

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

## 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"/> Atrial Fibrillation/Chronic Atrial Fibrillation                            | I48.2   | <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 Right Femoral Vein        | I82.411 | <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 Left Femoral Vein         | I82.412 | <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 Femoral Vein, Bilateral   | I82.413 | <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 Right Iliac Vein          | I82.421 | <input type="checkbox"/> Primary Hypercoagulable State/ Activated Protein C Resistance                                     | D68.51  |
| <input type="checkbox"/> DVT Proximal LE/Acute Embolism and Thrombosis of Left Iliac Vein           | I82.422 | <input type="checkbox"/> Primary Hypercoagulable State/Prothrombin Gene Mutation   | D68.52  |
| <input type="checkbox"/> DVT Proximal LE/Acute Embolism and Thrombosis of Iliac Vein, Bilateral     | I82.423 | <input type="checkbox"/> Long term (current) use of anticoagulants   | Z79.01  |
| <input type="checkbox"/> DVT Proximal LE/Acute Embolism and Thrombosis of Right Popliteal Vein      | I82.431 | <input type="checkbox"/> Other*: _____   |         |
| <input type="checkbox"/> DVT Proximal LE/Acute Embolism and Thrombosis of Left Popliteal Vein       | I82.432 | * For Other, choose patient diagnosis from list of approved diagnosis codes for Home INR testing (see other side of page)  |         |
| <input type="checkbox"/> DVT Proximal LE/Acute Embolism and Thrombosis of Popliteal Vein, Bilateral | I82.433 |  |         |

## 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
<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

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