

TO: Physicians and Independent Clinics

SUBJECT: Second Surgical Opinion Program

EFFECTIVE: Immediately

PURPOSE: To provide physicians and independent clinics with an updated list of elective surgical procedures which require Second Surgical Opinions and reflect the additions and deletions in the 1994 Physicians' Current Procedural Terminology (CPT-4).

BACKGROUND: The New Jersey Medicaid program requires that a recipient A Medicaid recipient arranges for a second surgical opinion by calling the Second Surgical Opinion Hotline at 1-800-676-6562. Board-certified specialists in the appropriate fields (ENT, General Surgery, Pediatrics, Neurology, Neurological Surgery, OB/GYN, or Orthopedics) who wish to become Second Surgical Opinion providers may do so by contacting the following address for an application:

Unisys
Attention: Second Surgical Opinion Unit
P.O. Box 4801
Trenton, New Jersey, 08650-4801

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 is also waived when there is no appropriate Second Surgical Opinion provider geographically accessible to the recipient.

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 Newsletter, Volume 2 No. 29, dated June 1992.)

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 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 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

D. Hernia Repair (Unilateral or Bilateral including umbilical hernia)

NOTE: Second Surgical Opinion for these procedures is required

ONLY for recipients 19 years of age or older. It IS NOT required for these procedures for recipients under 19 years

49505
49520
49525
49550
49555
49560
49565
49570
49585
49590
56316
56317

E. Tonsillectomy/Adenoidectomy

NOTE: Second Surgical Opinion is required for all the procedures listed below EXCEPT for primary adenoidectomy for children under 12 years of age.

42820
42821
42825
42826
42831
42835
42836
42870

Garden State Health Plan and other managed care plans' prior authorization policies and procedures remain in effect.

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

RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")

