



News Flash - Did you know that your local Medicare contractor (carrier, fiscal intermediary, or Medicare Administrative Contractor (MAC)) is a valuable source of news and information regarding Medicare business in your specific practice location? Through their electronic mailing lists, your local contractor can quickly provide you with information pertinent to your geographic area, such as local coverage determinations, local provider education activities, etc. If you have not done so already, you should go to your local contractor website and sign up for their listserv or e-mailing list. Many contractors have links on their home page to take you to their registration page to subscribe to their listserv. If you do not see a link on the homepage, just search their site for "listserv" or "e-mail list" to find the registration page. If you do not know the Web address of your contractor's homepage, it is available at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

MLN Matters Number: MM6313

Related Change Request (CR) #: 6313

Related CR Release Date: January 8, 2009

Effective Date: March 19, 2008

Related CR Transmittal #: R1663CP

Implementation Date: February 9, 2009

Note: This article was updated on December 17, 2012, to reflect current Web addresses. All other information remains unchanged.

Correction to Prothrombin Time (PT/INR) Monitoring for Home Anticoagulation Management

Provider Types Affected

Physicians, providers, and suppliers submitting claims to Medicare contractors (carriers, fiscal intermediaries (FIs) or Medicare Administrative Contractors (MACs)) for home PT and International Normalized Ratio (INR) anticoagulation management monitoring services provided to Medicare beneficiaries.

Impact on Providers

This article is based on Change Request (CR) 6313, which corrects CR 6138 (Prothrombin Time (PT/INR) Monitoring for Home Anticoagulation Management, released on July 25, 2008) by adding particular ICD-9-CM codes (451.11, 451.19, 451.2, 451.80-451.84, 451.89, 453.40-453.49 and 415.12) that CR 6138 omitted. **It contains no other changes; however its content is repeated in this article for your convenience as a reference document.**

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CR 6313 alerts providers that effective for claims with dates of service on and after March 19, 2008, the Centers for Medicare & Medicaid Services (CMS) revised its National Coverage Determination (NCD) on Prothrombin Time (PT/INR) Monitoring for Home Anticoagulation Management to expand the population eligible for coverage of home PT/INR monitoring to patients on warfarin. Effective March 19, 2008, Medicare now covers the use of home PT/INR monitoring for chronic, oral anticoagulation management for patients with 1) mechanical heart valves, 2) chronic atrial fibrillation and 3) venous thromboembolism (inclusive of deep venous thrombosis and pulmonary embolism) on warfarin.

Background

Warfarin, Coumadin®, and others, are self-administered, oral anticoagulant medications that affect a person's Vitamin K-dependent clotting factors. The prothrombin time (PT) test (an in-vitro test to assess coagulation); and its normalized correlate, the International Normalized Ratio (INR), are the standard measurements for therapeutic effectiveness of warfarin therapy.

In response to a formal, complete, written request for reconsideration to expand the population eligible for coverage of home PT/INR monitoring to patients on warfarin, the Centers for Medicare & Medicaid Services (CMS) revised its NCD on Prothrombin Time (PT/INR) Monitoring for Home Anticoagulation Management.

Effective for claims with dates of service on and after March 19, 2008, Medicare will cover the use of home PT/INR monitoring for chronic, oral anticoagulation management for patients with mechanical heart valves, chronic atrial fibrillation, or venous thromboembolism (inclusive of deep venous thrombosis and pulmonary embolism) on warfarin.

This coverage includes the following ICD-9-CM codes.

ICD-9-CM Code	Descriptor
V43.3	Organ or tissue replaced by other means; heart valve
289.81	Primary hypercoagulable state
451.0	Phlebitis and thrombophlebitis: of superficial vessels of lower extremities: saphenous vein (greater) (lesser)
451.11	Phlebitis and thrombophlebitis: of deep vessels of lower extremities: femoral vein (deep) (superficial)
451.19	Phlebitis and thrombophlebitis: of deep vessels of lower extremities: other (femoropopliteal vein popliteal vein tibial vein)
451.2	Phlebitis and thrombophlebitis: of deep vessels of lower extremities: other (femoropopliteal vein, popliteal vein, tibial vein)
451.80	Phlebitis and thrombophlebitis: of other sites

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ICD-9-CM Code	Descriptor
451.81	Phlebitis and thrombophlebitis: of other sites: iliac vein
451.82	Phlebitis and thrombophlebitis: of other sites: of superficial veins of upper extremities (antecubital vein, basilic vein, cephalic vein)
451.83	Phlebitis and thrombophlebitis: of other sites: of deep veins of upper extremities (brachial vein, radial vein, ulnar vein)
451.84	Phlebitis and thrombophlebitis: of other sites: of upper extremities, unspecified
451.89	Phlebitis and thrombophlebitis: of other sites: other
451.9	Phlebitis and thrombophlebitis: of other sites: of unspecified site
453.0	Other venous embolism and thrombosis: Budd-Chiari Syndrome (hepatic vein thrombosis)
453.1	Other venous embolism and thrombosis: thrombophlebitis migrans
453.2	Other venous embolism and thrombosis: of vena cava
453.3	Other venous embolism and thrombosis: of renal vein
453.40	Venous embolism and thrombosis of deep vessels of lower extremity: venous embolism and thrombosis of unspecified vessels of lower extremity (deep vein thrombosis NOS, DVT NOS)
453.41	Venous embolism and thrombosis of deep vessels of lower extremity: venous embolism and thrombosis of deep vessels of proximal lower extremity (femoral, iliac, popliteal; thigh, upper leg NOS)
453.42	Venous embolism and thrombosis of deep vessels of lower extremity: venous embolism and thrombosis of deep vessels of distal lower extremity (calf, lower leg NOS; peroneal, tibial)
453.8	Venous embolism and thrombosis of deep vessels of lower extremity: of other specified veins
453.9	Venous embolism and thrombosis of deep vessels of lower extremity: of unspecified site
415.11	Pulmonary embolism and infarction: iatrogenic pulmonary embolism and infarction
415.12	Pulmonary embolism and infarction: septic pulmonary embolism
415.19	Pulmonary embolism and infarction: other
427.31	Atrial fibrillation (established) (paroxysmal)

