
Program Memorandum Intermediaries/Carriers

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal AB-03-089

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This Program Memorandum re-issues Program Memorandum AB-02-180, Change Request 2323, dated December 27, 2002. The only change is the discard date; all other material remains the same.

CHANGE REQUEST 2323

This Program Memorandum (PM) supersedes Change Request (CR) 2071, PM Transmittal AB-02-64, dated May, 2002. The "Carrier Claims Requirements Section" has been changed to delete the segment, "This is a CLIA waived test." All other information remains the same. Discard CR 2071.

SUBJECT: Coverage and Billing for Home Prothrombin Time International Normalized Ratio (INR) Monitoring for Anticoagulation Management

This PM summarizes the **addition of §50-56** of the Coverage Issues Manual (CIM) regarding Home Prothrombin Time INR Monitoring for Anticoagulation Management. Refer to this section of the CIM for complete information regarding the policy.

Coverage

Use of the INR allows physicians to determine the level of anticoagulation in a patient independent of the laboratory reagents used. The INR is the ratio of the patient's prothrombin time compared to the mean prothrombin time for a group of normal individuals.

For services furnished on or after July 1, 2002, Medicare will cover the use of home prothrombin time INR monitoring for anticoagulation management for patients with mechanical heart valves on **warfarin**. Porcine valves are not covered so Medicare will not make payment on Home INR Monitoring for patients with porcine valves. The monitor and the home testing must be prescribed by a physician and the following patient requirements **must** be met:

- Must have been anticoagulated for at least three months prior to use of the home INR device;
- Must undergo an educational program on anticoagulation management and the use of the device prior to its use in the home; and
- Self testing with the device is limited to a frequency of once per week.

Intermediary Billing Instructions

Intermediary - Applicable HCPCS Codes

G0248: Demonstration, at initial use, of home INR monitoring for patient with mechanical heart valve(s) who meets Medicare coverage criteria, under the direction of a physician; includes: demonstration use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of a patient's ability to perform testing.

Short Description: Demonstrate use home INR mon

G0249: Provision of test materials and equipment for home INR monitoring to patient with mechanical heart valve(s) who meets Medicare coverage criteria. Includes provision of materials for use in the home and reporting of test results to physician; per 4 tests.

Short Description: Provide test material, equipm

Intermediary - Applicable Bill Types

The applicable bill types are 13X, and 85X.

Intermediary - Applicable Revenue Codes

Hospitals may report these services under revenue code is 920 or they may report HCPCS codes G0248 and G0249 under the revenue center where they are performed.

Intermediary - Applicable Diagnosis Code

The applicable diagnosis code for this benefit is V43.3, organ or tissue replaced by other means; heart valve.

NOTE: Porcine valves are not covered, so Medicare will not make payment on Home INR Monitoring for patients with porcine valves.

Intermediary Payment Requirements

Payment is as follows:

- Hospital outpatient departments - Outpatient Prospective Payment System (OPPS)
- Critical Access Hospital (CAH) - Reasonable cost (Option 1) or Medicare Physician Fee Schedule (MPFS)

Deductible and coinsurance apply.

Carrier Billing Instructions

Applicable HCPCS Codes for Home Prothrombin Time INR Monitoring

G0248 (Type of Service 1): Demonstration, at initial use, of home INR monitoring for patient with mechanical heart valve(s) who meets Medicare coverage criteria, under the direction of a physician; includes: demonstration use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results and documentation of a patient's ability to perform testing.

Short Description: Demonstrate use home INR mon

G0249 (Type of Service S): Provision of test materials and equipment for home INR monitoring to patient with mechanical heart valve(s) who meets Medicare coverage criteria. Includes provision of materials for use in the home and reporting of test results to physician; per 4 tests.

Short Description: Provide test material, equipm

G0250 (Type of Service 1): Physician review; interpretation and patient management of home INR testing for a patient with mechanical heart valve(s) who meets other coverage criteria; per 4 tests (does not require face-to-face service)

Short Description: MD review interpret of test

Applicable ICD-9-CM Code for Home Prothrombin Time INR Monitoring

- **ICD-9 V43.3**, Organ or tissue replaced by other means; heart valve, applies.

Carrier Claims Requirements

Note this test is not covered as durable medical equipment. Therefore, claims submitted to DMERCs will not be paid. It is covered under the physician fee schedule. Also note that the cost of the device and supplies is included in the payment for G0249 and therefore not separately billed to Medicare. Additionally, for G0250, since this code descriptor is per 4 tests, this code should only be billed **no more than** once every 4 weeks.

Follow the general instruction for preparing claims in §2010, Purpose of Health Insurance Claim Form CMS-1500, Medicare Carriers Manual (MCM) Part 4, Chapter 2. Claims for INRs are to be submitted on health insurance claim Form CMS-1500 or electronic equivalent. Claims should be processed in accordance with §4020, Review of Health Insurance Claim Form CMS-1500, of Part 3, Chapter IV of the MCM.

Carrier Payment Requirements

Payment and pricing information will be on the July update of the Medicare Physician Fee Schedule Database (MPFSDB). Pay for INR on the basis of the MPFS. Deductible and coinsurance apply. Claims from physicians or other practitioners where assignment was not taken are subject to the Medicare limiting charge (refer to MCM Part 3, chapter VII, §7555 for more information).

Claims Editing

If contractors choose to create local edits for ICD-9 V43.3, they must check the ICD-9 directory yearly for changes to the code.

Remittance Advice Notice

Use appropriate existing remittance advice reason and remark codes at the line level to express the specific reason if you deny payment for INR. If denying services as furnished before July 1, 2002, use existing ANSI X 12-835 claim adjustment reason code 26 "Expenses incurred prior to coverage" at the line level.

Medicare Summary Notice (MSN) Messages

Use the following MSN messages where appropriate:

If a claim for INR is denied because the service was performed prior to July 1, 2002, use the MSN message:

"This service was not covered by Medicare at the time you received it." (MSN Message 21.11)

The Spanish version of the MSN message should read:

"Este servicio no estaba cubierto por Medicare cuando usted lo recibió." (MSN Message 21.11)

Provider Notification

Contractors should notify providers of this new national coverage in their next regularly scheduled bulletin, on their Web site, and in routinely scheduled training sessions.

The *effective date* for this PM is July 1, 2002.

The *implementation date* for this PM is December 27, 2002.

These instructions should be implemented within your current operating budget.

This PM may be discarded after July 1, 2004.

If you have any questions, contact the appropriate regional office. Providers and other interested parties should contact the appropriate contractor.