

## Anticoagulation Management Codes

There are two codes, one for the initial 90 days of therapy (99363), and the other for the subsequent 90 days of therapy (99364).

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 three INR measurements)

Code 99363 is intended to be used after the initial 90 days of management of outpatient warfarin therapy and is intended to cover the work involved in adjusting warfarin levels based on a review of a patient's INR measurements. The code language requires that a physician record at least 8 INRs in the 90 day period in order to report the code. Any work performed by a physician that is related to this management could not be considered when determining the level of any evaluation and management code reported during this time period. The physician would bill the code on the 90<sup>th</sup> day of management.

Code 99364 is very similar, but is to be used for subsequent 90 day periods of management and only requires 3 INR measurements.

Both codes are designed to capture the extensive work of physicians in managing a very serious therapy for serious illness. The ACC worked collaboratively with the American College of Physicians and the American Academy of Neurology to carefully evaluate the physician work required for anti-coagulation management. We were disappointed by CMS's decision to bundle the new codes for anticoagulation management into evaluation and management services especially in light of the AMA RUC's determined that the codes do require work and practice expense that are not included in E&M services.

Anticoagulation therapy is widely used to prevent and treat thromboembolic disorders, most commonly associated with mechanical valves, atrial fibrillation, postcerebrovascular accident, acute myocardial infarction, pulmonary embolism, and other valvular heart disease. The therapeutic range for anti-coagulation agents is very narrow. Failure to maintain a patient within the correct therapeutic range can risk stroke and intracranial bleeding. Therefore, patients are monitored closely for both response to the therapy and the development of potentially serious complications. Close monitoring of patients receiving anti-coagulation therapy improves care and reduces risk.

In the interim, if CMS or another payer makes it known that it will pay for these codes, a more detailed educational piece about the use of these codes will appear on the ACC Web site and other related publications.