

PRESCRIPTION FOR: PT/INR Patient Self-Testing & Clinical Services

1. Patient Information

Office Contact: _____ Referred by (other than physician): _____ AM: _____
 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:

Patient will communicate test results directly to RTD who will report INR test results to my contact information below. For DMS (Dosage Management Service) patients, office will provide lab INR test results to RTD for dosing purposes.

NOTE: If patient reports an INR value <1.5 or >4.9, then RTD will always make direct contact with your office. If RTD is unable to communicate with a qualified individual from your office, 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* Other: _____
 *Medicare will cover up to 52 tests per year.

4. Physician Information

Prescribing Physician Name: _____ Date: _____
 Physician Signature: _____
 Address: _____ Phone: _____
 _____ Fax: _____

RTD201903

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

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

Please contact RTD at 866-662-7897 for more information