

HOME PROTHROMBIN TIME OR INR MONITORING

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Date Of Origin: May 11, 2005

Status: Current

I. POLICY/CRITERIA

At-home monitoring of chronic warfarin therapy is covered when **all** of the following criteria are met:

1. The home monitor is FDA approved.
2. The patient has undergone anticoagulation management for at least 3 months prior to the use of the home INR device.
3. The patient must undergo a formal educational program on anticoagulation management and the use of the device prior to its use in the home.
4. Self-testing with the device is limited to a frequency of once per week. Testing more frequently than once per week is generally considered not medically necessary.

Coverage for Medicaid and Healthy Michigan members: Home prothrombin time/INR monitors are **not a covered benefit**.

II. MEDICAL NECESSITY REVIEW

Required Not Required Not Applicable

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*

- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

IV. DESCRIPTION

Patients receiving long-term oral anticoagulation therapy can monitor their own coagulation control with portable devices that measure capillary whole-blood prothrombin time (PT). After testing, patients either notify their physicians of the results or use an individualized algorithm to adjust their warfarin dosage to maintain PT levels within a target zone. The goal of self-monitoring and self-management of PT levels is to improve anticoagulation control and reduce the frequency of adverse events.

The International Normalized Ratio (INR) is the ratio of the patient's prothrombin time compared to the mean prothrombin time for a group of normal individuals. Maintaining patients within the therapeutic range minimizes adverse events associated with inadequate or excessive anticoagulation such as serious bleeding or thromboembolic events. 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.

V. CODING INFORMATION

ICD-10 Codes that may apply:

D68.52	Prothrombin gene mutation
D68.59	Other primary thrombophilia
D68.61	Antiphospholipid syndrome
D68.62	Lupus anticoagulant syndrome
I23.6	Thrombosis of atrium, auricular appendage, and ventricle as current complications following acute myocardial infarction
I26.01	Septic pulmonary embolism with acute cor pulmonale
I26.09	Other pulmonary embolism with acute cor pulmonale
I26.90	Septic pulmonary embolism without acute cor pulmonale
I26.99	Other pulmonary embolism without acute cor pulmonale
I27.82	Chronic pulmonary embolism

I48.0 Paroxysmal atrial fibrillation
 I48.1 Persistent atrial fibrillation
 I48.2 Chronic atrial fibrillation
 I48.91 Unspecified atrial fibrillation
 I67.6 Nonpyogenic thrombosis of intracranial venous system
 I80.00 – I80.9 Phlebitis and thrombophlebitis

O22.50 – O22.53 Cerebral venous thrombosis in pregnancy
 O87.1 Deep phlebothrombosis in the puerperium
 O87.3 Cerebral venous thrombosis in the puerperium

Z79.01 Long term (current) use of anticoagulants

Z86.718 Personal history of other venous thrombosis and embolism
 Z95.2 Presence of prosthetic heart valve
 Z95.4 Presence of other heart-valve replacement

CPT/HCPCS Codes:

These services not covered for Priority Medicaid

- 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 initial use, 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 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; 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 a 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.

VI. REFERENCES

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