



PROVIDER BULLETIN

BT200017

AUGUST 21, 2000

**To: All Indiana Health Coverage Programs Physicians,
Nurse Practitioners, Pharmacists, and Durable
Medical Equipment Suppliers**

Subject: Prothrombin Time Self-Management Monitors

Note: The information in this bulletin regarding prior authorization, payment methodology and max fees may vary for providers rendering services to members enrolled in the risk-based managed care (RBMC) delivery system.

Overview

Anticoagulants are increasingly being prescribed for a number of chronic and life-long conditions. For patients who require long term anticoagulant therapy, the problems of compliance, the use of drugs that interact with the anticoagulants, and fluctuations in sensitivity to anticoagulants make periodic measurement of the prothrombin time (PT) or International Normalized Ratio (INR) necessary. Studies have shown patients using home prothrombin time monitors can achieve a degree of therapeutic effectiveness at least comparable to patients in an anti-coagulation clinic.

The Indiana Health Coverage Programs (IHCP) recognizes the need for, and importance of, prothrombin time self-monitoring. Effective October 5, 2000, the IHCP will begin providing reimbursement for home prothrombin time monitors and related testing materials for members meeting the criteria set forth in this bulletin.

Criteria and Limitations of Coverage

Prior authorization must be obtained to purchase a home prothrombin time monitor. Prior authorization will be granted when the physician

has submitted documentation supporting all of the following criteria, along with the appropriate medical diagnosis code(s) listed in this bulletin. A copy of the physician's order must accompany the request for prior authorization.

- The patient must have a medical condition requiring lifetime warfarin therapy and monitoring of prothrombin time activity.
- The patient must need to have frequent prothrombin time testing once a week or multiple times per month.
- The patient (or patient's resident caregiver) must have the ability to use the prothrombin time monitoring device after obtaining education on its proper use from the physician, nurse, or appropriate health care professional. A certificate of completion of education or training must be obtained and kept in the patient's medical records.
- The patient (or patient's resident caregiver) must have a telephone in the home.
- The patient (or patient's resident caregiver) must agree to use the home monitoring system in lieu of office or laboratory testing except when requested by the ordering physician.

The patient (or patient's resident caregiver) must **not** have any contraindications to or inability to comply with anticoagulation therapy, such as:

- A history of noncompliance during outpatient care;
- Chronic alcoholism or other substance abuse; or
- Memory impairment.

The use of self-management of oral anticoagulation can be used for, but is **not** limited to, the medical conditions listed in Table 1.1.

Table 1.1 – Medical Conditions

Code(s)	Description
V42.1, V42.2, and V43.3	Prosthetic valve replacements (for example, mitral or aortic valve replacements) or heart transplant
V42.0-V42.9	Organ or tissue replaced by transplant
V43.0-V43.89	Organ or tissue replaced by mechanical or prosthetic means
V53.31	Cardiac pacemaker
394.0-394.9	Mitral valve disease
395.0-395.9	Aortic valve disease
396-396.3, 396.8, 396.9	Mitral and aortic valve disease

(Continued)

Table 1.1 – Medical Conditions

Code(s)	Description
401.9	HTN-hypertension
410.9	Post myocardial infarction
411.1	Angina
414.9	Chronic ischemic heart disease (coronary artery disease)
415.1-415.19	Pulmonary embolisms and infarction
427.31	Atrial fibrillation
425.4	Cardiovascular collagenosis (primarily cardiomyopathies)
427.9	Dysrhythmias
436	Acute cerebrovascular disease (includes CVA)
438	Late effects of cerebrovascular disease (old CVA)
443.9	Peripheral vascular disease, unspecified
453.0-453.9	Other venous embolism and thrombosis

Some underlying conditions that may cause venous embolism and/or thrombosis are as follows:

- Antiphospholipid antibodies
- Anticardiolipin antibody
- Congenital antithrombin deficiency
- Hyperhomocysteinemia
- Prothrombin 20210
- Protein S deficiency
- Systemic lupus erythematosus
- Kawasaki disease with giant coronary aneurysms
- Nephrotic syndrome
- Cancer
- Myelomeningocele
- Factor V Leiden or activated protein C-resistance
- Homozygous protein C deficiency
- Hereditary thrombophilia

Billing Instructions and Reimbursement

Durable medical equipment providers or pharmacists supplying the monitors and testing materials must bill only on the HCFA-1500 claim form. Only one home prothrombin monitor per member is allowed. If multiple family members living in the same household require use of the monitor, only one monitor will be allowed per household. Practitioners and providers are to bill their usual and customary fee for the monitor and associated testing supplies. The items listed in Table 1.2 are reimbursable.

Note: Rate of reimbursement may be different for risk-based managed care members.

Table 1.2 – Reimbursable Items

Code	Description	Maximum Allowed Charges Per Unit
Z5093	Home Prottime monitor, 1 unit = 1 monitor	\$1177
Z5094	Home Prottime reagent (test) strips, 1 unit = 15 strips	\$75
Z5095	Home prothrombin time cuvettes, 1 unit = 6 cuvettes	\$48
Z5096	Batteries, standard AA, 1 unit = 1 battery	\$2.25
Z5097	Home Prottime controls for strips, 1 unit = 1 box of controls	\$20
Z5098	Battery charger 110V, 1 unit = 1 charger	\$40

Codes A4258, lancet device, and A4259, lancets per box, can also be billed for blood collecting devices when these are not included in the monitor kit or testing strips.

Additional Information

Please direct any questions about this bulletin and these policies to the Health Care Excel Medical Policy Department at (317) 347-4500. Questions about the billing procedures in this bulletin may be directed to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.