


MEDICAL POLICY	Partial Thromboplastin Time (PTT) (All Lines of Business Except Medicare)
Effective Date: 3/1/2022  <div style="text-align: right;">3/1/2022</div>	Medical Policy Number: 325
	Medical Policy Committee Approved Date: 10/2021; 2/2022
Medical Officer	Date

See Policy CPT/HCPSC CODE section below for any prior authorization requirements

SCOPE:

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

APPLIES TO:

All lines of business except Medicare

BENEFIT APPLICATION

Medicaid 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.

POLICY CRITERIA

Note: The following policy criteria are based on the 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}

- I. A partial thromboplastin time (PTT) may be considered **medically necessary and covered** 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);

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- 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 and not covered** 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 and covered** 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 and not covered** when criterion III is not met.

POLICY GUIDELINES

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

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- 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

BILLING GUIDELINES

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.

CPT/HCPCS CODES

All Lines of Business Except Medicare	
No Prior Authorization Required	
85730	Thromboplastin time, partial (PTT); plasma or whole blood

DESCRIPTION

Partial Thromboplastin Time (PPT)

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.

INSTRUCTIONS FOR USE

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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 Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days' notice of policy changes that are restrictive in nature.

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.

REGULATORY STATUS

Mental Health Parity Statement

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.

REFERENCES

1. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD). Partial Thromboplastin Time (PTT) 109.6. Effective 11/25/2002. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=74>. Accessed 9/9/2021.
2. Centers for Medicare & Medicaid Services. Lab NCDs - ICD-10. July 2021 Lab Code List ICD-10 (ZIP). <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD10>. Accessed 9/9/2021.