

**PROFESSIONAL NETWORK REIMBURSEMENT POLICY**

<b>POLICY TITLE</b>	<b>Anticoagulant Management - Professional Outpatient Services</b>
<b>POLICY NUMBER</b>	<b>NR-09.907</b>

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[DEFINITIONS  
VARIATIONS](#) - No

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**I. DESCRIPTION/BACKGROUND**

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This policy addresses the reporting requirement for professional outpatient anticoagulant management services.

**II. DEFINITIONS**

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Anticoagulant Therapy – The use of anticoagulant drugs to reduce or prevent intravascular or intracardiac clotting.

Healthcare Common Procedure Coding System (HCPCS) - A national standard, alphanumeric coding system established by the Centers for Medicare and Medicaid Services. It standardizes billing and payment for certain covered services (for example, medical supplies, prosthetics and durable medical equipment). HCPCS Level I codes are copyrighted by the American Medical Association (CPT). Level II codes are five-position alphanumeric codes maintained jointly by the Alpha-Numeric Panel (consisting of the Centers for Medicare and Medicaid Services (CMS), the Health Insurance Association of America, and the BlueCross and BlueShield Association). The American Dental Association copyrights the D-code series in Level II HCPCS.

**III. POLICY**

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When a provider sees a member for the sole purpose of performing anticoagulant therapy services, the provider must report the anticoagulant therapy services using Procedure Code **S9401** (Anticoagulation clinic, inclusive of all services except laboratory tests, per session) for those services to be eligible for reimbursement consideration. When a provider sees a member for anticoagulant therapy services and a separately identifiable evaluation and

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management service is documented in the patient’s medical record, the provider may submit a claim for the evaluation and management procedure code appended with Modifier -25 in addition to the Procedure Code S9401 for the anticoagulant therapy services.

In addition to the criteria and conditions contained in this policy, the service, procedure or item must be deemed medically necessary, must be a covered member benefit and is subject to member cost sharing provisions.

**IV. EXCLUSIONS**

[TOP](#)

N/A

**V. VARIATIONS**

[TOP](#)

This policy is applicable to all programs and products administered by Capital BlueCross unless otherwise indicated below.

**VI. REFERENCES**

[TOP](#)

*HCPCS Level II Expert  
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