

Internal Medicine Coding Alert

Coumadin Coding Varies in Less Common Scenarios

Occasionally, a Coumadin patient sees the physician instead of the nurse or requires repeat testing to confirm results. Here's how to handle coding in those situations: **The Patient Sees the Doctor**

Sometimes a Coumadin patient needs to see the doctor for a complication, such as bleeding. Or perhaps the patient has come in for an unrelated problem and it's also time for the in-office Protime test. In both of those cases, you code the appropriate-level E/M visit for the physician encounter (for example, 99212) and 85610-QW for the Coumadin monitoring.

The In-Office Test Results Are Inconclusive

Occasionally a patient's in-office test results are markedly different than the physician would expect considering the patient's dosage and symptoms, says **Maria Coslett, CPC**, office manager for Sreenivasa Alla, MD, an internist in Port St. Lucie, Fla. In such cases, the physician may order a repeat finger stick Protime, performed in the office on the same day. The office would bill an additional 85610-QW with modifier -91 (Repeat clinical diagnostic laboratory test).

Sometimes a physician orders an outside or reference laboratory analysis to confirm the in-house test. The reference laboratory would bill for performing the test. However, if the office staff draws the blood specimen for the lab, you would code this procedure with G0001 for a Medicare patient or 36415 for a patient covered by a private carrier.

You may need to append modifier -59 (Distinct procedural service) to indicate to the payer that the venipuncture was a separate procedure from the CLIA-waived test, says **Lisa Johnson, CPC, CCS-P**, senior consultant at Gates, Moore & Company in Atlanta. If the venipuncture is performed on the same day as the in-office Protime test, you would also code the finger stick test with 85610-QW and, if the visit meets the documentation requirements, the appropriate E/M code.