

Four easy steps to enrolling patients in Philips Remote INR



1. The healthcare professional provides patient information

The healthcare professional submits the Physician Order Form and Patient Insurance Data online at gobio.com/inr or by fax.



2. Remote INR verifies insurance coverage

Remote INR will contact your insurance provider, review coverage, obtain authorization if needed, and receive and estimate out-of-pocket cost.



3. Remote INR confirms coverage with patient

We contact the patient with an estimated out-of-pocket cost and let the healthcare professional know if the patient decides not to pursue self-testing.



4. Remote INR schedules patient training

Patients can be trained in the clinic by the patient's physician office, virtually or at home by one of our certified trainers. During training, patients learn the importance of testing as prescribed and how to:

- Use the meter
- Report test results
- Order supplies

*Patient enrollment status can be viewed online at gobio.com/inr

Instructions for completing patient enrollment for PT/INR Monitoring with Remote INR

For easy, on-line patient enrollment, go to gobio.com/inr

To request a username and temporary password, please call 800-780-0675

Patient information

- ① **Patient information:** Complete patient name, gender, DOB, address, primary/secondary telephone #. patient email address is requested if available.

Patient diagnosis code

- ② Based on diagnosis of the patient's condition, enter all the applicable ICD-10 diagnosis codes. Below are commonly used ICD-10 diagnosis codes for patients who are monitoring PT/INR at home. This is not a complete list of possible codes. You may also enter separate code(s) in Other. The website below has more information about ICD-10 codes recognized by CMS under the National Coverage Determination for PT/INR testing (NCD 190.11) available as one of 26 files: <http://go.cms.gov/2D7EvGU>

Code	Description
Z79.01	Long term (current) use of anticoagulants
I48.2	Chronic atrial fibrillation
I48.0	Paroxysmal atrial fibrillation
Z95.2	Presence of prosthetic heart valve
I26.99	Other pulmonary embolism without acute cor pulmonale
D68.59	Other primary thrombophilia
D68.51	Activated protein C resistance
Z95.4	Presence of other heart-valve replacement

Medical information

- ③ Enter the prescribed **low and high therapeutic INR range** for patient
- ④ A standard notification range has been established for calls to your clinic unless otherwise specified.
- ⑤ **Prescribed frequency**, or tests per month offered by Remote INR are: **2-4/month or weekly**
Note: Medicare will cover up to one Home INR test per week.
- ⑥ **Clinic contact for results and notifications:** Please enter the contact name and contact information for communication of results and preferred method to receive results. This contact information will also serve as the primary clinic contact information. To request access to gobio.com/inr, please call 1-800-780-0675. All results are faxed to your office unless requested to Remote INR.

Patient training

- ⑦ Please indicate **one** of the following patient training option:
- A) By clinic/practice (**practice must complete certification training and agreement**)
- B) By Remote INRs
- C) If patient has been previously trained on use of CoaguChek PT/INR monitoring system, physician may certify that patient received face-to-face training.

Physician authorization

- ⑧ Prescribing physician's signature and date signed, enter physician NPI #, printed physician name, clinic/practice address, physician's primary phone, fax and e-mail address.

Insurance information

- ⑨ Indicate insurance company, policy ID# and customer service phone # (copy of front & back of patient insurance card with clinic face sheet also accepted). No physician signature is required for enrolled patients only updating insurance information.

Patient enrollment checklist

Health care provider

- Physician order:** completed with hand-written or electronic signature
- Insurance information:**
– Patient face sheet with insurance information or front/back of patient insurance card also accepted. Please fax along with the **physician order**
- Additional patient clinical information as required by commercial insurance provider

Patient

- Patient authorization form:** completed and signed
– Remote INR will mail the authorization form to patient for signature if it is not submitted with the physician order.
- Fax forms to Remote INR at **1-800-779-8560**. Or mail forms to:
Remote INR
1000 Cedar Hollow Road, Malvern, PA 19355

If you have any questions, please contact Remote INR at **1-800-780-0675**.



Thank you for choosing Philips Remote INR as your self-testing service.

Reporting options

Results should be reported to Philips Remote INR. Choose the reporting option that's simplest for you:

1. Bluetooth: Download our Remote INR Mobile App to report your results using our Vantus Meter (available anytime)
2. Online: Access our patient portal at gobio.com/inr (available anytime)
3. Automated IVR: Call 1-800-780-0675 and select the automated reporting option (available anytime)
4. Speak with a live representative: Call 1-800-780-0675 and select the prompt to speak with a live agent. (available 8:00 AM - 8:00 PM ET, Monday – Friday. Closed on holidays)

Automatic supply shipments

Your testing supplies will be automatically delivered to your door after every 10th test result that you report to Philips Remote INR.

- Every shipment includes two (2) vials of test strips.
- Lancets are delivered with every **other** shipment.
- If you need additional supplies while waiting for your automated order, you can order them online at Remoteinr.com/us or call us at 1-800-780-0675.
- If you would like to update your lancet option or turn off auto shipment, you can call us at 1-800-780-0675.

Additional information

INR monitoring equipment is the property of Philips. Please return your equipment if you discontinue participating in our program. Loss or damage to the INR monitoring equipment may result in a fee of \$900. If you are experiencing technical issues with your equipment or need assistance reporting, please contact us.

Questions? Call us at 1-800-780-0675.

