

Internal Medicine Coding Alert

Reader Question: Second Opinion on DNR

Question: How should I code an inpatient consultation requesting a second opinion on a DNR (do not resuscitate) status? It seems to me that it could be coded two ways: as an inpatient consultation because the physician performed a consultation, or as a confirmatory consultation because the physician gave a second opinion. Which is correct?

Colorado Subscriber

Answer: The key to properly coding this visit is to determine the source of and the reason for the request. Did the physician perform a consultation on DNR status at the request of another doctor? Or did the physician render a second opinion at the request of the patient or the patient's family?

Based on your brief scenario, it seems likely that the visit would not meet the definition of an inpatient consultation. You would use the inpatient consultation codes (99251-99255) only if the physician was asked by another physician for advice on the diagnosis and/or treatment of the patient. Typically, the physician requesting the consultation is not sure how to treat a particular problem and wants another physician's opinion. That does not sound like what occurred in this case.

More likely, the patient or the patient's family requested a second opinion on the patient's DNR status. In that case, you would code the visit using the confirmatory consultation codes (99271-99275). These codes are typically used when a patient, a member of the patient's family or an insurance company asks a physician to confirm a diagnosis and treatment plan established by another physician. Select the proper code based on the complexity of the encounter. These codes may be used in any setting (for example, the hospital, the office or a nursing home). The physician providing the second opinion is expected to provide an opinion and/or advice only. Any subsequent services are coded separately. Generally, a physician does not request a confirmatory consultation or second opinion of another doctor.