



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

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**THIS NEWSLETTER ANNOUNCES NEW ICD-10 BILLING INFORMATION
PLEASE DISREGARD NEWSLETTERS VOLUME 2, NO. 28; VOLUME 6, NO. 29; AND VOLUME 10,
NO. 83 FOR CLAIMS WITH SERVICE DATES ON OR AFTER OCTOBER 1, 2015**

TO: Hospitals – **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: **ICD-10 Update: Second Surgical Opinion Program**

EFFECTIVE: Claims with service dates on or after October 1, 2015

PURPOSE: To update the list of ICD-9 PCS surgical procedure codes with ICD-10 PCS surgical procedure codes that require second surgical opinions for claims with service dates on or after October 1, 2015. This Newsletter updates diagnostic code information presented in the Medicaid Newsletters Volume 2, No. 28; Volume 6, No. 29; and Volume 10, No. 83.

BACKGROUND: The NJ FamilyCare (NJFC) Program requires that a NJFC beneficiary, not enrolled in managed care, receive a second surgical opinion before certain elective surgical procedures are performed. A second surgical opinion must be provided by an approved second surgical opinion physician. A NJFC beneficiary arranges for a second surgical opinion by calling the Second Surgical Opinion Hotline at 1-800-676-6562 and then pressing 3.

It should be emphasized that the requirement for a second surgical opinion is waived when the operating physician determines that the need for surgery is urgent or emergent. For second surgical 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. A second surgical opinion may also be waived when there is no participating second surgical opinion provider geographically accessible to a beneficiary. The NJFC beneficiary must contact the Second Surgical Opinion Hotline to receive an administrative waiver, also referred to as the ‘FD-263’ form, prior to the date of surgery.

To facilitate reimbursement in instances where the surgery meets the ‘urgent/emergent’ definition, the operative report, discharge summary and a statement from the operating physician attesting to the urgent/emergent nature of the illness or situation must be attached to the hard copy claim form when it is submitted to Molina Medicaid Solutions for reimbursement purposes. Claims for surgical procedures requiring a second surgical opinion, where an administrative waiver has been granted, must be submitted to Molina Medicaid Solutions as a hard copy with the ‘FD-263’ form attached.

ACTION: The following procedures require a second surgical opinion, unless one of the waiver conditions described above are met. An ICD-9-PCS code must be reported for claims with service dates prior to October 1, 2015. An ICD-10 –PCS code must be reported for claims with services dates on or after October 1, 2015.

Procedure	ICD-9-PCS Code	ICD-10-PCS Code	Notes
Hysterectomy (Elective)	68.3, 68.4, 68.5	Surgical procedure codes starting with 0UB9, 0UC9, 0UF9	
Spinal Fusion	81.0, 81.00, 81.01, 81.02, 82.03, 81.04, 81.05, 81.06, 81.07, 81.08, 81.09	Surgical procedure codes starting with 0RG0, 0RG1, 0RG2, 0RG4, 0RG6, 0RG7, 0RG7, 0RG8, 0RGA, 0SG0, 0SG1, 0SG3, 0SG5, 0SG6	A second surgical opinion is not required for spinal fusion if the beneficiary is 18 years of age or under and has a diagnosis of scoliosis.
Laminectomy	03.09, 80.5, 80.50, 80.51, 80.52, 80.59	Surgical procedure codes starting with 00JU, 00JV, 00NW, 00NX, 00NY, 0R53, 0R55, 0R59, 0R5B, 0RB0, 0RB1, 0RB3, 0RB4, 0RB5, 0RB6, 0RB9, 0RBA, 0RBB, 0RQB, 0RQ3, 0RQ9, 0RT3, 0RT4, 0RT5, 0RT9, 0RTB, 0RU3, 0RU9, 0RUB, 0S52, 0S54, 0SB0, 0SB2, 0SB3, 0SB4, 0SB5, 0SB6, 0SB7, 0SB8, 0SQ2, 0SQ4, 0ST2, 0ST4, 0SU2, 0SU4	A second surgical opinion is not required for laminectomies if the beneficiary is 18 years of age or under and has a diagnosis of scoliosis.
Hernia Repair	53.0, 53.00, 53.01, 53.02, 53.03, 53.04, 53.05, 53.1, 53.10, 53.11, 53.12, 53.13, 53.14, 53.15, 53.16, 53.17, 53.2, 53.21, 53.29, 53.3, 53.31, 53.39, 53.4, 53.41, 53.49, 53.5, 53.51, 53.59, 53.6, 53.61, 53.69	Surgical procedure codes starting with 0WUF, 0YQ5, 0YQ6, 0YQ7, 0YQ8, 0YQA, 0YQE, 0YU5, 0YU6, 0YU7, 0YU8, 0YUA, 0YUE	A second surgical opinion is not required for hernias if the beneficiary is 18 years of age or under.

Managed Care Organization (MCO) policies and procedures for prior authorization remain in effect.

If you have any questions concerning this Newsletter, please contact Molina Medicaid Solutions Provider Services at 1-800-776-6334.

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