ProTime®
Microcoagulation System

Coverage and Coding

COVERAGE

Medicare covers home INR monitoring for patients who:

- have been anticoagulated for at least three months prior to use of the home INR device
- undergo an educational program on anticoagulation and the use of the device prior to its use in the home
- do not self-test with the device more frequently than once a week

Additionally, several Medicare carriers limit patient test reporting to once per week and the physician may only bill 1 unit for every 4 tests reviewed (i.e., the physician may only bill once per month).

Private payer policies are very similar to Medicare guidelines. Payers such as Aetna, Cigna, and regional Blue Cross and Blue Shield plans will cover home prothrombin time monitoring.

CODING

HCPCS codes in the G series describe physician office services related to home prothrombin time. Evaluation and management (E&M) CPT codes may be appropriate to bill in conjunction with the G codes if evaluation and management services are provided to the patient in the same visit and these services are documented in the patient's record.

Medicare does not cover the 99363 and 99634 CPT codes, but these codes may be used with private payers.

CPT/ HCPCS	Description	Est. Payment, 2007
G0248	Demonstration, at initial use, of home INR monitoring for patient with mechanical heart valve(s) who meets Medicare coverage criteria, under the direction of a physician; includes: demonstrating use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for report.	$220.18
G0249	Provision of test materials and equipment for home INR monitoring to patient with mechanical heart valve(s) who meets Medicare coverage criteria; includes provision of materials for use in the home and reporting of test results to physician; per 4 tests.	$135.57
G0250	Physician review, interpretation and patient management of home INR testing for a patient with mechanical heart valve(s) who meets other coverage criteria; per 4 tests (does not require face-to-face service).	$9.10
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	$20.09
99363	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements).	$73.24
99364	Each subsequent 90 days of therapy (must include a minimum of 3 INR measurements).	$28.80

•*CPT codes and descriptions are copyright of the American Medical Association, 2007.*

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Reimbursement Scenarios

Medical staff gives instruction to patient on home INR

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Patient tests at home in regular intervals

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Physician reviews results and adjusts dosage if necessary

Scenario A – Medicare

Initial billing (for example, in an IDTF)

G0248 for patient demonstration of home INR.

G0249 for provision of home INR materials to patient.

Subsequent billing (timeframe = 30 days after initial billing)

The MD has been reviewing and interpreting INR reports from home monitoring system for 4 weeks.

G0250 for MD interpretation and report, inclusive of up to 4 tests within the past month.

Continue this subsequent billing scenario every 30 days.

Scenario B – Commercial Payer

Initial billing (for example, in an IDTF)

G0248 for patient demonstration of home INR.

G0249 for provision of home INR materials to patient.

Subsequent billing (timeframe = 90 days after initial billing)

The MD has been reviewing and interpreting INR reports from home monitoring system for 90 days (at least 8 tests).

G0250 for MD interpretation and report, inclusive of up to 4 tests.

99363 for initial MD management and dosage adjustment, inclusive of 8 tests.

*Continue this subsequent billing scenario quarterly, but **99634** would be used instead of 99363 (subsequent management every 90 days, inclusive of 3 tests).*

Can CPT 99211 be billed at all with the codes listed above?
Yes, but note that payers are sensitive to this code being billed inappropriately. CPT 99211 should only be billed for a "separately identifiable service" from the services described by the codes above. Associated services typically done in managing a patient on anticoagulants are rolled up in the codes above. If, however, a clinician needs to discuss additional diet and exercise changes with the patient, or discuss other issues related to the patient's health that are not exclusive to anticoagulant therapy, CPT 99211 may be billed. Do not set a "blanket" policy to bill 99211 with ProTime. Bill 99211 when visits are well documented and varied in content relative to each beneficiary's specific issues or problems.

- *It is ultimately the responsibility of the provider to report the appropriate codes to the insurer. We strongly recommend that providers check with their patient's insurer for specifics on reimbursement guidelines.*
- ***Sources**: Cardiology Coder's Pink Sheet, "The New Anticoagulation Management Codes." Vol. 8, No. 2, February 2007. Cardiology Coding Alert, You Be the Coder, Vol. 10, No. 2, February 2007. Websites of the American Academy of Family Physicians, American Society of Hematology. Local medical policies from Noridian Medicare, Highmark Medicare, and Regence BCBS.*

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