



TITLE: **Billing for Anticoagulation Management Service**

EFFECTIVE DATE: *June 2000, updated March 2006*

PERFORMED BY: *Anticoagulation Management Services (AMS) Clinical Pharmacist  
Anticoagulation Management Staff*

RELATED DOCUMENTS:

MANUAL: *Anticoagulation Management Services (AMS) Coumadin Clinic*

FORMULATED BY: *Anticoagulation Management Services (AMS) Clinical Pharmacist*

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- I. Purpose
  - A. To facilitate accurate and complete billing
- II. Policy
  - A. Charges will be billed according to the appropriate billing code.
    - 1. PT: to be billed with each PT/INR test performed
    - 2. Evaluation & Management: To be billed when evaluation and management necessary. Appropriate documentation in the progress note must accompany the charge.
  - B. The Department Secretary and/or clinician will be responsible for entering E/M by the end of the business day.
  - C. E/M Charging Documentation Standards

Indication	Correct diagnosis listed on progress note, ICD-9 in registration record
Recent history	Update from previous visit
Reconciliation of med list	"No changes to meds", "reviewed medication list"
Target therapeutic INR	Correct range documented
Current INR	Correct INR documented
INR result compared to target INR (sub, supra or therapeutic)	Do not restate "INR 2.1". Do not state "INR in range" if it is not (even off by .1) If INR is in range, link to previous visit if there was a dose change
Compliance	
External factors	Stress, activity, diet, smoking etc (assess and document)
S/s bleeding	Assess and document (fall risk, multiple meds, NSAID use)
S/s related to anticoagulation	Assess and document
Coordination of care with other providers	If you called in refills, contacted nursing home, care providers, etc
Education topics covered	If the patient asks, document you discussed topic
Establish next appt	Document progression of appointments

Resources: ARMC Chargemaster 5/2012 discussion  
ASHP Section of Ambulatory Care Practitioners

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