CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 130 **Date: MARCH 26, 2004**

CHANGE REQUEST 2323

I. SUMMARY OF CHANGES: Manualization of INR Monitoring

MANUALIZATION – EFFECTIVE/IMPLEMENTATION DATE: Not Applicable.

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS:
(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	32/Table of Contents
N	32/60 – Coverage and Billing for Home Prothrombin Time (INR) Monitoring for Anticoagulation Management
N	32/60.1 – Coverage Requirements
N	32/60.2 – Intermediary Payment Requirements
N	32/60.2.1 – Part A Payment Methods
N	32/60.3 – Intermediary Billing Procedures
N	32/60.3.1 – Bill Types
N	32/60.3.2 – Revenue Codes
N	32/60.4 – Intermediary Allowable Codes
N	32/60.4.1 – Allowable Covered Diagnosis Codes
N	32/60.4.2 – Healthcare Common Procedure Coding System (HCPCS) for Intermediaries
N	32/60.5 – Carrier Billing Instructions
N	32/60.5.1 - Healthcare Common Procedure Coding System (HCPCS) for Carriers
N	32/60.5.2 – Applicable Diagnosis Code for Carriers
N	32/60.6 – Carrier Claims Requirements
N	32/60.7– Carrier Payment Requirements
N	32/60.8 – Carrier and Intermediary General Claims Processing Instructions
N	32/60.8.1 – Remittance Advice Notice
N	32/60.8.2 – Medicare Summary Notice (MSN) Messages

***III. FUNDING:**

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
X	**Manual Instruction**
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

***Medicare contractors only**

Medicare Claims Processing Manual

Chapter 32 – Billing Instructions for Special Services

Table of Contents

(Rev. 130, 03-26-04)

60 – Coverage and Billing for Home Prothrombin Time (INR) Monitoring for Anticoagulation Management

60.1 – Coverage Requirements

60.2 – Intermediary Payment Requirements

60.2.1 – Part A Payment Methods

60.3 – Intermediary Billing Procedures

60.3.1 – Bill Types

60.3.2 – Revenue Codes

60.4 – Intermediary Allowable Codes

60.4.1 – Allowable Covered Diagnosis Codes

60.4.2 – Healthcare Common Procedure Coding System (HCPCS) for Intermediaries

60.5 – Carrier Billing Instructions

60.5.1 - Healthcare Common Procedure Coding System (HCPCS) for Carriers

60.5.2 – Applicable Diagnosis Code for Carriers

60.6 – Carrier Claims Requirements

60.7 – Carrier Payment Requirements

60.8 – Carrier and Intermediary General Claims Processing Instructions

60.8.1 – Remittance Advice Notice

60.8.2 – Medicare Summary Notice (MSN) Messages

60 – Coverage and Billing for Home Prothrombin Time (INR) Monitoring for Anticoagulation Management

(Rev. 130, 03-26-04)

Use of the International Normalized Ratio (INR) allows physicians to determine the level of anticoagulation in a patient independent of the laboratory reagents used. The INR is the ratio of the patient's prothrombin time compared to the mean prothrombin time for a group of normal individuals.

60.1 – Coverage Requirements

(Rev. 130, 03-26-04)

For services furnished on or after July 1, 2002, Medicare will cover the use of home prothrombin time (INR) monitoring for anticoagulation management for patients with mechanical heart valves on warfarin. The monitor and the home testing must be prescribed by a physician and the following patient requirements must be met:

- *Must have been anticoagulated for at least three months prior to use of the home INR device;*
- *Must undergo an educational program on anticoagulation management and the use of the device prior to its use in the home; and*
- *Self testing with the device is limited to a frequency of once per week.*

60.2 – Intermediary Payment Requirements

(Rev. 130, 03-26-04)

60.2.1 – Part A Payment Methods

(Rev. 130, 03-26-04)

Payment is as follows:

- *Hospital outpatient departments - Outpatient Prospective Payment System (OPPS)*
- *Critical Access Hospital (CAH) - Reasonable cost or Medicare Physician Fee Schedule (MPFS)*

Deductible and coinsurance apply.

60.3 – Intermediary Billing Procedures

(Rev. 130, 03-26-04)

60.3.1 – Bill Types

(Rev. 130, 03-26-04)

The applicable bill types are 13X and 85X.

60.3.2 – Revenue Codes

(Rev. 130, 03-26-04)

Hospitals may report these services under revenue code 920 or they may report HCPCS codes G0248 and G0249 under the revenue center where they are performed.

60.4 – Intermediary Allowable Codes

(Rev. 130, 03-26-04)

60.4.1 – Allowable Covered Diagnosis Codes

(Rev. 130, 03-26-04)

The applicable diagnosis code for this benefit is V43.3, organ or tissue replaced by other means; heart valve.

***NOTE**: Porcine valves are not covered, so Medicare will not make payment on Home INR Monitoring for patients with porcine valves.*

60.4.2 – Healthcare Common Procedural Coding System (HCPCS) for Intermediaries

(Rev. 130, 03-26-04)

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: demonstration 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 a patient ability to perform testing.*

Short Description: *Demonstrate use home INR mon*

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 8 tests.*

Short Description: *Provide test material, equipm*

60.5 – Carrier Billing Instructions

(Rev. 130, 03-26-04)

60.5.1. - Healthcare Common Procedural Coding System (HCPCS) for Carriers

(Rev. 130, 03-26-04)

G0248 TOS (Type of Service): *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: demonstration 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 a patient ability to perform testing.*

Short Description: *Demonstrate use home INR mon*

G0249 TOS (Type of Service): *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 8 tests.*

Short Description: *Provide test material, equipm*

G0250 TOS (Type of Service): *Physician review; interpretation and patient management of home INR testing for a patient with mechanical heart valve(s) who meets other coverage criteria; per 8 tests (does not require face-to-face service)*

Short Description: *MD review interpret of test*

60.5.2 – Applicable Diagnosis Code for Carriers

(Rev. 130, 03-26-04)

ICD-9 V43.3, Organ or tissue replaced by other means; heart valve, applies.

60.6 – Carrier Claims Requirements

(Rev. 130, 03-26-04)

Note this test is not covered as durable medical equipment. Therefore, claims submitted to DMERCs will not be paid. It is covered under the physician fee schedule. Also note that the cost of the device and supplies is included in the payment for G0249 and therefore not separately billed to Medicare. Additionally, for G0250, since this code descriptor is per 4 tests, this code should only be billed no more than once every 4 weeks.

60.7 – Carrier Payment Requirements

(Rev. 130, 03-26-04)

Payment and pricing information will be on the July update of the Medicare Physician Fee Schedule Database (MPFSDB). Pay for INR on the basis of the MPFS. Deductible and coinsurance apply.

60.8 – Carrier and Intermediary General Claims Processing Instructions

(Rev. 130, 03-26-04)

60.8.1 – Remittance Advice Notice

(Rev. 130, 03-26-04)

Use appropriate existing remittance advice reason and remark codes at the line level to express the specific reason if you deny payment for INR. If denying services as furnished before July 1, 2002, use existing ANSI X 12-835 claim adjustment reason code 26 "Expenses incurred prior to coverage" at the line level.

60.8.2 - Medicare Summary Notice (MSN) Messages

(Rev. 130, 03-26-04)

Use the following MSN messages where appropriate:

If a claim for INR is being denied because the service was performed prior to July 1, 2002, use the MSN message:

"This service was not covered by Medicare at the time you received it." (MSN Message 21.11)

The Spanish version of the MSN message should read:

"Este servicio no estaba cubierto por Medicare cuando usted lo recibio`." (MSN Message 21.11)