



# MEDICAL POLICY

<b>Medical Policy Title</b>	<b>Second Medical and Surgical Opinions</b>
<b>Policy Number</b>	<b>10.01.10</b>
<b>Current Effective Date</b>	April 17, 2025
<b>Next Review Date</b>	April 2026

Our medical policies are based on the assessment of evidence based, peer-reviewed literature, and professional guidelines. Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract. (Link to [Product Disclaimer](#))

## POLICY STATEMENT(S)

- 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;
  - 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;
  - 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.

## RELATED POLICIES

Not Applicable

## POLICY GUIDELINE(S)

- I. Coverage may be provided for a third surgical opinion, in accordance with the above criteria, if the first two (2) 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.

## 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

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recommended for a patient by a physician.

### SUPPORTIVE LITERATURE

Not Applicable

### PROFESSIONAL GUIDELINE(S)

Not Applicable

### REGULATORY STATUS

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.

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.

### CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

### CPT Codes

Code	Description
	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

Code	Description
No code(s)	

### ICD10 Codes

Code	Description
Numerous	

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### REFERENCES

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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). [accessed 2025 Mar 27]. Available from: <https://www.nysenate.gov/legislation/laws/ISC/4303>

New York Insurance Law Second medical opinion for cancer diagnosis § 4303 (w) (1), §3221(k)(9), §3216(i)(19). [accessed 2025 Mar 27]. Available from: <https://www.nysenate.gov/legislation/laws/ISC/4303>

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### SEARCH TERMS

Confirmatory Consultation, Second Medical Opinion, Second Surgical Opinion

### CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Based on our review, second medical and surgical opinions are not addressed in National or Regional 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.

[Medicare Benefit Policy Manual Chapter 15](#) [accessed 2025 Mar 20]

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### PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- 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.
- 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.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

### POLICY HISTORY/REVISION

#### Committee Approval Dates

04/22/04, 04/28/05, 02/23/06, 02/22/07, 02/28/08, 02/26/09, 02/25/10, 02/24/11, 02/27/12, 02/28/13, 02/27/14, 02/26/15, 02/25/16, 04/27/17, 04/26/18, 04/25/19, 04/23/20, 04/22/21, 04/21/22, 04/20/23, 04/18/24, 04/17/25

Date	Summary of Changes
04/17/25	<ul style="list-style-type: none"><li>• Annual review, policy intent unchanged.</li></ul>
01/01/25	<ul style="list-style-type: none"><li>• Summary of changes tracking implemented.</li></ul>
03/27/03	<ul style="list-style-type: none"><li>• Original effective date</li></ul>