

## 1. Patient Information

Office Contact: \_\_\_\_\_ Referred by (other than physician): \_\_\_\_\_ AM: **WEB**  
 Patient Name: \_\_\_\_\_  Male  Female  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ SS # \_\_\_\_\_

### INSURANCE:

**Primary Insurance:**  Medicare  BC/BS  Other \_\_\_\_\_  
 Contract/Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Subscriber: \_\_\_\_\_  
**Secondary Insurance:**  BC/BS  Medicaid  Other \_\_\_\_\_  
 Contract/Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Subscriber: \_\_\_\_\_

## 2. Statement of Medical Necessity/Prescription

Patient should receive Home INR Monitoring (G0248/G0249) services and supplies to enable him/her to self-test according to my instructions provided below. I believe that it is medically necessary for this patient to self-test weekly in order to maintain a stable INR, optimize its therapeutic effects and avoid the complications identified on Coumadin® (warfarin)'s product labeling.

**I certify that this patient has been on Coumadin® (warfarin) therapy for more than 90 days** and will undergo a training program provided by Real Time Diagnostics (RTD) to ensure that he/she is capable of self-testing. At this time, if the patient or their caregiver has no condition that makes self-testing unsafe (e.g. cognitive disorders), patient should continue in RTD's Home INR Monitoring Program for as long as he/she remains capable and compliant with my instructions. In the future, I agree to notify RTD if the patient or their caregiver develops a condition that makes self-testing unsafe. Patient should be enrolled in this program for a minimum of one year.

### PATIENT'S DIAGNOSIS (descriptor) with ICD-10 CODES

- |   |         |  |         |
|---|---------|--|---------|
| <input type="checkbox"/> Mechanical Heart Valve/Presence of Prosthetic Heart Valve                  | Z95.2   | <input type="checkbox"/> DVT Distal LE/Acute Embolism and Thrombosis of Right Tibial Vein                                  | I82.441 |
| <input type="checkbox"/> Atrial Fibrillation/Paroxysmal Atrial Fibrillation                         | I48.0   | <input type="checkbox"/> DVT Distal LE/Acute Embolism and Thrombosis of Left Tibial Vein                                   | I82.442 |
| <input type="checkbox"/> DVT Proximal LE/Acute Embolism and Thrombosis of Right Femoral Vein        | I82.411 | <input type="checkbox"/> DVT Distal LE/Acute Embolism and Thrombosis of Tibial Vein, Bilateral                             | I82.443 |
| <input type="checkbox"/> DVT Proximal LE/Acute Embolism and Thrombosis of Left Femoral Vein         | I82.412 | <input type="checkbox"/> Other Pulmonary Embolism and Infarction/Other Pulmonary Embolism with Acute Cor Pulmonale         | I26.09  |
| <input type="checkbox"/> DVT Proximal LE/Acute Embolism and Thrombosis of Femoral Vein, Bilateral   | I82.413 | <input type="checkbox"/> Iatrogenic Pulmonary Embolism and Infarction/Other Pulmonary Embolism without Acute Cor Pulmonale | I26.90  |
| <input type="checkbox"/> DVT Proximal LE/Acute Embolism and Thrombosis of Right Iliac Vein          | I82.421 | <input type="checkbox"/> Other Pulmonary Embolism and Infarction/Other Pulmonary Embolism without Acute Cor Pulmonale      | I26.99  |
| <input type="checkbox"/> DVT Proximal LE/Acute Embolism and Thrombosis of Left Iliac Vein           | I82.422 | <input type="checkbox"/> Primary Hypercoagulable State/ Activated Protein C Resistance                                     | D68.51  |
| <input type="checkbox"/> DVT Proximal LE/Acute Embolism and Thrombosis of Iliac Vein, Bilateral     | I82.423 | <input type="checkbox"/> Primary Hypercoagulable State/Prothrombin Gene Mutation   | D68.52  |
| <input type="checkbox"/> DVT Proximal LE/Acute Embolism and Thrombosis of Right Popliteal Vein      | I82.431 | <input type="checkbox"/> Long term (current) use of anticoagulants   | Z79.01  |
| <input type="checkbox"/> DVT Proximal LE/Acute Embolism and Thrombosis of Left Popliteal Vein       | I82.432 | <input type="checkbox"/> Other*: _____: _____  |         |
| <input type="checkbox"/> DVT Proximal LE/Acute Embolism and Thrombosis of Popliteal Vein, Bilateral | I82.433 |  |         |

