

MARYLAND MEDICARE PART A

Policy No: 97-12

Topic: Prothrombin Time

Beginning Effective Date

April 28, 1997

Ending Effective Date

Not applicable at this time.

Description:

Prothrombin time is the time required for a particular specimen of prothrombin to induce blood plasma clotting under standard conditions, in comparison with a baseline time of between 11.5 and 12 seconds for normal human blood.

Policy Type

Local Medical Review Policy

Indications and Limitations of Coverage and/or Medical Necessity

- Prothrombin time is performed to evaluate:
 - The extrinsic coagulation system;
 - The deficiency of prothrombin;
 - Dydfibrinogenemia;
 - Afibrinogenemia (complete)
 - The effectiveness of anticoagulation drug therapy (i.e., coumadin or warfarin);
 - Heart failure causing liver abnormalities and liver disease;
 - Disseminated Intravascular Coagulation (DIC); and
 - Vitamin K deficiency

HCPCS Section/benefit Category

Pathology and Laboratory/Hematology and Coagulation

Type of Bill Code

Not included in the development of this policy.

Revenue Code

Not included in the development of this policy.

HCPCS Codes

85610© Prothrombin time

ICD-9-CM Code(s) that Support Medical Necessity**Covered for:**

070.0-070.1 Viral hepatitis

070.20-070.23

070.30-070.33

070.41-070.44

070.49

070.51-070.54

070.59

070.6

070.9

260 Kwashiorkor

261 Nutritional marasmus

262 Other severe protein-calorie malnutrition

262.0-263.1 Other and unspecified protein-calorie malnutrition

285.1 Acute posthemorrhagic anemia

286.0-286.7 Coagulation defects

286.9

287.0-287.5 Purpura and other hemorrhage conditions

287.8-287.9

289.8 Other specified diseases of blood and blood-forming organs

290.40-290.43 Atherosclerotic dementia
325 Phlebitis and thrombophlebitis
362.30-362.37 Retinal vascular occlusion
386.2 Vertigo of central origin
386.50 Labyrinthine dysfunction, unspecified
394.0-394.2 Diseases of mitral valve
394.9
395.0 Rheumatic aortic stenosis
395.2 Rheumatic aortic stenosis with insufficiency
396.0-396.3 Diseases of mitral and aortic valves
396.8-396.9
410.00-410.02 Acute myocardial infarction
410.10-410.12
410.20-410.22
410.30-410.32
410.40-410.42
410.50-410.52
410.60-410.62
410.70-410.72
410.80-410.82
410.90-410.92
411.1 Other acute and subacute forms of ischemic heart disease
411.81
411.89
413.0-413.1 Angina pectoris
413.9
414.00-414.03 Coronary atherosclerosis
414.8
414.9
415.0 Acute pulmonary heart disease
415.11
415.19
416.9 Chronic pulmonary heart disease, unspecified

