

These documents are Trinity's internal recommendation and not an official CMS document.

DRAFT** Trinity Health OIAS
Attachment A: Anticoagulation E/M Documentation Standards
 May 12, 2009

Level	Required Documentation during each visit	Best Practice Documentation
Level I – 99211	Reason for anticoagulation Patient recent history (updated from previous visit) Reconciliation of medication list (updated from previous visit) Target therapeutic INR range Current INR level Document if current level is sub, supra or therapeutic in comparison to target level Document any missed doses or compliance with regimen Assess for and document external factors that may influence levels Assess for and document signs or symptoms related to anticoagulation Medication dose adjustments, include frequency of current and past adjustments, current dose and dose schedule – document review with patient Coordination of care with primary care provider Document education topics covered Establish next appointment Additional Documentation required to be maintained in the patient record and updated on an annual basis: Obtain original or annual order from primary care physician for services (orders must be updated every 12 months, services rendered without an active order are not medically necessary) Complete an original or annual patient history (a new history form should be completed every 12 months) Complete an original or annual medication reconciliation list (a new medication list should be created annually, or more frequently as medications may change more frequently and lists become difficult to interpret)	Vital sign measurements Document the goals of anti-coagulation management services, by documenting the frequency of anticipated anticoagulation service visits and include projected tapering of visits for patients. At subsequent appointments, document progress towards goals and document projected tapering of visits when INR levels are therapeutic and stabilized. (See medical necessity information) Minor treatment associated with signs or symptoms of anticoagulation (e.g. band-aid, ice application)

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	Complete original or annual anticoagulation education (comprehensive education should be repeated annually, or more frequently as needed, in addition to education topics covered regularly)	

Medical Necessity Information:

It is expected when a person first receives anticoagulation services that visits, in accordance with the physician's plan, will be at a greater frequency than a patient that has been on anti-coagulant for an extended period of time, with stable INR levels. It is likely that visits that continue with great frequency without fluctuations outside of a target therapeutic INR range will not be considered medically necessary. It is important to document the medical necessity for each visit to the anticoagulation center. Assessing the effects and goals of anti-coagulation should be documented at each visit, with expected outcomes and projected tapering of visits for patients.

Orders for services expire every twelve months, services rendered without a valid order, are not medically necessary, therefore should not be billed.

Documentation Information:

In order to assign an E/M level of service, the documentation must include all of the elements listed under documentation, in order to establish that a significant separately identifiable service was rendered. Best practice recommendations have been provided for optimal documentation.

Do not assign an E/M level when only an INR level is drawn and minor adjustments are made to a patient's dose according to a pre-established protocol, without an assessment of the patient, evaluation of external health factors and coordination of care as required in the application of the E/M grid.

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Utilize caution prior to the assignment of an E/M level when the patient sees their physician on the same date of service or is having another scheduled procedure where the INR level is required and medication doses may be adjusted to assure patient safety. When a pharmacist is consulted to provide input in the care of the patient in these examples, the pharmacist's services may be incidental and included in the major procedure or other E/M service performed on that date.

Due to incident to requirements anticoagulation clinics should only bill a level 99211.