

Optometry Coding & Billing Alert

YOU BE THE EXPERT ~ Coding for Patient-Generated Second Opinion

Question: I know that CPT deleted the confirmatory consult codes for reporting second opinions, but I'm not sure how we should code these services now. How should I report our provider's work performing a second opinion?

Illinois Subscriber

Answer: If a patient presents to your practice and requests a second opinion, you should report the appropriate evaluation and management code (99201-99205 for new patients, or 99212-99215 for established patients). Because most second-opinion requests are patient-generated, you should treat these office visits as you would any other E/M visit.

Caveat: In some rare cases, you may encounter a provider-generated second-opinion request that can qualify as a true consultation. According to CMS Transmittal 788, dated Dec. 20, 2005, -In a facility setting, a second-opinion consultation arranged through the attending physician shall be reported by a physician/qualified NPP using an appropriate inpatient consultation code [99251-99255] when the consultation requirements are met. When consultation requirements are not met, the Subsequent Hospital Care codes (99231-99233) in the hospital setting and the Subsequent Nursing Facility Care codes (99307-99310) in the NF setting shall be reported.-

Therefore, if you can prove that a provider-generated second opinion is an actual consultation, you can report the consult codes -- but only if your provider's documentation supports this.