

# MEDICAL POLICY

| MEDICAL POLICY DETAILS  |   |
|-------------------------|---|
| Medical Policy Title    | Second Medical and Surgical Opinions  |
| Policy Number           | 10.01.10  |
| Category                | Contract Clarification  |
| Original Effective Date | 03/27/03  |
| Committee Approval Date | 04/22/04, 04/28/05, 02/23/06, 02/22/07, 02/28/08  |
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| Product Disclaimer      | <ul style="list-style-type: none"> <li>• If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</li> <li>• If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.</li> <li>• If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.</li> <li>• If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</li> <li>• If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.</li> </ul> |

## POLICY STATEMENT

- I. A second *medical* opinion is considered **medically appropriate** for an office visit in connection with a positive or negative diagnosis of cancer, a recurrence of cancer, or any recommendation of a course of treatment of cancer.
  - A. The second medical opinion must be rendered by an appropriate specialist, including, but not limited to, a specialist associated with a specialty care center for the treatment of cancer.
- II. A second *surgical* opinion with respect to proposed surgery is considered **medically appropriate** when **ALL** the following conditions are met:
  - A. The second surgical opinion is sought when the patient's primary care physician determines a need for surgery; and
  - B. The second surgical opinion is rendered by a provider who is a board-certified specialist and who, by reason of his or her specialty, is an appropriate provider to consider the proposed surgical procedure; and
  - C. The second surgical opinion is rendered with respect to a surgical procedure of a non-emergency nature for which benefits are provided; and
  - D. The provider rendering the second surgical opinion performs the examination.

## POLICY GUIDELINES

- I. Coverage may be provided for a third surgical opinion, in accordance with the above criteria, if the first two opinions do not agree.
- II. Second medical opinions received from non-participating specialists are covered as in-network when a participating physician refers a member to the non-participating specialist.

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**DESCRIPTION**

A second medical or surgical opinion, or confirmatory consultation, is an opinion based on a one-time evaluation provided by a second physician regarding a diagnosis or course of treatment recommended for a patient by a physician.

Under the New York Insurance Law, all contracts and certificates that provide medical, major medical or similar comprehensive-type coverage must provide benefits for a *second medical opinion* by an appropriate specialist, including, but not limited to, a specialist affiliated with a cancer specialty care center, in the event of a positive or negative diagnosis of cancer or recurrence of cancer or a recommendation of a course of treatment for cancer.

Under the New York Insurance Law, all contracts and certificates that provide coverage for inpatient surgical care must provide benefits for a *second surgical opinion* by a qualified physician regarding the need for surgery.

**CODES**

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- ***CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.***
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

**CPT Codes**

| <b>Code</b>  | <b>Description</b> |
|--|--------------------|
| No specific code(s).   |                    |
| Refer to the appropriate evaluation and management service code for the setting and type of service (e.g., consultation) |                    |

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**HCPCS Codes**

| <b>Code</b> | <b>Description</b> |
|-------------|--------------------|
| No code(s)  |                    |

**ICD10 Codes**

| <b>Code</b> | <b>Description</b> |
|-------------|--------------------|
| Numerous    |                    |

**REFERENCES**

Lohman ME, et al. Impact of second-opinion dermatopathology reviews on surgical management of malignant neoplasms. J Am Acad Dermatol 2021 May;84(5):1385-1392.

\*Meyer AN, et al. Evaluation of outcomes from a national patient-initiated second-opinion program. Am J Med 2015 Oct;128(10):1138.e25-33.

Olver I, et al. Second opinions in medical oncology. BMC Palliat Care 2020 Jul 21;19(1):112.

\*Ruetters D, et al. Is there evidence for a better health care for cancer patients after a second opinion? A systematic review. J Cancer Res Clin Oncol 2016 Jul;142(7):1521-8.

New York Insurance Law Second surgical opinion § 4303 (b), §3221(k)(3), §3216(i)(8).

New York Insurance Law Second medical opinion for cancer diagnosis § 4303 (w) (1), §3221(k)(9), §3216(i)(19).

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Weyerstraß J, et al. Results of a patient-oriented second opinion program in Germany shows a high discrepancy between initial therapy recommendation and second opinion. BMC Health Serv Res 2020 Mar 20;20(1):237.

\*Key Article

**KEY WORDS**

Confirmatory Consultation, Second Medical Opinion, Second Surgical Opinion

**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

Based upon our review, second medical and surgical opinions are not addressed in National or Local Medicare coverage determinations or policies.

Medicare Benefit Policy Manual Chapter 15 – 30 C. Patient-Initiated Second Opinions (Rev. 10269, 08-07-20) states:

Patient-initiated second opinions that relate to the medical need for surgery or for major nonsurgical diagnostic and therapeutic procedures (e.g., invasive diagnostic techniques such as cardiac catheterization and gastroscopy) are covered under Medicare. In the event that the recommendation of the first and second physician differs regarding the need for surgery (or other major procedure), a third opinion is also covered. Second and third opinions are covered even though the surgery or other procedure, if performed, is determined not to be covered. Payment may be made for the history and examination of the patient, and for other covered diagnostic services required to properly evaluate the patient's need for a procedure and to render a professional opinion. In some cases, the results of tests done by the first physician may be available to the second physician. [<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>] accessed 2/10/23.