424.0 Mitral valve disorders

425.0-425.5 Cardiomyopathy

425.7-425.9

427.0-427.2 Cardiac dysrhythmias

427.31-427.32

427.41-427.42

427.5

427.60-427.61

427.69

427.81

427.89

427.9

428.0-428.1 Heart failure

428.9

429.1-429.4 Ill-defined descriptions and complications of heart disease

429.79

432.0-432.1 Other and unspecified intracranial hemorrhage

432.9

433.00-433.01 Occlusion and stenosis of precerebral arteries

433.10-433.11

433.20-433.21

433.30-433.31

433.80-433.81

433.90-433.91

434.00-434.01 Occlusion of cerebral arteries

434.10-434.11

434.90-434.91

435.0-435.3 Transient cerebral ischemia

435.8-435.9

436 Acute, but ill-defined, cerebrovascular disease

437.0-437.1 Other and ill-defined cerebrovascular disease

437.6

440.0-440.1 Atherosclerosis

440.20-440.24

440.29

440.30-440.32

440.80-440.90

443.0-443.1 Other peripheral vascular disease

443.81

443.89

443.9

444.0-444.1 arterial embolism and thrombosis

444.21-444.22

444.81

444.89

444.9

447.1 Other disorders of arteries and arterioles, stricture of artery

451.0 Phlebitis and thrombophlebitis

451.11

451.19

451.2

451.81-451.84

451.89

451.9

452 Portal vein thrombosis

453.0-453.3 Other venous embolism

453.8-453.9

459.0-459.2 Other disorders of circulatory system

459.81

514 Pulmonary congestion and hypostasis

569.3 Hemorrhage of rectum and anus

571.0-571.3 Chronic liver disease and cirrhosis

571.40-571.41

571.49

571.5-571.6

571.8-571.9

572.2	Hepatic coma
572.4	Hepatorenal syndrome
572.8	Other sequelae of chronic liver disease
573.9	Unspecified disorder of liver
577.0	Acute pancreatitis
578.0-578.1	Gastrointestinal hemorrhage
578.9	
579.0-579.4	Intestinal malabsorption
579.8-579.9	
599.7	Other disorders of urethra and urinary tract, hematuria
626.2-626.8	Disorders of menstruation
627.1	Postmenopausal bleeding
671.20-671.24	Venous complications in pregnancy, superficial thrombophlebitis
671.30-671.31	Venous complications in pregnancy, deep phlebothrombosis, antepartum
671.33	
671.40	Venous complications in pregnancy, deep phlebothrombosis, postpartum
671.42	
671.44	
671.50-671.54	Venous complications in pregnancy, other phlebitis and thrombosis
671.90-671.94	Venous complications in pregnancy, unspecified venous complication
673.00-673.04	Obstetrical pulmonary embolism, obstetrical air embolism
673.10-673.14	Obstetrical pulmonary embolism, amniotic fluid embolism
673.20-673.24	Obstetrical pulmonary embolism, obstetrical blood-clot embolism
673.30-673.34	Obstetrical pulmonary embolism, obstetrical pyemic and septic embolism
673.80-673.84	Obstetrical pulmonary embolism, other pulmonary embolism
719.15-719.16	Other and unspecified disorders of joint, hemarthrosis
719.19	
719.25-719.26	Other and unspecified disorders of joint, villonodular synovitis

719.29

719.35-719.36 Other and unspecified disorders of joint, palindromic rheumatism

719.39

719.45-719.46 Other and unspecified disorders of joint, pain in joint

719.49

719.55-719.56 Other and unspecified disorders of joint, stiffness of joint, not elsewhere classified

719.59

719.65-719.66 Other and unspecified disorders of joint, other symptoms referable to joint

719.69

719.75-719.76 Other and unspecified disorders of joint, difficulty walking

719.79

719.85-719.86 Other and unspecified disorders of joint, other specified disorders of joint

719.89

719.95- 719.96 Other and unspecified disorders of joint, unspecified disorders of joint

719.99

746.00-746.02 Other congenital anomalies of heart

746.09

746.1-746.7

746.81-746.87

746.89

746.9

782.7 Spontaneous ecchymoses

784.7-784.8 Symptoms involving head and neck

786.3 Hemoptysis

789.1 Hepatomegaly

789.5 Ascites

790.92 Abnormal coagulation profile

852.00-852.06 Subarachnoid hemorrhage following injury

852.09

- 852.10-852.16 Subarachnoid hemorrhage following injury with open intracranial wound
- 852.19
- 852.20-852.26 Subdural hemorrhage following injury
- 852.29
- 852.30-852.36 Subdural hemorrhage following injury with open intracranial wound
- 852.39
- 852.40-852.46 Extradural hemorrhage following injury
- 852.49
- 852.50-852.56 Extradural hemorrhage following injury with open intracranial wound
- 852.59
- 964.2 Poisoning by agents primarily affecting blood constituents, anticoagulants
- 981.1 Hemorrhage complicating procedure
- 995.2 Unspecified adverse effect of drug, medicinal and biological substance
- V12.3 Personal history of disease of blood and blood-forming organs
- V15.1 Other personal history presenting hazards to health, surgery to heart and great vessels
- V42.2 Heart valve replaced by transplant
- V42.7 Liver replaced by transplant
- V43.2 Heart replaced by other means
- V43.3 Heart valve replaced by other means
- V43.4 Blood vessel replaced by other means
- V43.60 Unspecified joint replaced by other means
- V58.61 Long-term (current) use of anticoagulants

Non-covered ICD-9-CM Code(s)

All diagnosis not listed in the “ICD-9-CM Codes that Support Medical Necessity” section of this policy.

HCFA National Policy

- Establishment of national policy supercedes all previous contractor policy statements, including Local Medical Policy coverage guidelines.
- Title XVIII of the Social Security act, section 1862 (a) (7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, section 1862 (a) (1) (A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Reasons for Denial

- All other indications not listed in the “Indications and Limitations of Coverage” section of this policy;
- The service is for screening purposes;
- The service is not medically necessary;
- The medical record does not verify that the service described by the HCPCS code was provided, and;
- The service does not follow the guidelines of this policy.

Coding Guidelines

- To report this service, use the appropriate HCPCS code
- All of the coverage criteria must be met before this service can be reimbursed by Medicare,
- Diagnosis(es) must be present on any claim submitted, and must be coded to the highest level of specificity,
- ICD-9-CM Code V82.9 (special screening tests for other conditions, unspecified condition) should be used in the absence of any signs or symptoms, to indicate screening;
- 85610 should not be used to test for congenital deficiencies of factors II, V, VII and,
- The diagnosis code(s) must be representative of the patient’s condition.

Documentation Requirements

Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available to Medicare upon request.

Other Comments

Medicare will monitor the utilization of these laboratory tests through the Focused Medical Review (FMR) process.

Start Date of Comment Period

Start Date of Notice Period

March 28, 1997

Revision Date

- 07/28/1999-Limited coverage o expanded to maintain consistency of the policy between intermediary and carrier.

Revision Number

THIS BULLENTIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND MANAGERIAL MEMBERS OF THE PROVIDER/SUPPLIER STAFF. BULLETINS ISSUED AFTER OCTOBER 1, 1999 ARE AVAILABLE AT NO-COST FROM OUR WEBSITE AT www.marylandmedicare.com

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