

Cancer Diagnosis/Second Opinion

Policy Number: **M980101172**
Effective Date: **1/1/1998**
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 a second opinion if a member has a positive or negative diagnosis of cancer or a recurrence of cancer or a recommendation of a course of treatment for cancer.

Policy:

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 cancer, the first doctor consulted is not a specialist in the member's type of cancer, there may be uncertainty about the type or stage of cancer, 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 below.

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.

Commercial, Self-Funded and Child Health Plus:

Independent Health provides coverage for a second opinion for a diagnosis of cancer by an appropriate specialist, including but not limited to a specialist affiliated with a specialty care center for the treatment of cancer, 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. 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 office 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.

Non-participating Specialist: Independent Health provides coverage for a second medical opinion from a non-participating specialist, including but not limited to a specialist affiliated with a specialty care center for the treatment of cancer, when the attending physician provides a written referral to a non-participating specialist. Coverage is provided at no additional cost to the covered member beyond what the member would have paid for services to an appropriate participating specialist.

If there is no attending physician referral and the member is enrolled in an Independent Health contract that is in-network only, the member does not have coverage. If the member seeks a second opinion without a written referral from the attending physician for a positive or negative diagnosis of cancer, coverage under an out of network benefit is subject to any out of network annual deductibles and co-insurance.

Coverage may be provided for a third oncological opinion, in accordance with the above criteria, if the first two opinions do not agree as determined by the Medical Director.

Medicare Advantage:

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 utilizing their out of network benefit.

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. If Independent Health determines for MediSource or MediSource Connect members 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 opinion by an appropriate specialist, including but not limited to a specialist affiliated with a specialty care center, in the event of a positive or negative diagnosis of cancer or a recurrence of cancer or a recommendation of a course of treatment for cancer. An Essential Plan member may obtain a second opinion from a non-participating provider on an in-network basis when the member's attending physician provides a written referral to a non-participating specialist.

Indications

Independent Health provides coverage for a second opinion for a diagnosis of cancer by an appropriate specialist for **ALL** of the following:

- **1 or more** of the following clinical situations:
 - A positive or negative diagnosis of cancer
 - A recurrence of cancer
 - A recommendation of a course of treatment for cancer
- **1 or more** of the following:
 - Commercial, Self-Funded, Essential Plan or Child Health Plus member and **1 or more** of the following:
 - Request is for second medical opinion from a non-participating specialist, including but not limited to a specialist affiliated with a specialty care center for the treatment of cancer, and the attending physician provides a written referral to a non-participating specialist
 - Request is for a third oncological opinion, in accordance with the above criteria, if the first two opinions do not agree, **as determined by the Medical Director**
 - Medicare Advantage member and **1 or more** of the following:
 - Request is for a non-participating physicians and there is not an appropriate participating provider in-network
 - MediSource, or MediSource Connect member and **1 or more** of the following:

- Request is for a non-participating physicians and there is not an appropriate participating provider in-network
- Essential Plan member and **1 or more** of the following:
 - Request is for second medical opinion from a non-participating specialist, including but not limited to a specialist affiliated with a specialty care center for the treatment of cancer, and the attending physician provides a written referral to a non-participating specialist

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

Attending physician means the physician selected by or assigned to a patient, who has primary responsibility for the treatment and care of the patient. For purposes of this policy only, a licensed, board certified, or board eligible physician qualified to practice in the specialty area appropriate to treat the insured for the service may also be deemed an “attending physician”.

Referral, as used in this policy only, means a written request for an authorization for a second opinion for the diagnosis of cancer to a non-participating provider or specialist.

References

Related Policies, Processes and Other Documents

Non-Cancer Diagnosis, Medical or Surgical Second Opinion, Policy No. M20170320006

Non-Regulatory references

Independent Health Essential Plan Member Contract; 2017

Regulatory References

Centers for Medicare and Medicaid Services (CMS) [web site]; Medicare Benefit Policy Manual Chapter 15, Section 30 (Rev. 13108; Issued:04-11-2025) Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf> Accessed December 9, 2025

Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan Model Contract March 1, 2024. Sec. 10.16 Second Opinions for Medical or Surgical Care.

New York State Insurance Law § 4303 (w)(1) (i-iii)

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

New York State Public Health Law § 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
2/1/2026	Health Care Services	Reviewed
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