


MEDICAL POLICY – 1.01.536

Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring

Ref. Policy: MP-068		RELATED MEDICAL POLICIES: None
Effective Date:	Apr. 1, 2025	
Last Revised:	Mar. 24, 2025	
Replaces:	N/A	

Select a hyperlink below to be directed to that section.

- [POLICY CRITERIA](#) | [CODING](#) | [RELATED INFORMATION](#)
- [EVIDENCE REVIEW](#) | [REFERENCES](#) | [HISTORY](#)

 Clicking this icon returns you to the hyperlinks menu above.

Introduction

Warfarin is a type of drug known as a blood thinner. It is used to help prevent blood clots. For people taking warfarin, prothrombin time/international normalized ratio (PT/INR) is a portable testing device that can be used in the home to measure the time it takes for a person’s blood to clot. This policy describes when home prothrombin time/international normalized ratio (PT/INR) monitoring may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Service	Medical Necessity
Home prothrombin time/international	Home PT/INR monitoring devices may be considered medically necessary for patients on warfarin needing long-

Service	Medical Necessity
<p>normalized ratio (PT/INR) monitoring</p>	<p>term (greater than 6 months) or life-long coagulation for any of the following conditions:</p> <ul style="list-style-type: none"> • Mechanical heart valves • Chronic atrial fibrillation • Venous thromboembolism inclusive of deep vein thrombosis (DVT) and pulmonary embolism • Ventricular Assist Devices (VAD) • Hypercoagulable states <p>AND</p> <ul style="list-style-type: none"> • All of the following requirements have to be met for home PT/INR monitoring of a patient: <ul style="list-style-type: none"> ○ The device must be Food and Drug Administration - approved ○ The patient must have been anticoagulated for at least 3 months prior to the use of the home PT/INR device ○ The patient must undergo a documented face-to-face educational program on anticoagulation management demonstrating the correct use of the device prior to its use in the home ○ The patient continues to correctly use the device for anticoagulation therapy following the initiation of home monitoring which is supported with documentation ○ Self-testing with the device should not occur more frequently than once a week <p>Note: See Related Information below for Limitations</p>

Coding

Code	Description
CPT	
93792	Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care



Code	Description
	professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results
93793	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed
HCPCS	
G0248	Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results
G0249	Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests
G0250	Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests
ICD-10 Diagnosis Codes – Covered if Selection Criteria are Met	
D68.51-D68.62	Primary hypercoagulable state
I26.01-I26.99	Pulmonary embolism (acute)
I27.82	Chronic pulmonary embolism
I48.0-I48.21	Chronic atrial fibrillation (persistent and paroxysmal)
I80.00-I80.9	Phlebitis and thrombophlebitis (including deep vein thrombosis)
I82.0-I82.1	Budd-Chiari syndrome / Thrombophlebitis migraines
I82.211	Chronic embolism and thrombosis of superior vena cava
I82.221	Chronic embolism and thrombosis of inferior vena cava
I82.291	Chronic embolism and thrombosis of other thoracic veins
I82.3	Embolism and thrombosis of renal vein



Code	Description
I82.401	Acute embolism and thrombosis of unspecified deep veins right lower extremity
I82.402	Left lower extremity
I82.403	Bilateral lower extremity
I82.409	Unspecified lower extremity
I82.501-I82.529	Chronic embolism and thrombosis of lower extremity (deep) veins
I82.701-I82.729	Chronic embolism and thrombosis of upper extremity veins
I82.A21-I82.A29	Chronic embolism and thrombosis of axillary vein
I82.B21-I82.B29	Chronic embolism and thrombosis of subclavian vein
I82.C21-I82.C29	Chronic embolism and thrombosis of internal jugular vein
I82.811-I82.819	Embolism and thrombosis of other specified veins
I82.891	Chronic embolism and thrombosis of other specified veins
Z95.2	Presence of prosthetic heart valve
Z79.01	Long-term (current) use of anticoagulants

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Related Information

Limitations

- Porcine valves
- Poor eyesight with no caregiver
- Memory impairment
- Difficulty with motor coordination or manual dexterity
- History of noncompliance



Evidence Review

Background

There are at least three sites/methods for managing warfarin anticoagulation:

1. Physician office-based testing and management
2. Anticoagulation clinics
3. Home PT/INR monitoring with patient reporting or physician-directed self-management

References

1. Centers for Medicare and Medicaid Services (CMS): National Coverage Determination (NCD) No. (190.11) for Home Prothrombin Time /International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Management. Effective Date: March 19, 2008. <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=269&ncdver=2&bc=AgAAgAAAAAAAAA%3d%3d&>. Last accessed March 5, 2025.
2. Ortel TL, Neumann I, Ageno W, Beyth R, Clark NP, Cuker A, Hutten BA, Jaff MR, Manja V, Schulman S, Thurston C, Vedantham S, Verhamme P, Witt DM, D Florez I, Izcovich A, Nieuwlaat R, Ross S, J Schünemann H, Wiercioch W, Zhang Y, Zhang Y. American Society of Hematology 2020 guidelines for management of venous thromboembolism: treatment of deep vein thrombosis and pulmonary embolism. *Blood Adv.* 2020 Oct 13;4(19):4693-4738. doi: 10.1182/bloodadvances.2020001830. PMID: 33007077; PMCID: PMC7556153. <https://pubmed.ncbi.nlm.nih.gov/33007077/>. Accessed March 5, 2025.

History

Date	Comments
09/16/19	New policy, approved August 13, 2019, effective January 1, 2020. Home prothrombin time/international normalized ratio (PT/INR) monitoring may be considered medically necessary for patients on warfarin needing long-term (> 6 months) or life-long coagulation when criteria are met.
11/01/20	Annual Review, approved October 22, 2020. No changes to policy statement, references updated.
05/01/21	Annual Review, approved April 1, 2021. No changes to policy statement, references updated. Added CPT codes 93792 and 93793.



Date	Comments
07/01/22	Annual Review, approved June 13, 2022. No changes to policy statement, references updated.
11/01/23	Annual Review, approved October 23, 2023. No changes to policy statement, references updated.
04/01/24	Annual Review, approved March 25, 2024. No changes to policy statement, references updated.
06/01/24	Interim Review, approved May 24, 2024. Expanded Dx code range for afib to included I48.20 and I48.21.
04/01/25	Annual Review, approved March 24, 2025. No changes to policy statements, references updated.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2025 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy only applies to Individual Plans.

