

Prothrombin Time (PT)

MEDICAL POLICY NUMBER: 412

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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.

Prothrombin Time: PHP members must also meet the testing criteria governed by the Oregon Health Plan (OHP) Prioritized List of Health Services and the OHP Diagnostic Procedure Codes / Procedure Group 1119. Diagnostic services needed to establish a diagnosis are covered regardless of where the ultimate diagnosis appears on the Prioritized List. Once the diagnosis is determined, coverage of further treatment is reimbursed if the service appears in the funded region of the list for that condition.

**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

Note: This policy does not address Prothrombin Time (PT) tests with substitution of plasma fractions (CPT 85611).

- I. A prothrombin time (PT) may be considered **medically necessary** for any of the following situations:
 - A. To quantitate the effect of therapeutic warfarin and to regulate its dosing;
 - B. To assess members with signs or symptoms of abnormal bleeding 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 bleeding or thrombosis that is related to the extrinsic 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;

- II. PT is considered **not medically necessary** for situations not addressed in criterion I., including but not limited to routinely monitoring effects of heparin on member's coagulation.
- III. Testing PT and partial thromboplastin time (PTT) 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) guidances:

National Coverage Determination (NCD): Prothrombin Time (PT) ([190.17](#))

- Centers for Medicare & Medicaid (CMS) National Coverage Determination (NCD) for Prothrombin Time (PT) (190.17) 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 coagulation pathway:

- Dysfibrinogenemia
- Afibrinogenemia (complete)
- Acute or chronic liver dysfunction or failure, including Wilson's disease and Hemochromatosis
- Disseminated intravascular coagulation (DIC)
- Congenital and acquired deficiencies of factors II, V, VII, X
- Vitamin K deficiency

- Lupus erythematosus or other conditions associated with circulating coagulation inhibitors
- Paraproteinemia
- Lymphoma
- Amyloidosis
- Acute and chronic leukemias
- Malignant neoplasms
- Plasma cell dyscrasia
- HIV infection
- Hemorrhagic fever
- Salicylate poisoning
- Obstructive jaundice
- Intestinal fistula
- Malabsorption syndrome
- Colitis
- Chronic diarrhea
- Organ transplantation
- Arterial and venous thrombosis or pulmonary emboli or myocardial infarction
- Hypercoagulable states or patients with bleeding or clotting tendencies
- Other acquired and congenital coagulopathies as well as thrombotic states

BACKGROUND

Prothrombin Time (PT)

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 PT test is an in vitro laboratory test used to assess the coagulation. While the PTT assesses the intrinsic limb of the coagulation system, the PT assesses the extrinsic or tissue factor dependent pathway.

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 190.17 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 190.17 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 (including repeat testing billing instructions), see the applicable NCD above.

CODES*		
CPT	85610	Prothrombin time
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). Prothrombin Time (PT) 109.17. Effective 11/25/2002. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=80>. Accessed 4/26/2024.
2. Centers for Medicare & Medicaid Services. Lab NCDs - ICD-10. April 2024. Lab Code List ICD-10 (ZIP). <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD10>. Accessed 4/26/2024.

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
6/2024	New policy