
Partial Thromboplastin Time (PTT)

MEDICAL POLICY NUMBER: 325

Effective Date: 1/1/2025	COVERAGE CRITERIA	2
Last Review Date: 11/2024	POLICY CROSS REFERENCES.....	3
Next Annual Review: 10/2025	POLICY GUIDELINES.....	3
	BILLING GUIDELINES AND CODING	4
	REFERENCES.....	4
	POLICY REVISION HISTORY.....	5

INSTRUCTIONS FOR USE: Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

SCOPE: Providence Health Plan, Providence Health Assurance, and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

PLAN PRODUCT AND BENEFIT APPLICATION

Commercial

Medicaid/OHP*

Medicare**

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

**Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered “**not medically necessary**” for Medicare members.

COVERAGE CRITERIA

- I. A partial thromboplastin time (PTT) may be considered **medically necessary** for any of the following situations:
 - A. To quantitate the effect of therapeutic unfractionated heparin and to regulate its dosing;
 - B. To assess members with signs or symptoms of hemorrhage or thrombosis (see [Policy Guidelines](#) for examples);
 - C. To evaluate members who have a history of a condition known to be associated with the risk of hemorrhage or thrombosis that is related to the intrinsic coagulation pathway, both genetic and acquired (see [Policy Guidelines](#) for examples);
 - D. To assess risk of thrombosis or hemorrhage in members who are going to have a medical intervention known to be associated with increased risk of bleeding or thrombosis who have signs or symptoms of bleeding or thrombotic abnormality or a personal history of bleeding, thrombosis, or a condition associated with a coagulopathy;
 - E. In members who are discontinuing treatment with warfarin as a heparin therapy;
 - F. In members who have markedly prolonged prothrombin time due to warfarin toxicity.
- II. PTT is considered **not medically necessary** for situations not addressed in criterion I, including but not limited to routinely monitoring effects of warfarin on member’s coagulation.
- III. Testing PTT and prothrombin time (PT) together may be considered **medically necessary** to assess the effect of anticoagulation therapy when members are transitioning between heparin and warfarin therapy.

- IV. Testing PTT and PT together is considered **not medically necessary** when criterion III is not met.

POLICY CROSS REFERENCES

None

The full Company portfolio of current Medical Policies is available online and can be [accessed here](#).

POLICY GUIDELINES

This policy may be primarily based on the following Center for Medicare and Medicaid Services (CMS) guidance:

- Centers for Medicare & Medicaid (CMS) National Coverage Determination (NCD) for Partial Thromboplastin Time (PTT) (190.16) and the Medicare NCD Coding Policy Manual and Change Report (ICD-10-CM).^{1,2}

Examples of signs or symptoms of hemorrhage or thrombosis:

- Abnormal bleeding
- Hemorrhage
- hematoma petechiae or other signs of thrombocytopenia that could be due to disseminated intravascular coagulation
- swollen extremity with or without prior trauma

Examples of a condition known to be associated with the risk of hemorrhage or thrombosis that is related to the intrinsic coagulation pathway:

- Dysfibrinogenemia
- Afibrinogenemia (complete)
- Acute or chronic liver dysfunction or failure, including Wilson's disease
- Hemophilia
- Liver disease and failure
- Infectious processes
- Bleeding disorders
- Disseminated intravascular coagulation
- Lupus erythematosus or other conditions associated with circulating inhibitors
- sepsis
- von Willebrand's disease
- Arterial and venous thrombosis, including the evaluation of hypercoagulable states
- Clinical conditions associated with nephrosis or renal failure
- Other acquired and congenital coagulopathies as well as thrombotic states

BACKGROUND

Partial Thromboplastin Time (PTT)

Basic plasma coagulation function is readily assessed with a few simple laboratory tests: the PTT, prothrombin time (PT), thrombin time (TT), or a quantitative fibrinogen determination. The PTT test is an in vitro laboratory test used to assess the intrinsic coagulation pathway and monitor heparin therapy.

BILLING GUIDELINES AND CODING

The following CPT/HCPCS codes may be covered when billed with one of the ICD-10 codes that Medicare has included as medically necessary in the most recent *Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report (ICD-10-CM)*. Available for download at: [Lab NCDs – ICD-10](#). Select the “Lab Code List ICD10 (ZIP)” file option that aligns with the date services were or will be rendered from the Downloads section. Open a spreadsheet and look for NCD 190.16 in column A. This resource can also be accessed directly from the NCD noted above, under “Revision History” and by selecting the applicable “Covered Code List” version. While these services do not require prior authorization, utilization may be subject to audit and all criteria from NCD 190.16 must be met. Thus, inclusion of a diagnosis (ICD-10) code on this list may not warrant automatic coverage.

For additional billing guidance, including test coverage and utilization limitations, as well as testing performed to satisfy hospital/clinic-specific policies or protocols, see the applicable NCD above.

CODES*		
CPT	85730	Thromboplastin time, partial (PTT); plasma or whole blood
HCPCS	None	

*Coding Notes:

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company [Medical Policy](#), [Reimbursement Policy](#), [Pharmacy Policy](#) and [Provider Information website](#) for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

1. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD). Partial Thromboplastin Time (PTT) 109.16. Effective 11/25/2002. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=74>. Accessed 9/26/2024.

2. Centers for Medicare & Medicaid Services. Lab NCDs - ICD-10. January 2023 Lab Code List ICD-10 (ZIP). <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD10>. Accessed 9/26/2024.

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Converted to new policy template.
12/2023	Annual review. Updated diagnosis codes per CMS update.
1/2025	Annual review. Updated diagnosis codes per CMS update.