

**TO:** Hospitals - Chief Executive Officer

**ROUTE TO:** Billing, Finance and Accounting Offices

**SUBJECT:** Second Surgical Opinion Program

**EFFECTIVE:** Immediately

**PURPOSE:** To provide hospitals with an updated list of elective surgical procedures which require Second Surgical Opinions.

**BACKGROUND:** The New Jersey Medicaid program requires that a Medicaid beneficiary, not enrolled in managed care, receive a second surgical opinion before certain elective procedures are performed. A second surgical opinion must be provided by an approved Second Surgical Opinion physician. A Medicaid beneficiary arranges for a second surgical opinion by calling the Second Surgical Opinion Hotline at 1-800-676-6562.

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 beneficiary. However, the Medicaid beneficiary must contact the Second Surgical Opinion Hotline to get appropriate documentation of the geographic waiver (FD-263 form).

To facilitate reimbursement in instances where the surgery meets the "urgent/emergent" definition, the hospitals must attach to the claim form, a statement from the operating physician attesting to the urgent/emergent nature of the illness or situation.

Claims for the elective procedures covered by this policy, that do not meet the exceptions discussed above, must be submitted "hard copy" and have a Medicaid Second Surgical Opinion Referral Form (FD-263) attached.

**ACTION:** The following ICD-9 codes do require a Second Surgical Opinion:

A. Hysterectomy (Elective Procedures)

68.3  
68.4  
68.5

B. Spinal Fusion\*

81.0	81.03	81.07
81.00	81.04	81.08
81.01	81.05	81.09
81.02	81.06	

\***Note:** A Second Surgical Opinion is **NOT** required for spinal fusion if the Medicaid beneficiary is 18 years of age or under and has a diagnosis of scoliosis.

C. Laminectomy\*

03.09	80.51
80.5	80.52
80.50	80.59

\***Note:** A Second Surgical Opinion is **NOT** required for laminectomies if the Medicaid beneficiary is 18 years of age or under and has a diagnosis of scoliosis.

D. Hernia Repair (Unilateral or Bilateral including Umbilical Hernia for Medicaid beneficiaries 19 years of age or older)

53.0	53.1	53.17	53.41
53.00	53.10	53.2	53.49
53.01	53.11	53.21	53.5
53.02	53.12	53.29	53.51
53.03	53.13	53.3	53.59
53.04	53.14	53.31	53.6
53.05	53.15	53.39	53.61
	53.16	53.4	53.69

E. Tonsillectomy/Adenoidectomy\*

28.2            28.5  
28.3            28,92

**Note:** A Second Surgical Opinion is required for all ICD-9CM codes for dates of service prior to February 5, 1996. No Second Surgical Opinion is required for Tonsillectomy/ Adenoidectomy procedures after February 5, 1996.

Garden State Health Plan and other Health Maintenance Organizations' (HMOs') policies and procedures for prior authorization remain in effect.

For information or questions concerning this Newsletter, please contact Unisys, the Medicaid fiscal agent, at the Second Surgical Opinion Referral Center , at 1-(800)-676-6562.

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