Document Number: 007

<table>
<thead>
<tr>
<th>Commercial and Health Connector/ Qualified Health Plans</th>
<th>MassHealth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization required</td>
<td>X</td>
</tr>
<tr>
<td>Notification within 24 hours of service or next business day</td>
<td>X</td>
</tr>
</tbody>
</table>

Overview
This policy describes the guideline Neighborhood Health Plan (NHP) utilizes to determine medical appropriateness for home prothrombin time (PT) monitoring devices.

Coverage Guidelines
NHP covers home PT monitoring devices when medically necessary. The specialist and/or the primary care provider are responsible for providing all necessary clinical information for the determination of benefit coverage and medical necessity. This information includes presenting condition(s), history of anticoagulation therapy, and history of educational anticoagulation program.

Home prothrombin time monitoring
Medical necessity for home prothrombin time monitoring devices is determined through McKesson’s InterQual® criteria. To access the criteria, log in to NHP’s provider website at NHP.Net and click the InterQual® Criteria Lookup link under the Resources Menu.

Exclusions
NHP does not cover home PT monitoring devices for:

1. Any conditions/diagnosis not covered under these coverage guidelines
2. Devices or device features that are for convenience rather than medical necessity such as additional hardware/software systems needed for down-loading data from prothrombin time home testing units to computers; or that are considered experimental and investigational
3. Members who are unable to:
   a. Accurately record results
   b. Follow up with prescribing physician for quality assurance
   c. Competently use home monitoring instrument or interpret results
4. Replacement or repair when a preexisting device:
   a. Is still under manufacture warranty
   b. Is lost, stolen, or damaged due to misuse or neglect (NHP may require proof of the stolen or damaged item, i.e. a police report, pictures, or corroborating statement)
   c. Is still functioning and a newer or upgraded model is not medically necessary

Definitions
Prothrombin time: The minimum amount of time needed for a small amount of blood to clot, normal is 10.0 – 12.5 seconds.

Thrombophilia: The tendency to form blood clots. Specific abnormalities include:
   a. Factor V Leiden mutation
b. Prothrombin mutation

c. Protein C deficiency

d. Antithrombin deficiency

e. Antiphospholipid antibody syndrome

### CPT/HCPC Codes

<table>
<thead>
<tr>
<th>Authorized CPT/HCPC Codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>93792</td>
<td>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</td>
</tr>
<tr>
<td>93793</td>
<td>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</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 sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results</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>
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**Effective**

February 2017: McKesson’s InterQual® criteria replaced the criteria as indicated in the policy.
February 2016: Annual update.
February 2015: Annual update.
January 2014: Allowing frequency of testing to be more than 4 times per month.
July 2013: Annual update.
July 2012: Effective date.

**References:**


Connock, M., Stevens, C., Fry-Smith, A., Jowett, S., Fitzmaurice, D., Moore, D., & Song, F. Clinical effectiveness and cost-effectiveness of different models of managing long-term oral anticoagulation therapy: a systematic review and economic modeling.


National coverage determination (NCD) for home prothrombin time/international normalized ratio (PT/INR) monitoring for anticoagulation management (190.11).