

TO: Physicians and Independent Clinics

SUBJECT: Second Surgical Opinion Program

EFFECTIVE: Immediately

PURPOSE: To inform physicians and independent clinics of the requirements for a Second Surgical Opinion for certain elective surgical procedures. A Second Surgical Opinion is not required for the following procedures:

1. All surgical procedures related to cholecystectomy;
2. Hernia repairs for recipients under 19 years of age;
3. Primary adenoidectomy for children under 12 years of age; and
4. Spinal fusion and laminectomy for scoliosis for recipients under 19 years of age.

It should be emphasized that the requirement for Second Surgical Opinion is waived when the operating physician determines that the need for surgery is urgent or emergent. For Second Opinion purposes, "urgent or emergent" means that a delay in surgery to comply with the protocol of the Second Surgical Opinion Program would result in a significant threat to the patient's health or life.

To facilitate reimbursement in instances where the surgery meets the "urgent/emergent" definition, the physician or independent clinic must attach to the claim form, a statement from the operating physician attesting to the urgent/emergent nature of the illness or situation. (See previous Newsletters, P-329 (3/22/82) and P-339 (10/4/82)).

No Medicaid Second Surgical Opinion Referral Form (FD-263)(9/91) will be required for claims submitted by an anesthesiologist or an assistant surgeon.

ACTION: The following HCPCS codes do require a Second Surgical Opinion.

A. Hysterectomy (Elective Procedures)

58150 58267
 58152 58270
 58180 58275
58260 58280

B. Spinal fusion *

22548	22595	22650	22840*
22554	22600	22800*	22842*
22556*	22610	22802*	22845*
22558	22612	22810	22849
22585	22625	22812	
22590	22630	22830*	

* NOTE: HCPCS codes identified with an asterisk (*) do not require Second Surgical Opinion if the recipient is under 19 years of age with a diagnosis of scoliosis.

C. Laminectomy *

63001	63045	63086	63196
63003	63046	63087	63197
63005	63047	63088	63198
63011	63048	63090	63199
63012	63055	63091	63200
63015	63056	63170	63250
63016	63057	63172	63251
63017	63064	63173	63252
63020	63066	63180	63265
63020-50	63075	63182	63266
63030	63076	63185	63267
63030-50	63077*	63190	63268
63035	63078*	63191	63270
63040	63081	63191-50	63271
63042	63082	63194	63272
63085 63195	63273		

* NOTE: HCPCS codes identified with an asterisk (*) do not require a Second Surgical Opinion if the recipient is under 19 years of age with a diagnosis of scoliosis.

D. Hernia Repair (Unilateral or Bilateral including umbilical hernia - for recipients 19 years of age or older)

49505
49510
49515
49520
49525
49550
49552
49555
49560
49565
49570
49575
49581
49590

E. Tonsillectomy/Adenoidectomy

42820
42821
42825
42826
42831
42835
42836
42870

Information or questions should be directed to Paramax/Unisys, the Medicaid Fiscal Agent, at the Second Opinion Referral Center at 1-800-676-6562.