

Local Coverage Article: Billing and Coding: Home PT/INR Monitoring (G0249) Billing and Coding (A55756)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	02101 - MAC A	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	02102 - MAC B	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	02201 - MAC A	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	02202 - MAC B	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	02301 - MAC A	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	02302 - MAC B	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	02401 - MAC A	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	02402 - MAC B	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	03101 - MAC A	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	03102 - MAC B	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	03201 - MAC A	03201 - MAC A	J - F	Montana

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	03202 - MAC B	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	03301 - MAC A	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	03302 - MAC B	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	03401 - MAC A	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	03402 - MAC B	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	03501 - MAC A	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	03502 - MAC B	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	03601 - MAC A	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	03602 - MAC B	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID

A55756

Original Effective Date

10/09/2017

Article Title

Billing and Coding: Home PT/INR Monitoring (G0249)
Billing and Coding

Revision Effective Date

N/A

Revision Ending Date

N/A

Article Type

Billing and Coding

Retirement Date

N/A

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CMS National Coverage Policy

N/A

Article Guidance**Article Text:**

Noridian is issuing this coding and billing guidance as it relates to the National Coverage Determination for Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Monitoring (NCD 190.11) and is in no way a change in coverage as outlined in the NCD and MLN Matters articles.

This NCD provides coverage for home testing of the PT/INR for those beneficiaries who meet the criteria for coverage in the NCD language.

For the purpose of billing and coding the following guidelines are promulgated and are effective immediately.

1. The coverage is for one home test per week. For the purpose of this direction a week is considered a calendar week, Sunday through Saturday.

Providers may only bill Noridian for this service when the fourth test is completed and the results submitted to the treating physician. In the event the beneficiary either withdraws from home testing, dies or transfers to a Medicare Advantage or similar program, a claim for partial billing is allowed when appended with a -52 modifier. Noridian will pay a pro-rated amount based on the number of tests fully completed and reported to the treating physician. No payment is available for unused tests. As use of this code G0249 is for completion of four INR services, in the rare event that it is known services will not continue and a claim must be filed for fewer, use the code with the modifier -52 appended and decrement the charge in direct proportion to the number that have been completed (75%, 50% or 25%). For such partial billings submit the following claim information:

- a. The number of tests completed shall be in the comment/narrative field for the following Part B claim field/types:
 - Loop 2400 or SV101-7 for the 5010A1 837P
 - Item 19 for paper claim
- b. The number of tests completed shall be in the comment/narrative field for the following Part A claim field/types:
 - Line SV202-7 for 837I electronic claim
 - Block 80 for the UB04 claim form

2. Noridian realizes that on rare occasions a beneficiary may inadvertently test twice in one week or may elect to test "early" for the next week due to personal situations. These exceptions may be allowed as long as the clinical records indicate a reasonable cause for the early testing and no more than four tests in four weeks are submitted. Such "early" testing is not expected to be the norm and does not allow for payment for more than 4 tests (one unit of service (UOS) in four weeks.

3. Should a situation occur where the beneficiary needs additional testing, for example an abnormal INR on a home test, such added home testing is not covered using the G0249 code. The beneficiary may be tested in the physician's office or a clinical lab in the usual manner for outpatient testing. If they prefer to do a repeat home test(s) and such is approved by their provider and a written order received, payment for such extra tests are the responsibility of the beneficiary. Noridian recommends that an ABN be given to the patient and the appropriate ABN modifier appended to any claim with the extra tests.

4. A Unit of Service is four tests. One unit of G0249 is therefore four tests which have been completed and reported to the provider over a period of four weeks or greater. The billing date of service is either on or after the completion and reporting of the fourth test.

Sources:

- CMS Internet Only Manual (IOM), Publication Medicare National Coverage Determination (NCD); Part 2, [Section 190.11](#).
- CMS [Change Request 6397](#), Dated March 4, 2009-April Update to the 2009 Medicare Physician Fee Schedule Database (MPFSDB)
- MLN Matters Article [MM6397](#)

Coding Information

CPT/HCPCS Codes

N/A

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

N/A

Revision History Information

N/A

Associated Documents

Related Local Coverage Document(s)

N/A

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

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- Testing
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