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You should keep in mind that the monitor and the home testing must be prescribed by a treating physician as provided at 42 CFR 410.32(a) (See http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/downloads/410_32.pdf on the CMS website.) and all of the following requirements must be met:

1. The patient must have been anticoagulated for at least 3 months prior to use of the home INR device; and,
2. The patient must undergo a face-to-face educational program on anticoagulation management and must have demonstrated the correct use of the device prior to its use in the home; and,
3. The patient continues to correctly use the device in the context of the management of the anticoagulation therapy following the initiation of home monitoring; and,
4. Self-testing with the device should not occur more frequently than once a week.

NOTE: Applicable HCPCS Codes G0248, G0249, and G0250 will continue to be used for claims processing purposes for PT/INR. With the July 2008 Outpatient Code Editor (OCE) and Medicare Physician Fee Schedule updates, the descriptors of these codes will change to reflect the revised coverage policy.

The following descriptors reflect the expanded NCD criteria and are effective for services on or after March 19, 2008 as follows:

Long Descriptor G0248: Demonstration, prior to initial use, of home INR monitoring for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient ability to perform testing prior to its use.

Short Descriptor G0248: Demonstrate use home INR mon

Long Descriptor G0249: Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes provision of materials for use in the home and reporting of test results to physician; not occurring more frequently than once a week

Short Descriptor G0249: Provide INR test mater/equipm

Long Descriptor G0250: Physician review, interpretation, and patient management of home INR testing for a patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes face-to-face verification by the physician that the patient uses the device in the context of the management of the anticoagulation

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therapy following initiation of the home INR monitoring; not occurring more frequently than once a week.

Short Descriptor G0250: MD INR test review inter mgmt

NOTES:

1. *Test materials continue to include 4 tests. Frequency of reporting requirements shall remain the same.*
2. *Porcine valves are not included in this NCD, so Medicare will not make payment on Home INR Monitoring for patients with porcine valves unless covered by local Medicare contractors.*
3. *This NCD is distinct from, and makes no changes to, the PT clinical laboratory NCD at section 190.17, of the NCD Manual.*

Your Medicare contractors will deny claims for PT/INR monitoring services that are not delivered in accordance with this CR; however denied claims are subject to appeal, and medical review override of denials for appeal purposes will be allowed. When denying such claims, your Medicare carrier, FI or MAC will use the following codes:

- **Medicare Summary Notice 15.20**, "The following policies (NCD 190.11) were used when we made this decision."
- **Remittance Advice Remark Code N386**, "This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx> on the CMS website. If you do not have Web access, you may contact the contractor to request a copy of the NCD."
- **Claim Adjustment Reason Code 50**, "These are non-covered services because this is not deemed a 'medical necessity' by the payer."

Your Medicare contractor will adjust claims already processed and inappropriately denied prior to the implementation of CR6313, but only if you bring such claims to the attention of the contractor.

Additional Information

You can find more information about Prothrombin Time (PT/INR) monitoring for home anticoagulation management by going to CR 6313, located at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1663CP.pdf> on the CMS website. The revised *Medicare Claims Processing Manual*, Chapter 32 (Billing Requirements for Special Services), Section 60 (Coverage and Billing for Home Prothrombin Time (PT/INR))

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Monitoring for Home Anticoagulation Management), Subsections 4.1 (Allowable Covered Diagnosis Codes) and 5.2 (Applicable Diagnosis Codes for Carriers) can be found as an attachment to that CR.

If you have any questions, please contact your carrier, FI, or MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

News Flash - It's Not Too Late to Get the Flu Shot. We are in the midst of flu season and a flu vaccine is still the best way to prevent infection and the complications associated with the flu. Re-vaccination is necessary each year because flu viruses change each year. So please encourage your Medicare patients who haven't already done so to get their annual flu shot--and don't forget to immunize yourself and your staff. Protect yourself, your patients, and your family and friends. **Get Your Flu Shot – Not the Flu! Remember** - Influenza vaccine plus its administration are covered Part B benefits. Note that influenza vaccine is NOT a Part D covered drug. Health care professionals and their staff can learn more about Medicare's coverage of the influenza vaccine and other Medicare Part B covered vaccines and related provider education resources created by the CMS Medicare Learning Network (MLN), by reviewing Special Edition *MLN Matters* article SE0838 at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0838.pdf> on the CMS website.

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