

## Internal Medicine Coding Alert

### Reader question: Coumadin Coding For 99363, 99364

Question: I know Medicare doesn't cover Coumadin clinics, but thought some commercial plans might. Can we report 99363 and 99364 for the service? Are lab charges or finger sticks included, or separately billable?

Wyoming Subscriber

Answer: Medicare does not reimburse for codes 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]) or 99364 (... each subsequent 90 days of therapy [must include a minimum of 3 INR measurements]), which probably eliminates many of the patients to which the services would apply from your practice. Tracking patients for 90 days and verifying hospital or observation stays and the number of INRs keeps some physicians from offering the care.

If you decide to report the services to a commercial plan that does cover them, they do not include the lab test (85610, Prothrombin time) or finger stick (36416, Collection of capillary blood specimen [e.g., finger, heel, ear stick]). Any physician counseling regarding the patient's ongoing treatment, however, is covered by 99363 and 99364.