MEDICAL POLICY – 1.01.536
Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring

Ref. Policy: MP-068

Effective Date: Jan. 1, 2020
Last Revised: Aug. 13, 2019
Replaces: N/A

RELATED MEDICAL POLICIES:
None

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home prothrombin time/international</td>
<td>Home prothrombin time/international normalized ratio (PT/INR) monitoring may be considered medically necessary</td>
</tr>
</tbody>
</table>
Service normalized ratio (PT/INR) monitoring

Medical Necessity for patients on warfarin needing long-term (> 6 months) or life-long coagulation for any of the following conditions:

- Mechanical heart valves
- Chronic atrial fibrillation
- Venous thromboembolism inclusive of deep vein thrombosis (DVT) and pulmonary embolism

AND

- All of the following requirements have to be met for home PT/INR monitoring of a patient:
  - The device must be FDA-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
  - Only one provider may bill the review, interpretation and management of this service per period of four billable tests and this should be the ordering physician (G0250)

Note: See Related Information below for Limitations

Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCPCS</td>
<td></td>
</tr>
<tr>
<td>G0248</td>
<td>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</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<td>-----------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>G0249</td>
<td>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</td>
</tr>
<tr>
<td>G0250</td>
<td>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</td>
</tr>
</tbody>
</table>

**ICD-10 Codes – Covered if Selection Criteria are Met**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D68.51-D68.62</td>
<td>Primary hypercoagulable state</td>
</tr>
<tr>
<td>I26.01-I26.99</td>
<td>Pulmonary embolism (acute)</td>
</tr>
<tr>
<td>I27.82</td>
<td>Chronic pulmonary embolism</td>
</tr>
<tr>
<td>I48.0-I48.2</td>
<td>Chronic atrial fibrillation (persistent and paroxysmal)</td>
</tr>
<tr>
<td>I80.00-I80.9</td>
<td>Phlebitis and thrombophlebitis (including deep vein thrombosis)</td>
</tr>
<tr>
<td>I82.0-I82.1</td>
<td>Budd-Chiari syndrome / Thrombophlebitis migrans</td>
</tr>
<tr>
<td>I82.211</td>
<td>Chronic embolism and thrombosis of superior vena cava</td>
</tr>
<tr>
<td>I82.221</td>
<td>Chronic embolism and thrombosis of inferior vena cava</td>
</tr>
<tr>
<td>I82.291</td>
<td>Chronic embolism and thrombosis of other thoracic veins</td>
</tr>
<tr>
<td>I82.3</td>
<td>Embolism and thrombosis of renal vein</td>
</tr>
<tr>
<td>I82.401</td>
<td>Acute embolism and thrombosis of unspecified deep veins right lower extremity</td>
</tr>
<tr>
<td>I82.402</td>
<td>Left lower extremity</td>
</tr>
<tr>
<td>I82.403</td>
<td>Bilateral lower extremity</td>
</tr>
<tr>
<td>I82.409</td>
<td>Unspecified lower extremity</td>
</tr>
<tr>
<td>I82.501-I82.5Z9</td>
<td>Chronic embolism and thrombosis of lower extremity (deep) veins</td>
</tr>
<tr>
<td>I82.701-I82.729</td>
<td>Chronic embolism and thrombosis of upper extremity veins</td>
</tr>
<tr>
<td>I82.A21-I82.A29</td>
<td>Chronic embolism and thrombosis of axillary vein</td>
</tr>
<tr>
<td>I82.B21-I82.B29</td>
<td>Chronic embolism and thrombosis of subclavian vein</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>I82.C21-I82.C29</td>
<td>Chronic embolism and thrombosis of internal jugular vein</td>
</tr>
<tr>
<td>I82.811-I82.819</td>
<td>Embolism and thrombosis of other specified veins</td>
</tr>
<tr>
<td>I82.891</td>
<td>Chronic embolism and thrombosis of other specified veins</td>
</tr>
<tr>
<td>Z95.2</td>
<td>Presence of prosthetic heart valve</td>
</tr>
<tr>
<td>Z79.01</td>
<td>Long-term (current) use of anticoagulants</td>
</tr>
</tbody>
</table>

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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

The Centers for Medicare and Medicaid Services (CMS) provide an overview on the use of the International Normalized Ratio (INR) or prothrombin time (PT) and how it allows physicians to determine the level of anticoagulation in a patient independent of the laboratory reagents used. PT is the standard measurement for reporting the blood's clotting time. The INR is the ratio of the patient's PT (extrinsic or tissue-factor coagulation pathway) compared to the mean PT for a group of normal individuals.
Patient self-testing and self-management through the use of a home INR monitor may be used to improve the time in therapeutic rate (TTR) for select groups of patients. Increased TTR leads to improved clinical outcomes and reductions in thromboembolic and hemorrhagic events. Warfarin (also prescribed under other trade names, eg, Coumadin®) is a self-administered, oral anticoagulant (blood thinner) medication that affects the vitamin K-dependent clotting factors II, VII, IX and X. A PT/INR monitoring system is a portable testing device that includes a finger-stick and an FDA-cleared meter that measures the time it takes for a person’s blood plasma to clot.

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/16/19</td>
<td>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 (&gt; 6 months) or life-long coagulation when criteria are met.</td>
</tr>
</tbody>
</table>

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Oromo (Cushite):

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