

Policy Number: MP-068.MPC Last Review Date: 02/25/21 Effective Date: 04/01/2021

MP.068.MPC – Home PT/INR Monitoring

Maryland Physicians Care considers **Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring** medically necessary for members on warfarin needing long-term (> six months) or life-long coagulation for any of the following conditions:

- a. Mechanical heart valves
- b. Chronic atrial fibrillation
- c. Venous thromboembolism inclusive of deep vein thrombosis (DVT) and pulmonary embolism (PE)
- d. Ventricular Assist Devices (VAD)
- e. Hypercoagulable states

AND

<u>All</u> of the following requirements have to be met for Home PT/INR monitoring of a member:

- 1. The device must be FDA approved
- 2. The patient must have been anticoagulated for at least three months prior to the use of the home PT/INR device
- 3. 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
- 4. The patient continues to correctly use the device for anticoagulation therapy following the initiation of home monitoring which is supported with documentation
- 5. Self-testing with the device should not occur more frequently than once a week
- 6. 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)

Limitations

- a) Porcine valves
- b) Poor eyesight with no caregiver
- c) Memory impairment
- d) Difficulty with motor coordination or manual dexterity
- e) History of noncompliance



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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, e.g., 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 selfmanagement.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes				
Code		Description		
HCPCS codes covered if selection criteria are met (If Appropriate):				
93792	Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care 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			
G0248	Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous			



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	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	for a p	hysician review, interpretation and patient management of home INR testing or a patient with either mechanical heart valve(s), chronic atrial fibrillation, or enous thromboembolism who meets Medicare coverage criteria; testing not ccurring more frequently than once a week; billing units of service include 4 ests		
ICD-10 co	des co	vered if selection criteria are met:		
D68.51-D68.62		Primary hypercoagulable state		
126.01-126.99		Pulmonary embolism (acute)		
127.82		Chronic pulmonary embolism		
148.0-148.2		Chronic atrial fibrillation (persistent and paroxysmal)		
180.00-180.9		Phlebitis and thrombophlebitis (including deep vein thrombosis)		
182.0-182.1		Budd-Chiari syndrome / Thrombophlebitis migrans		
182.211		Chronic embolism and thrombosis of superior vena cava		
182.221		Chronic embolism and thrombosis of inferior vena cava		
182.291		Chronic embolism and thrombosis of other thoracic veins		
182.3		Embolism and thrombosis of renal vein		
182.401		Acute embolism and thrombosis of unspecified deep veins right lower extremity		
182.402		Left lower extremity		
182.403		Bilateral lower extremity		
182.409		Unspecified lower extremity		
182.501-182.5Z9		Chronic embolism and thrombosis of lower extremity (deep) veins		
182.701-182.729		Chronic embolism and thrombosis of upper extremity veins		



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182.A21-182.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
182.811-182.819	Embolism and thrombosis of other specified veins
182.891	Chronic embolism and thrombosis of other specified veins
Z95.2	Presence of prosthetic heart valve
Z79.01	Long-term (current) use of anticoagulants

References

- Centers for Medicare and Medicaid Services (CMS): CMS Manual System-Pub 100-4 Medicare Claims Processing Transmittal 1562. Issued July 25, 2008. <u>http://www.cms.gov/Regulations-and-</u> Guidance/Guidance/Transmittals/downloads/R1562CP.pdf
- Centers for Medicare and Medicaid Services (CMS): Decision Memo (CAG-00087R) for Prothrombin Time (INR) Monitor for Home Anticoagulation Management. Issued: March 19, 2008. <u>http://www.cms.gov/medicare-coveragedatabase/details/nca-decision-memo.aspx?NCAId=209&fromdb=true</u>
- 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 March 19, 2008. <u>http://www.cms.gov/medicare-coveragedatabase/details/ncd-</u> details.aspx?NCDId=269&ncdver=2&bc=AgAAgAAAAAAAA%3d%3d&
- 4. Department of Health and Human Services. National Heart, Lung, and Blood Institute: What is Deep Vein Thrombosis? Updated October 28, 2011. http://www.nhlbi.nih.gov/health/health-topics/topics/dvt/
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- Guyatt GH, Akl EA, Crowther M, et al. Executive summary: Antithrombic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians evidence-based clinical practice guidelines, Chest. 2012 Feb; 141(2_Suppl), 7S-47S. <u>http://journal.publications.chestnet.org/article.aspx?articleid=1159399</u>
- Matchar DB, Jacobson A, Dolor R, et al; THINRS Executive Committee and Site Investigators. Effect of home testing of international normalized ratio on clinical events. N Engl J Med. 2010;363(17):1608-1620.



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