Prothrombin Time (PT) (85610) – NCD 190.17

Indications:
1. A PT may be used to assess patients taking warfarin. The PT is generally not useful in monitoring patients receiving heparin who are not taking warfarin.
2. A PT may be used to assess patients with signs or symptoms of abnormal bleeding or thrombosis. For example: Swollen extremity with or without prior trauma • Unexplained bruising • Abnormal bleeding, hemorrhage or hematoma • Petechiae or other signs of thrombocytopenia that could be due to Disseminated Intravascular Coagulation
3. A PT may be useful in evaluating patients 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. Such abnormalities may be genetic or acquired. For example: • 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 • Hypercoagulable state • Paraproteinemia • Lymphoma • Amyloidosis • Acute and chronic leukemias • Plasma cell dyscrasia • HIV infection • Malignant neoplasms • Hemorrhagic fever • Salicylate poisoning • Obstructive jaundice • Intestinal fistula • Malabsorption syndrome • Colitis • Chronic diarrhea • Presence of peripheral venous or arterial thrombosis or pulmonary emboli or myocardial infarction • Patients with bleeding or clotting tendencies • Organ transplantation • Presence of circulating coagulation inhibitors

4. A PT may be used to assess the risk of hemorrhage or thrombosis in patients who are going to have a medical intervention known to be associated with increased risk of bleeding or thrombosis. For example: • Evaluation prior to invasive procedures or operations of patients with personal history of bleeding or a condition associated with coagulopathy. • Prior to the use of thrombolytic medication

Limitations:
1. When an ESRD patient is tested for PT, testing more frequently than weekly requires documentation of medical necessity, e.g., other than chronic renal failure or renal failure unspecified.
2. The need to repeat this test is determined by changes in the underlying medical condition and/or the dosing of warfarin. In a patient on stable warfarin therapy, it is ordinarily not necessary to repeat testing more than every two to three weeks. When testing is performed to evaluate a patient with signs or symptoms of abnormal bleeding or thrombosis and the initial test result is normal, it is ordinarily not necessary to repeat testing unless there is a change in the patient's medical status.
3. Since the INR is a calculation, it will not be paid in addition to the PT when expressed in seconds, and is considered part of the conventional PT test.
4. **Testing prior to any medical intervention associated with a risk of bleeding and thrombosis (other than thrombolytic therapy) will generally be considered medically necessary only where there are signs or symptoms of a bleeding or thrombotic abnormality or a personal history of bleeding, thrombosis or a condition associated with a coagulopathy**. Hospital/clinic-specific policies, protocols, etc., in and of themselves, cannot alone justify coverage.

Most Common Diagnoses (which meet medical necessity) *	
D62	Acute Posthemorrhagic Anemia
D63.1	Anemia in Chronic Kidney Disease
D68.00	Von Willebrand Disease
D68.2	Hereditary Deficiency of Other Clotting Factors
D68.51	Activated Protein C Resistance/ Factor V Leiden Mutation
D68.59	Other Primary Thrombophilia
D68.61	Antiphospholipid Syndrome
D68.9	Coagulation Defect
D69.3	Immune/Idiopathic Thrombocytopenic Purpura
D69.6	Thrombocytopenia
E11.22	Type 2 Diabetes with Diabetic Chronic Kidney Disease
G45.9	Transient Ischemic Attack
I26.99	Other Pulmonary Embolism Without Acute Cor Pulmonale
I48.0	Paroxysmal Atrial Fibrillation
I48.91	Atrial Fibrillation
I63.9	Cerebral Infarction
I82.409	Acute Embolism and Thrombosis of Deep Veins of Lower Extremity
I82.90	Acute Embolism and Thrombosis of Vein
I82.509	Chronic Embolism and Thrombosis of Deep Veins of Lower Extremity

N17.9	Acute Kidney Failure
N18.9	Chronic Kidney Disease
R04.0	Epistaxis
R04.2	Hemoptysis
R06.02	Shortness of Breath
R07.89	Noncardiac/Atypical Chest Pain
R07.9	Chest Pain
R10.9	Abdominal Pain
R18.8	Other Ascites
R23.3	Spontaneous Ecchymoses
R31.9	Hematuria
R55	Syncope and Collapse
R79.1	Abnormal or Prolonged Bleeding/Coagulation Time
Z51.81	Encounter for Therapeutic Drug Level Monitoring
Z79.01	Long Term (Current) Use of Anticoagulants
Z86.711	Personal History of Pulmonary Embolism
Z86.718	Personal History of Other Venous Thrombosis and Embolism
Z95.2	Presence of Prosthetic Heart Valve
Z51.81	Encounter for Therapeutic Drug Level Monitoring
Z79.01	Long Term (Current) Use of Anticoagulants

*For the full list of diagnoses that meet medical necessity see the Prothrombin Time National Coverage Determination 190.17 document.

Note: The routine screening of PT in patients about to undergo a surgical procedure is not indicated for patients other than those with signs or symptoms of a bleeding or thrombotic abnormality, or a personal history of bleeding, thrombosis, or a condition associated with a coagulopathy.

The above CMS and WPS-GHA guidelines are current as of: 1/01/2024.