MEDICAL POLICY

Medical Policy Title	**Second Medical and Surgical Opinions**
Policy Number	**10.01.10**
Current Effective Date	**January 1, 2027**
Next Review Date	**August 2027**

Our medical policies are guides to evaluate technologies or services for medical necessity. Criteria are established through the assessment of evidence based, peer-reviewed scientific literature, and national professional guidelines. Federal and state law(s), regulatory mandates and the member's subscriber contract language are considered first in the determination of a covered service. (Link to Product Disclaimer)

POLICY STATEMENT(S)

I. A second medical opinion is considered **medically appropriate** for an office visit in connection with **ANY** of the following:

   A. A positive or negative diagnosis of cancer;

   B. A recurrence of cancer; or

   C. Any recommendation of a course of treatment of cancer; and

   D. When **ALL** of the following are met:

      1. 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.

      2. The second opinion may be obtained from a non-participating specialist when such services are requested by the patient's attending provider. (See Policy Guideline II)

A consultation for a second opinion applies to the office visit **only** and not inclusive of additional or repeat testing or treatment, including future care by the second provider.

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 attending 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.

A consultation for a second opinion applies to the office visit **only** and not inclusive of future care by this provider.

RELATED POLICIES

Corporate Medical Policy

11.01.13 Out-of-Network Services

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 the patient's attending physician refers the member to the non-participating specialist. If the patient does not obtain a referral from the attending physician, the second opinion is covered under the patient's out-of-network benefits, if applicable.

III. Requests for additional out-of-network testing or treatment do not apply to this policy. Please see Corporate Medical Policy 11.01.13 Out-of-Network Services.

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.

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
Not Applicable	

ICD10 Codes

Code	Description
Multiple Codes	

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.

New York Insurance Law Second surgical opinion § 4303 (b), §3221(k)(3), §3216(i)(8). [accessed 2026 Aug 20]. 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 2026 Aug 20]. Available from: https://www.nysenate.gov/legislation/laws/ISC/4303

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.

Weyerstrab 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.

SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

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 2026 Aug 20]

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 covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

POLICY HISTORY/REVISION

Committee Approval Dates	
01/01/27	
Date	**Summary of Changes**
01/01/27	• Original effective date