

Part B Insider (Multispecialty) Coding Alert

STRATEGY: Before Offering Second Opinions, Your Practice May Need A Checkup

6 tips for offering a second-opinion service

Your practice can reap extra reimbursement by marketing its ability to offer second opinions more aggressively to private-pay patients and their referring doctors - but it's important to get the program right. Experts and veterans offer the following tips on instituting private pay programs:

1) A quick turnaround is essential. Some second-opinion programs promise patients they'll have an appointment with a specialist within 24-48 hours after their first phone call. Others promise contact with a nurse who will follow their case, within a similar time frame.

"If you're booked up weeks in advance, this isn't going to work for you," says **Jack Valancy**, a consultant in Cleveland Heights, OH. People who seek a second opinion on a diagnosis or the necessity for surgery or some other radical treatment plan will have "a fair amount of anxiety" and won't want to wait for another opinion, says Valancy.

University of Kansas Hospital's cardiac second-opinion service guarantees that a dedicated second-opinion nurse will call patients back within 24 hours and schedule the patient within a week or two, depending on the patient's convenience, says **Julie Amor**, marketing director. "If it's a surgery diagnosis, then we will schedule them almost immediately."

2) Communicate quickly and legibly afterward. Both the patient and the patient's original physician will be eager to hear your opinions as soon as possible after the consult, notes **Elizabeth Woodcock**, director of knowledge management with **Physicians Practice** in Glen Burnie, MD. And they'll want some meaningful feedback, not an illegible handwritten SOAP note, she adds. "I liken it to workers' compensation," Woodcock explains, because of the need for a quick turnaround and full response.

Communication Is The Key

"The biggest key is the follow-up communication with that patient and the referring physician, so everybody knows the outcome of that visit," says **Tracy Rasmussen**, administrator of the Kansas University Hospital's cardiology group.

3) Make sure you can offer a definite opinion. Patients and referral sources won't be looking for any "maybes" from a second-opinion service, say experts. The second opinion should be "definitive" and not tentative, says Woodcock. Patients often want a yes or no answer as to whether they should pursue a particular treatment. You usually won't bring back a patient for more visits or order more tests.

4) Be selective about patients. The need to offer a definitive second opinion means you won't be able to accept every patient who comes to your door, Woodcock notes. Some patients may require six months before you can be sure about their diagnosis, or may not bring enough information to be definitive. That's why you need an excellent triage nurse handling candidates for your service.

"If a patient gives you \$250 to come in for a second opinion and you're not able to deliver it, you're setting yourself up for disaster no matter how you code it," Woodcock says.

The University of Kansas program is "aimed at those really complex diagnoses," which require the expertise of cardiologists as well as other specialists in a multi-specialty setting, says Rasmussen.

And if you're offering a "virtual" second-opinion program where the physician never sees the patient, the program will work much better for specialties such as neurology or oncology, where the physician can make a determination based on written material instead of physical exams, says Woodcock.

5) Figure out how to bill for the service. Decide in advance whether you'll try to bill some patients' insurance for second opinions, or simply offer the program as a kind of boutique or "concierge" service, says Woodcock.

6) Don't expect regular income. A second-opinion practice will be "episodic" in nature, says Valancy, because you probably won't be bringing patients back for more tests or follow-up visits. If you do take over a patient's care, you may upset other physicians, who may see you as poaching their patients, he warns - especially if you market your program aggressively.