

Internal Medicine Coding Alert

CPT 2007 Sneak Peek: Revisions Tighten Up Consult Language, Offer New Warfarin Code

Get ready for the new edition, which takes effect Jan. 1

If you've been wondering how you should report subsequent inpatient consultations, look no further. The codes have been in CPT all along, and thanks to CPT 2007's revisions, now it's easy to see which codes you should report for these services.

Internal medicine practices may recall that CPT 2006 deleted follow-up inpatient consult codes (99261-99263) but left the descriptors of the remaining codes the same. Therefore, all inpatient consultations this year were billed with codes from the 99251-99255 series (Initial inpatient consultation for a new or established patient ...).

CPT 2007 will clean up the descriptors to eliminate the word "initial" and simply refer to these services as "Inpatient consultation for a new or established patient."

This change shouldn't affect the way that internists report their inpatient consult services. "This descriptor change for 99251-99255 was necessary because CPT previously deleted the follow-up consult codes," says **Pat Strubberg, CPC**, coder at Patients First Health Care in Washington, Mo. "The word 'initial' would be unnecessary and could be confusing for some."

Streamline Coumadin Management Coding

CPT 2007 will also introduce two new codes that will help physicians who perform warfarin sodium management:

- 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)
- 99364 -- ... each subsequent 90 days of therapy (must include a minimum of 3 INR measurements).

Coumadin Requires Monitoring

Internists use Coumadin, or warfarin sodium, to thin a patient's blood to prevent heart attacks (410.x), strokes (436), and complications from other disorders, such as deep venous thrombosis (451.1x). Because too much Coumadin can lead to fatal bleeding, the physician uses a finger stick to monitor the patient's blood clotting speed, which provides him with almost instant results.

Coders normally report 36415 (Collection of venous blood by venipuncture) or 36416 (Collection of capillary blood specimen [e.g., finger, heel, ear stick]) for the finger stick and 85610-QW (Prothrombin time; CLIA waived test) for the lab test. But internal medicine practices faced problems when trying to report 99211 along with the visits. This new code might help eliminate those problems.

"I am delighted to see that we now have codes to capture anticoagulant management," says **Sheldrian Leflore**, revenue management educator with The Coding Group in Carlsbad, Calif. "This will be a welcome addition for practices with Protime or Coumadin clinics. There has not been a CPT code to effectively describe this service. Also, there was so much controversy in the past about the appropriateness of assigning code 99211 for anticoagulant management."



Keep in mind: Remember that the new CPT codes aren't "official" until the AMA publishes them in the Federal Register later this month. Look for more detailed information on what 2007 holds for internal medicine coders in an upcoming issue of Internal Medicine Coding Alert.

In addition, just because CPT introduces a new code, you aren't guaranteed reimbursement. Internal Medicine Coding Alert will keep you up-to-date on coverage guidelines for these new and revised codes.