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 covered under applicable office visit coverage
- G0249 covered under applicable lab coverage
- G0250 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 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 a 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

ICD-10 Diagnosis Codes that may support medical necessity:

85610 Prothrombin time
99363 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of
International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed),
and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements) (Code deleted effective 12/31/2017)

**99364** Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements) (Code deleted effective 12/31/2017)

**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 (New code effective 1/1/2018)

**RELATED POLICIES**
Not applicable

**PUBLISHED**
Provider Update, June 2017
Provider Update, June 2016
Provider Update, April 2015
Provider Update, June 2014
Provider Update, April 2013
Provider Update, April 2012
Provider Update, September 2011

**REFERENCES**


