at the request of the primary care physician.

Tertiary care centers are usually associated with teaching hospitals equipped with sophisticated diagnostic and treatment facilities, as well as sub-specialty resources, not available at general hospitals.

Some examples of the services provided at tertiary centers include:

- Organ transplantation
- Pediatric cardiovascular surgery
- Stereotactic neurosurgery
- Perinatology (high risk obstetrics)
- Experimental protocols for treating advanced and/or potentially fatal diseases (e.g. AIDS, cancer, and inborn errors of metabolism)

Within IEHP's network, tertiary care centers include:

- Loma Linda University Medical Center (LLUMC)*
- Children's Hospital of Los Angeles (CHLA)
- Children's Hospital of Orange County (CHOC)
- Children's at Mission
- City of Hope
- Rady's Children's Hospital of San Diego
- University of California, Irvine Medical Center
- University of California at San Diego Health
- University of Southern California, Keck, and USC Norris

COVERAGE LIMITATIONS AND EXCLUSIONS

* LLUMC is IEHP's tertiary facility located within the service area therefore should be attempted first when medically appropriate.

Requests for specific tertiary centers (either within or outside the network) may be subject to redirection to another tertiary care center with regards to access that may be based on the following factors:

Non-contracted tertiary center requests will be redirected to contracted tertiary centers that can provide equivalent services, cost-effective, more efficient and expedient access to care at another redirected center

IEHP considers the following referrals to tertiary care centers as medically necessary:

1. Referrals generated from specialists in the community who document a medical need for a higher level of care in the form of a specialized diagnostic approach, treatment, or procedure.
2. Referrals when a continuity of care issue is documented and meets regulatory requirements for continuity of care coverage. For example, if the Member is in the midst of management of an acute medical need, and the Member has seen the tertiary care provider within the last 12 months, referral authorization for continued follow up would be indicated. The Provider must be willing to accept contract rates from the health plan and not have documented quality of care concerns.
3. Referrals whose redirection may result in delay of necessary medical treatment. Ancillary medical requests (e.g. radiology, laboratory studies) must be considered for adequate coverage in alternative settings or redirections that could result in potential delays in treatment decisions.
4. Referrals to secondary specialties related to the primary specialty at a tertiary care center where continuity of care exits. For example, a Member with NYHA Class IV congestive heart failure may be followed by a tertiary care center cardiologist. If the Member also has co-morbid pulmonary hypertension requiring pulmonary specialty consultation, approving the tertiary pulmonary consultation would be appropriate to allow for multi-disciplinary collaboration in the Member's overall care plan.
5. Requests for consultation with specialties that have limited access in the community or that are not available in the community network setting. For example, the following specialties should be considered for tertiary care level approval: neuro-oncology, surgical-oncology, gynecologic-oncology, neuro-surgery and perinatology.

ADDITIONAL INFORMATION

IEHP considers the following requests to tertiary centers as appropriate for potential redirection to community-based specialist:

1. Hematology/Oncology consultation for cancers that by available documentation do not demonstrate advanced stages or metastasis, and/or rare or aggressive cancer types.
2. Specialty requests for consultations when specialists with appropriate access standards that can provide equivalent services are available in the community.
3. Tertiary care center requests for ancillary services (e.g. radiology or laboratory testing) that will not result in delay of treatment or coordination of care.
4. Specialty consultation requests that do not therapeutically relate to another specialty for which the Member is being followed in a tertiary care center, and for which a community-based specialist has appropriate access and can provide equivalent services.
5. Tertiary care requests for continued follow up of stable Members in the maintenance phase of their medical condition. A community-based specialist of the same discipline with appropriate access and equivalent services may be considered for redirection of stable Members in the maintenance phase of their medical condition.

CLINICAL/REGULATORY RESOURCE

Johns Hopkins defines tertiary care as specialized consultative care that is provided by specialists working in a center that has personnel and facilities for special investigation and treatment. Referrals to tertiary care centers usually come from primary or secondary medical care providers. Secondary medical care is the medical care provided by a physician who acts as a consultant at the request of the primary physician. Often, tertiary care is provided in academic centers. Tertiary care usually involves any medical treatment administered at a health-care facility by highly specialized providers and often involves high-technology resources. Tertiary care services usually involve the specialized services provided by centers equipped with diagnostic and treatment facilities not available at general hospitals.

Patients will often be referred from smaller hospitals to a tertiary hospital for major operations, consultations with sub-specialists and when sophisticated facilities and resources are required

DEFINITION OF TERMS

Key terms used in the guideline

REFERENCES

1. Johns Hopkins Medicine, accessed at http://www.hopkinsmedicine.org/patient_care/pay_bill/insurance_footnotes.html on November 7, 2016.
2. <http://www.dictionary.com/browse/tertiary-care> accessed on November 7, 2016.
3. Encyclopedia.com, <http://www.encyclopedia.com/caregiving/dictionaries-thesauruses-pictures-and-press-releases/tertiary-care>, accessed on November 7, 2016.
4. The Free Dictionary by Farlex, <http://medical-dictionary.thefreedictionary.com/tertiary+care+center>, accessed on November 7, 2016.
5. Wikipedia, https://en.wikipedia.org/wiki/Tertiary_referral_hospital, accessed on November 7, 2016.
6. Department of Health Care Services All Plan Letter 15-019, Continuity of Care for Medical Beneficiaries Who Transition into Medi-Cal Managed Care, August 26, 2015.

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