

## Part B Insider (Multispecialty) Coding Alert

### CARDIOLOGY: Stick With 85610 And 99211 For Coumadin Management

#### Medicare dashes Coumadin clinics- hopes for reimbursement

Providers were excited when CPT 2007 introduced two new codes to report outpatient management of warfarin sodium (an anticoagulant also known as Coumadin):

- 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)).

**Bad news:** But the **Centers for Medicare & Medicaid Services** (CMS) dashed all your hopes of getting proper reimbursement for your Coumadin clinic. At first, CMS seemed poised to pay \$100 for 99363 and \$35 for 99364. But then CMS announced these codes would be Status B, or bundled, and thus non-covered for Medicare.

-When I first read about the new anticoagulant codes 99363 and 99364, I was very excited to know that finally there were some codes to acknowledge the work done in our Coumadin clinic,- says **Sarah Tupper** with **Central New York Cardiology** in Utica.

Coumadin management involves more than just a blood draw. -It's careful monitoring, and return appointments, and counseling.- Many Coumadin patients have multiple problems besides afibrillation.

But -once again codes are dangled in front of the coders- noses, only to be yanked away just out of reach,- she frets.

**What to do:** You should keep using protime code 85610, plus evaluation and management code 99211 as appropriate, to bill for anticoagulation management, says **Heather Stecker**, reimbursement manager with **Cardiology Consultants of Philadelphia**. At least, that's the advice her local carrier sent her.

**Note:** You can't bill for 99363-99364 even if a payor will cover them, unless the physician supervises your Coumadin management directly. If a nurse performs the management, you should be billing 85610 and 99211 in any case, says **Jennifer Crowell** with **Spokane Cardiology**.

You should only bill a 99211 for the nurse's time when the nurse documents that the visit is not the -standard- Coumadin check visit. For example, the nurse should document other symptoms such as bruising or bleeding that needed more attention.

**Remember:** -You can only bill an appropriate E/M when a new symptom, complaint or complication arises,- says Tupper.

CMS should either start paying the new codes--and allow nurses to bill them--or increase the low fee for 85610, Tupper maintains.

So far, no other payors seem to be reimbursing 99363-99364, experts tell **PBI**.