



EFFECTIVE DATE: 10|01|2015
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OVERVIEW

Patients who are prescribed chronic warfarin anticoagulation need ongoing monitoring that has generally taken place in a physician's office or anticoagulation clinic. Home prothrombin monitoring with a U.S. Food and Drug Administration (FDA)-approved device is proposed as an alternative to office or laboratory-based testing.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

At-home monitoring of chronic warfarin therapy may be considered medically necessary in patients who require continuous anticoagulation for chronic medical conditions. These conditions include, but are not limited to, patients with mechanical heart valves and chronic atrial fibrillation.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable coverage/benefits:

G0248 and 93792 covered under applicable office visit coverage

G0249 covered under applicable lab coverage

G0250 and 93793 covered under applicable physician services with no co-payment

BACKGROUND

Warfarin is an effective anticoagulant for the treatment and prevention of venous and arterial thrombosis. Chronic warfarin therapy is recommended in all patients with mechanical heart valves and in some patients with chronic atrial fibrillation (i.e., patients with risk factors that indicate a higher likelihood of stroke). Patients with mechanical heart valves are frequently prescribed anticoagulants at higher levels than patients given anticoagulants for other indications, which puts them at higher risk of complications from warfarin therapy. Appropriate levels of warfarin anticoagulation are monitored with periodic prothrombin time measurements, as measured by the International Normalized Ratio (INR). For example, an INR result greater than 3 indicates a higher risk of serious hemorrhage, while an INR of 6 indicates an increased risk of developing a serious bleed nearly 7 times that of someone with an INR less than 3. In contrast, an INR less than 2 is associated with an increased risk of stroke. Therefore, monitoring of the prothrombin time is recommended to ensure that the prescribed dosing regimens result in INRs within the therapeutic range. Anticoagulation can be monitored: in the physician's office (usually once a month), at an anticoagulation clinic (usually once every 2 to 3 weeks), or at home.

In order for home prothrombin time monitoring to be effective, patients need to be appropriately trained and able to generate INR test results comparable to laboratory measures. Moreover, the clinical impact of home

prothrombin time monitoring is related to improved warfarin management. Specifically, home prothrombin time monitoring permits more frequent monitoring and self-management of warfarin therapy with the ultimate goal of 1) increasing the time that the anticoagulation is within a therapeutic INR range (intermediate health outcome); and 2) decreasing the incidence of thromboembolic or hemorrhagic events (final health outcome). Home self-monitoring is typically associated with some form of self-management of warfarin therapy. In some cases, the patient may be supplied with treatment algorithms and instructed to alter the dose based on the results of self-monitoring. In other cases, the patient may be instructed to provide the results of the self-monitoring (e.g., on the telephone or internet) and receive instructions on warfarin dosage.

In January 2007, the CoaguChek® XS System (patient self-testing) (Roche Diagnostics Corporation) was cleared for marketing by the FDA through the 510(k) process. The FDA determined that this device was substantially equivalent to existing devices, including the CoaguChek SX System (professional, cleared in 2006). Other than a labeling change, the device is identical to the professional version of the CoaguChek XS System. The patient self-testing system is intended for self-monitoring of prothrombin time in patients who are on a stable regimen of anticoagulation medications. Other devices cleared by the FDA for home prothrombin time monitoring include the ProTime® Microcoagulation System (International Technidyne Corporation) and the Alere™ (formerly Hemosense) INRatio® 2 PT/INR Monitoring System.

CODING

BlueCHiP for Medicare and Commercial Products

The following codes are separately reimbursed services:

- G0248** Demonstration, prior to initiation, of home INR monitoring for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results
- 93792** Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results
- G0249** Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests

The following code is a separately reimbursed service and should only be reported by physicians:

- G0250** Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests
- 93793** Anticoagulation management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed

ICD-10 Diagnosis Codes that may support medical necessity:

[See Attached Link](#)

RELATED POLICIES

Not applicable.

PUBLISHED

Provider Update, December 2020

Provider Update, January 2020
Provider Update, July 2018
Provider Update, June 2017
Provider Update, June 2016

REFERENCES

1. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Home PROTHROMBIN Time/International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Management (190.11)
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3. Bloomfield HE, Krause A, Greer N et al. Meta-analysis: Effect of patient self-testing and self-management of long-term anticoagulation on major clinical outcomes. *Ann Intern Med* 2011; 154(7):472-82.
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5. Matchar DB, Jacobson A, Dolor R et al. Effect of home testing of international normalized ratio on clinical events. *N Engl J Med* 2010; 363(17):1608-20.
6. Matchar DB, Jacobson AK, Edson RG et al. The impact of patient self-testing of prothrombin time for managing anticoagulation: rationale and design of VA cooperative study #481- the Home INR study (THINRS). *J Thromb Thrombolysis* 2005; 19(3):163-72.
7. Fitzmaurice DA, Murray ET, McCahon D et al. Self management of oral anticoagulation: randomised trial. *BMJ* 2005; 331 (7524):1057.
8. Menendez-Jandula B, Souto JC, Oliver A et al. Comparing self-management of oral anticoagulant therapy with clinic management: a randomized trial. *Ann Intern Med* 2005; 142(1):1-10.
9. Beyth RJ, Quinn L, Landefeld CS. A multicomponent intervention to prevent major bleeding complications in older patients receiving warfarin. *Ann Intern Med*; 2000; 133(9):687-95.
10. Kortke H, Korfer R. International normalized ratio self-management after mechanical heart valve replacement: is an early start advantageous? *Ann Thorac Surg* 2001; 72(1):44-8.

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