

Home PT/INR Monitoring for Anticoagulation Therapy

(NCD 190.11)

Policy Number	190.11	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	05/28/2014
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network

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physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

Use of the International Normalized Ratio (INR) or prothrombin time (PT) - standard measurement for reporting the blood's clotting time - allows physicians to determine the level of anticoagulation in a patient independent of the laboratory reagents used. 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. Maintaining patients within his/her prescribed 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.

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. It is widely used for various medical conditions, and has a narrow therapeutic index, meaning it is a drug with less than a 2-fold difference between median lethal dose and median effective dose. For this reason, since October 4, 2006, it falls under the category of a Food and Drug Administration (FDA) "black-box" drug whose dosage must be closely monitored to avoid serious complications. 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.

Reimbursement Guidelines

For services furnished on or after March 19, 2008, Medicare will cover for the use of home PT/INR monitoring for chronic, oral anticoagulation management for patients with mechanical heart valves, chronic atrial fibrillation, or venous thromboembolism (inclusive of deep venous thrombosis and pulmonary embolism) on warfarin. The monitor and the home testing must be prescribed by a treating physician as provided at 42 CFR 410.32(a), and all of the following requirements must be met:

- The patient must have been anticoagulated for at least 3 months prior to use of the home INR device; and,
- The patient must undergo a face-to-face educational program on anticoagulation management and must have demonstrated the correct use of the device prior to its use in the home; and,
- The patient continues to correctly use the device in the context of the management of the anticoagulation therapy following the initiation of home monitoring; and,
- Self-testing with the device should not occur more frequently than once a week.

Other:

- All other indications for home PT/INR monitoring not indicated as nationally covered above remain at local Medicare contractor discretion.
- This national coverage determination (NCD) is distinct from, and makes no changes to, the PT clinical

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laboratory NCD at section 190.17 of Publication 100-03 of the NCD Manual

CPT/HCPCS Codes

Code	Description
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

References Included (but not limited to):

CMS NCD(s)

NCD 190.11 Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Management

Reference NCD: NCD 190.17 Prothrombin Time (PT)

CMS Claims Processing Manual

Chapter 32; § 60.3.2 Revenue Codes, § 60.4.1 Allowable Covered Diagnosis Codes, § 60.4.2 healthcare Common Procedure Coding System (HCPCS) for Intermediaries, § 60.5.2 Applicable Diagnosis Codes for Carriers, § 60.6 Carrier Claim Requirements

CMS Transmittals

Transmittal 90, Change Request 6138, Dated 07/25/2008 (Prothrombin Time (PT/INR) Monitoring for Home Anticoagulation Management)

Transmittal 280, Change Request 6282, Dated 12/31/2008 (Incorporation of Recent Regulatory Revisions pertinent to Suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS))

Transmittal 1165, Change Request 8109, Dated 01/18/2013 (International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs) (CR))

Transmittal 1562, Change Request 6138, Dated 07/25/2008 (Prothrombin Time (PT/INR) Monitoring for Home Anticoagulation Management)

Transmittal 1663, Change Request 6313, Dated 01/08/2009 (Correction to Prothrombin Time (PT/INR) Monitoring for Home Anticoagulation Management)

UnitedHealthcare Medicare Advantage Coverage Summaries

Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid

Home Health Services and Home Health Visits

Laboratory Tests and Services

UnitedHealthcare Reimbursement Policies

Laboratory Tests – Chronic Renal Deficiency (CRD) Patients

Preventive Lab Services

New Patient Visit

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MLN Matters

Article MM6138, Prothrombin Time (PT/INR) Monitoring for Home Anticoagulation Management

Article MM6313, Correction to Prothrombin Time (PT/INR) Monitoring for Home Anticoagulation Management

Others

Appropriate billing of INR testing by Independent Diagnostic Testing Facilities RETIRED

History

Date	Revisions
05/28/2014	<ul style="list-style-type: none">• Annual review• Administrative updates
06/12/2013	No change, taken to committee for approval
09/26/2012	No change