POLICY STATEMENT:

I. A second medical opinion is medically appropriate for an office visit in connection with a positive or negative diagnosis of cancer, a recurrence of cancer, or concerning any recommendation of a course of treatment of cancer.

   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. (refer to the Policy Guidelines section regarding contract benefit application).

II. A second surgical opinion with respect to proposed surgery is 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;
   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 (refer to the Policy Guidelines section regarding contract benefit application);
   C. The second surgical opinion is rendered with respect to a surgical procedure of a non-emergency nature for which benefits are provided for the surgical procedure; and
   D. The provider rendering the second surgical opinion renders the examination.

III. Coverage may be provided for a third surgical opinion, in accordance with the above criteria, if the first two opinions do not agree.

IV. Second medical opinions received from non-participating specialist are covered as in-network when a participating physician refers a member to the non-participating specialist.

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.

According to New York State Law, all contracts 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.

According to New York State Law, all contracts that provide coverage for inpatient surgical care must provide benefits for a second surgical opinion of the need for surgery by a qualified physician.
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.

**CPT:** No specific code(s). Refer to the appropriate evaluation and management service code for the setting and type of service (eg, consultation).

**HCPCS:** No code(s)

**ICD9:** Numerous

**ICD10:** Numerous

**REFERENCES:**


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

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

**KEY WORDS:**
Confirmatory consultation, Second medical opinion, Second surgical opinion.

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**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

Based on 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 - D. Patient-Initiated Second Opinions (Rev.228,10-13-16) 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 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 3/17/17.