Non–Cancer Diagnosis, Medical or Surgical Second Opinion

Policy Number:	**M20170320006**
Effective Date:	**5/1/2017**
Sponsoring Department:	**Health Care Services**
Impacted Department(s):	**Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒MediSource; ☒ MediSource Connect; ☒Child Health Plus; ☒Essential Plan
☒ Medicare, if yes, which plan(s): ☒MAPD; ☐PDP; ☒ISNP; ☒CSNP
☒ Commercial, if yes, which type: ☒Large Group; ☒Small Group; ☒Individual
☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

To identify and comply with applicable Federal and/or New York State mandates and appropriately provide the members of Independent Health medical or surgical second opinions.

Policy:

Commercial, Self-Funded and Child Health Plus:
Independent Health will cover a second opinion by a qualified in-network physician at the member's in-network liability. If no qualified in-network physician is available to provide a second opinion, Independent Health will cover a second surgical or medical opinion from a non-participating qualified physician at no additional cost to the member beyond what the member would have paid for services from a participating qualified physician. An Independent Health Medical Director will determine the availability of an in-network qualified physician. A second opinion for a member in a plan with no out-of-network coverage will be denied unless a preauthorization was obtained.

A member that has out-of-network-coverage can elect to obtain the second medical opinion from a non-participating qualified physician without a preauthorization, but the second opinion will require the out-of-network member liability unless the Independent Health Medical Director has determined that there is not a qualified in-network physician.

Coverage is limited to an office visit only. The member is instructed to take medical records, including diagnostic reports, pathology reports, and previous in-plan consultation reports to the second opinion consultation visit, as diagnostic testing is not included in the second opinion consultation, unless it has been previously approved by Independent Health's Office of the Medical Director.

If the recommendation of the first and second physician differs regarding the need for surgery (or other major procedure), a third opinion is also covered.

Medicare Advantage:
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. If 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.

Medicare Advantage members should receive second opinions from in-network participating providers but may receive second opinions from non-participating physicians if there is not an appropriate participating provider in-network. Medicare Preferred Provider Organization (PPO) members may receive second opinions out of network.

MediSource, and MediSource Connect:
MediSource and MediSource Connect members may obtain second opinions for diagnosis of a condition, treatment or surgical procedure by a qualified physician or appropriate specialist, including

one affiliated with a specialty care center. In the event that Independent Health determines that it does not have a Participating Provider in its network with appropriate training and experience qualifying the Participating Provider to provide a second opinion, Independent Health will make a referral to an appropriate Non-Participating Provider. Independent Health will pay for the cost of the services associated with obtaining a second opinion regarding medical or surgical care, including diagnostic and evaluation services, provided by the Non-Participating Provider**.**

Essential Plan:
Essential Plan covers a second medical or surgical opinion by a qualified physician. There may be other instances when a member will disagree with a provider's recommended course of treatment. In such cases, the member may request that we designate another provider to render a second opinion. If the first and second opinions do not agree, Independent Health will designate another provider to render a third opinion. After completion of the second opinion process, Independent Health will approve covered services supported by a majority of the Providers reviewing the member's case.

Background

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

Reasons for requesting a second opinion include, but are not limited to, ensuring all treatment options have been explored, having been diagnosed with a rare or unusual disease, the first doctor consulted is not a specialist in the member's diagnosis, there may be uncertainty about the diagnosis, and there may be different treatment options available.

An evaluation of the peer-reviewed scientific literature, including but not limited to subscription materials, has provided Independent Health the basis for its medical necessity coverage outlined above.

Pre-Authorization Required? Yes ☐ No ☐ Other ☒

Preauthorization is required for out of network referrals when it has been determined there is no qualified in-network physician.

All PPO members with out of network coverage do not have to obtain pre-authorization.

Definitions

N/A

References

Related Policies, Processes and Other Documents
Cancer Diagnosis, Second Opinion, Policy No. M980101172

Non-Regulatory references

N/A

Regulatory References

Centers for Medicare and Medicaid Services (CMS) [web site]; Medicare Benefit Policy Manual Chapter 15, Section 30 (Rev. 12425; Issued:12-21-23) Available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf Accessed February 9, 2024.

Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan Model Contract March 1, 2019. Sec. 10.16 Second Opinions for Medical or Surgical Care.

New York State Insurance Law § 4904(a-2)

New York State Insurance Law § 4303(b)

New York State Public Health L § 2980 (2016)

New York State Public Health Law § 4904(1-b)

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No☐

Revision Date	Owner	Notes
4/1/2024	Health Care Services	Revised
1/1/2024	Health Care Services	Revised
4/1/2023	Health Care Services	Reviewed
4/1/2022	Health Care Services	Revised
4/1/2021	Health Care Services	Revised
2/1/2021	Health Care Services	Revised
1/1/2021	Health Care Services	Revised
6/1/2020	Health Care Services	Revised
6/1/2019	Medical Management	Revised
5/1/2018	Medical Management	Revised