Hours: 8am to 8pm ET, Monday-Friday

Closed on Holidays

Assignment of benefits and release of information

Philips Remote INR provided by Cardionet, LLC performs billing of Medicare, Medicaid and other insurance as a service.

Cardionet, LLC will directly bill Medicare, Medicaid, and other insurance to pay benefits on your behalf. Conversely, Medicare, Medicaid, and other insurance will pay benefits on your behalf directly to Cardionet, LLC for items and services provided to you by Cardionet, LLC through the regional office that serves your state or region, as identified on the Philips Remote INR Regional Offices map.

Please notify Cardionet, LLC immediately of any changes to your insurance coverage. You are responsible for all amounts owed to Cardionet, LLC that are not covered by Medicare, Medicaid, or other insurance, including applicable co-payments and deductibles. If Cardionet, LLC is out of network with your insurance, you have the option to get your care through either an in-network or an out-of-network provider. By receiving care out of network for products or services not covered by your benefit plan, your insurer may impose a higher deductible and higher copayments than if you receive services from an in-network provider. Regardless of insurance status, you are responsible for understanding your insurance benefits and the balance of your account.

Cardionet, LLC may release medical or other information about you for the purpose of obtaining payment from Medicare, Medicaid, or other insurance and their agents and assignees. Such records may be released to any individual or entity authorized to receive such information.

A fax or other copy of this form may serve as an original. Upon request, a copy of this form may be sent to Medicare, Medicaid, or other insurance and their agents or assignees. Cardionet, LLC will keep the original form on file. This authorization will remain in effect until revoked in writing.

Confidentiality and notice of privacy practices

Available in the Patient Handbook or online at gobio.com/privacy

1000 Cedar Hollow Road, Malvern, PA 19355 | 1-800-780-0675 | remoteinr.com

Remote INR

Physician order for PT/INR patient self-testing

Complete all sections. To avoid delay in processing, completion of fields with (*) are required

- Sign and date form
- Fax the completed form to Remote INR Patient Services (see below)

1	Patient first name*	MI	Last name*	Legal gender _ M _ F	DOB (mm/dd/yyyy)*
	Home address*		City*	State*	Zip/postal code*
	Primary phone # 1-	Secondary phone # 1-		Patient email (if available)	
	MRN # (Medical record number, if applicable for EHR connectivity)			MRN #2	

2 Patient diagnosis code* (Complete all that apply)

Based on diagnosis of the patient's condition, enter all the applicable ICD-10 diagnosis codes. Below are commonly used ICD-10 diagnosis codes for patients who are monitoring PT/INR at home. This is not a complete list of possible codes. You may also enter separate code(s) in Other. For a full list of ICD-10 codes recognized by CMS, please visit <https://www.cms.gov>

- | | |
|--|---|
| <input type="radio"/> Z79.01 - Long term (current) use of anticoagulants | <input type="radio"/> Z95.2 - Presence of prosthetic heart valve |
| <input type="radio"/> I48.11 - Longstanding persistent atrial fibrillation | <input type="radio"/> I26.99 - Other pulmonary embolism without acute cor pulmonale |
| <input type="radio"/> I48.21 - Permanent atrial fibrillation | <input type="radio"/> D68.59 - Other primary thrombophilia |
| <input type="radio"/> I48.0 - Paroxysmal atrial fibrillation | <input type="radio"/> Other - _____ |

3 Therapeutic range

Low:* _____

High:* _____

4 Notification range

INR results that are <1.8 and >4.5 will be called unless otherwise specified below.

Below: _____ Above: _____

5 Prescribed frequency

Tests per month (select one)*

While patient self-testing can be prescribed at any frequency, the following options are offered:

- 2-4 **Weekly** **Note Medicare will cover up to one test per week**

6 Patient results contact

Contact for patient results	Title	Phone (Out of range)* 1-	FAX (All results)* 1-	Contact email
Practice/Clinic name				
Clinic street address*	Suite #	Clinic city*	Clinic State*	Clinic zip*

7 Patient training face-to-face training is required*

Note: Remote INR Patient Services will train your patient unless one of the options to the right is selected.

By Clinic/Practice (Training contract with CPS must be in place)
Physician certifies patient was face-to-face trained on the Remote INR PT/INR monitoring system

8 Physician authorization (Signature and date must be hand-written or e-signed)

This form serves as a Physician's Order for the Remote INR PT/INR monitoring system for Patient Self-Testing and related supplies. I certify that this patient has been on oral warfarin therapy for more than 3 months and is a suitable candidate for self-testing. At this time, the patient or his/her caregiver has no condition that makes self-testing unsafe (e.g., cognitive and/or physical disorders). I agree to notify Remote INR if self-testing is no longer prescribed for this patient.

Sign & date	Prescribing physician signature*	Date (mm/dd/yyyy)*	Physician NPI*
	Prescribing physician printed*	Physician primary phone # 1-	Physician FAX# 1-

Note If Physician primary phone/fax is left blank, the contact information in Section 6 (patient results contact) will be used for contacting physician as needed.

9 Insurance information To expedite patient enrollment please include a copy of front and back of patient's insurance card

Primary health insurance information	Insurance company	Policy ID#	Customer service phone # 1-
Secondary health insurance information	Insurance company	Policy ID#	Customer service phone # 1-

Please fax completed form to the central office[§] **Phone: 1-800-780-0675 Fax: 1-800-779-8560**

[§]Your patient will be served by the applicable regional office. Please refer to the Remote INR Regional Offices map. (gobio.com/inr)



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