

PROTHROMBIN TIME (PT) [POLICY 190.17]

CPT Code: 85610

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD)

The list of ICD codes provided below consists of *commonly utilized diagnosis codes*.

- This is not a full list of ICD codes for this test. The complete CMS policy and full list of ICD codes can be found at: <https://www.cms.gov/>
- To view the CMS National Coverage Determination for Prothrombin Time visit the following website: [NCD - Prothrombin Time \(PT\) \(190.17\) \(cms.gov\)](#).
- It is the responsibility of the ordering provider to ensure appropriate diagnostic coding for a test.
- If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advanced Beneficiary Notice (ABN) form is required.

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY

Please Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

Item/Service Description: Basic plasma coagulation function is readily assessed with a few simple laboratory tests: the Partial Thromboplastin Time (PTT), Prothrombin Time (PT), Thrombin Time (TT), or a quantitative fibrinogen determination. The PT test is one in-vitro laboratory test used to assess coagulation. While the PTT assesses the intrinsic limb of the coagulation system, the PT assesses the extrinsic or tissue factor dependent pathway. Both tests also evaluate the common coagulation pathway involving all the reactions that occur after the activation of factor X. Extrinsic pathway factors are produced in the liver and their production is dependent on adequate vitamin K activity. Deficiencies of factors may be related to decreased production or increased consumption of coagulation factors. The PT/INR is most commonly used to measure the effect of warfarin and regulate its dosing. Warfarin blocks the effect of vitamin K on hepatic production of extrinsic pathway factors.

A PT is expressed in seconds and/or as an international normalized ratio (INR). The INR is the PT ratio that would result if the WHO reference thromboplastin was used in performing the test.

Current medical information does not clarify the role of laboratory PT testing in patients who are self-monitoring. Therefore, the indications for testing apply regardless of whether or not the patient is also PT self-testing.

Indications and Limitations of Coverage

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)

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- 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.

MEDICARE NATIONAL COVERAGE DETERMINATION POLICY



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REMINDER:

The ordering provider is solely responsible for assigning diagnosis (codes) for Glycated Hemoglobin / Glycated Protein testing. PDL does not – through this Reference Guide or otherwise – recommend any particular diagnosis codes. PDL will submit to Medicare only the diagnosis (codes) provided to PDL by the ordering provider and/or his/her authorized staff.

ICD-10-CM Codes commonly used for Prothrombin Time (PT)

Alias: PT (85610)

CODE	DESCRIPTION
D50.9	Iron deficiency anemia, unspecified
D68.9	Coagulation defect, unspecified
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I26.99	Other pulmonary embolism without acute core pulmonale
I48.0	Paroxysmal atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
I48.91	Unspecified atrial fibrillation
I73.9	Peripheral vascular disease, unspecified
K74.60	Unspecified cirrhosis of liver
R06.02	Shortness of breath
R79.1	Abnormal coagulation profile
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
Z95.811	Presence of heart assist device

<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=100>