\* For Other, choose patient diagnosis from list of approved diagnosis codes for Home INR testing (see other side of page)

## 3. Target INR Range, Test Frequency & Reporting Options

TARGET INR RANGE: \_\_\_\_\_ to \_\_\_\_\_  
LOW HIGH

TEST REPORTING INSTRUCTIONS: **Please check one box below**

Patient will communicate test results directly to RTD

who will report INR test results according to my instructions below:

- Report INR results directly to **University of Michigan Anticoagulation Services** to manage patient's dosing.  
 - 24 Frank Lloyd Wright Drive, Lobby A 3rd Floor. Ann Arbor, MI 48106. P: 734-998-6944 F: 734-615-2189
- Report INR results directly to me at my fax number listed in Section 4

**If patient reports an INR value <1.5 or >4.0, then RTD will always make direct contact with U of M Anticoag or your office (based on your selection above). After hours, weekends and holidays, if patient reports an INR value <1.5 or >4.9, then RTD will call 734-936-6267 and ask for HFT team pager #31284. If RTD receives no answer within 30 minutes, RTD will page Dr. Froehlich. If RTD is unable to communicate with a qualified individual, then RTD will recommend to your patient to seek immediate emergency care.**

NOTE: Documenting home INR test results is required by Medicare and other payers in order for patient's testing supplies (G0249) to be covered. RTD will provide a report of past results as a courtesy to support physician claims for review and interpretation of home INR tests (G0250).

- Patient Self-Testing  
 TEST FREQUENCY:  Weekly\*  Bi-Weekly  
\*Medicare will cover up to 52 tests per year.

## 4. Physician Information

Prescribing Physician Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ NPI No: \_\_\_\_\_  
 Address: \_\_\_\_\_ License No: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

# Additional ICD-10 Codes For PT/INR Patient Self-Testing

ICD-10 CODES	Descriptor
<b>I26.01</b>	Septic Pulmonary Embolism/Septic Pulmonary Embolism Without Acute Cor Pulmonale
<b>I80.11, .12, .13</b>	Femoral Vein (deep) (superficial)/Phlebitis and Thrombophlebitis of Right Femoral Vein, Left Femoral Vein or Femoral Vein, Bilateral
<b>I80.211, .212, .213</b>	Iliac Vein/Phlebitis and Thrombophlebitis of Right Iliac Vein, Left Iliac Vein or Iliac Vein, Bilateral
<b>I80.221, .222, .223</b>	Phlebitis and Thrombophlebitis of Deep Veins of Lower Extremities/Phlebitis and Thrombophlebitis of Right Popliteal Vein, Left Popliteal Vein or Popliteal Vein, Bilateral
<b>I80.231, .232, .233</b>	Phlebitis and Thrombophlebitis of Deep Veins of Lower Extremities/Phlebitis and Thrombophlebitis of Right Tibial Vein, Left Tibial Vein or Tibial Vein, Bilateral
<b>I80.291, .292, .293</b>	Phlebitis and Thrombophlebitis of Deep Veins of Lower Extremities/Phlebitis and Thrombophlebitis of Other Deep Vessels of Right Lower Extremity, Left Lower Extremity or Lower Extremity, Bilateral
<b>I82.0</b>	Budd-Chiari (Hepatic Vein Thrombosis)
<b>I82.220</b>	Vena Cava/Acute Embolism and Thrombosis of Inferior Vena Cava
<b>I82.221</b>	Vena Cava/Chronic Embolism and Thrombosis of Inferior Vena Cava
<b>I82.3</b>	Renal Vein/Embolism and Thrombosis of Renal Vein
<b>I82.491</b>	DVT Distal LE/Acute Embolism and Thrombosis of Other Specified Deep Vein of Right Lower Extremity
<b>I82.492</b>	DVT Distal LE/Acute Embolism and Thrombosis of Other Specified Deep Vein of Left Lower Extremity
<b>I82.493</b>	DVT Distal LE/Acute Embolism and Thrombosis of Other Specified Deep Vein of Lower Extremity, Bilateral
<b>D68.59</b>	Primary Hypercoagulable State/Other Primary Thrombophilia
<b>D68.61</b>	Primary Hypercoagulable State/Antiphospholipid Syndrome
<b>D68.62</b>	Primary Hypercoagulable State/Lupus Anticoagulant Syndrome