

Internal Medicine Coding Alert

Avoid Coumadin Coding Mistakes: A Clip-and-Save Checklist

Don't get stuck with the bill for your internist's in-office monitoring of Coumadin use - instead, learn the Coumadin coding ropes. One surefire way is to follow this do's-and-don'ts checklist.

Don't ...

1. report 99211 (Office or other outpatient visit) or 99212 when your internist manages the patient over the phone. Your physician, nurse, or ancillary staff should treat the patient face-to-face and sufficiently document the encounter to bill the appropriate E/M code. Also, if the patient comes to the office for the test, but your internist provides the results and recommendations over the phone, you shouldn't report telephone consultation codes 99371-99373. Medicare considers these codes bundled in the E/M service.
2. submit 85610 (Prothrombin time) for a blood draw your practice sent to an outside laboratory.
3. use a venipuncture code (36415 or G0001) for the finger stick. Most carriers consider the finger stick incidental to the procedure and will not pay for it separately.
4. report 99211 for Coumadin management when the medical record contains little or no documentation to support an E/M service
5. incorrectly link ICD-9 and CPT coding on the HCFA 1500 claim form, resulting in payment denial. To find the covered diagnoses for the in-office protime test, read your Medicare carriers' local medical review policy for prothrombin time. The primary diagnosis should support your internist's reason for administering the test. In addition, most carriers will accept V58.61 (Long-term [current] use of anticoagulants) as the primary Coumadin diagnosis. If you use V58.61, you may want to list 427.31 (Atrial fibrillation) as the secondary diagnosis to indicate the reason your physician put the patient on Coumadin. Make sure your internist provides the visit's purpose and the service bill as the proper documentation to support listing the diagnoses.

Do ...

6. use 36416 (Collection of capillary blood specimen [e.g., finger, heel, ear stick]) when your internist monitors a Coumadin patient who has private insurance.
7. report V58.61 (Long-term [current] use of anticoagulants) as Coumadin's primary diagnosis. Also, include a secondary diagnosis, such as 427.31 (Atrial fibrillation).