Internal Medicine Coding Alert

Reader Questions: Prothrombin Level Check

Question: Our practice has several patients on Coumadin who must have their prothrombin level checked on a monthly basis. The patients come into the office to have their blood drawn by the nurse and then leave. When we get the results back from the lab, we must call them if there is a change in their Coumadin dosage. We also often spend a lot of time calling the patients pharmacists and talking with them. We are currently only using the code for the venipuncture (G1001). Is there any way we can get higher reimbursement for this service? We do between 600-700 checks a year.

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Answer: According to the coding experts we spoke with, the only reimbursement the practice can receive, using its current method of managing the patients, is the reimbursement for the venipuncture (G1001).

If the patients come back into the office to receive counseling regarding their illness and the change in medication, then the practice would be eligible for a separate E/M service, says **Julie Painter**, coding specialist with Physician Reimbursement Systems in Denver, CO.

They would have to talk to the patient about the medication and counsel them about their illness and about the medication, she adds. And, they need to clearly document this.

The chart should show that the practice did more than just have the patient come in to learn that their dosage had changed, she adds.

An alternative to having the patients come into the office, would be to document the counseling given to the patient over the phone. If, on the patients next office visit, the physician were to go over the medication change and talk over the changes as they relate to the patients medical condition, then the phone call may be used to justify a higher level of service, says **Thomas A. Kent, CMM**, president of Kent Medical Management in Dunkirk, MD.

It does not necessarily mean that the visit can be billed at a higher level of service, but if it is borderline, then the documentation of the phone call might be the one additional thing needed, he says.

For this to work, the phone call and conversation with the patient must be documented and the physician must go over this with the patient at the office visit, he notes.