JOHNS HOPKINS HEALTHCARE

Department: Health Services
Lines of Business: EHP, PPMCO, USFHP, ADVANTAGE MD

Policy Number CMS16.16

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ACTION:
☐ New Policy  Effective Date: 06/25/2007
☐ Revising Policy Number: Review Date: 09/08/08, 01/07/11, 09/06/13, 03/06/15
☒ Archiving Policy Number: CMS16.16
☐ Retiring Policy Number

Johns Hopkins HealthCare LLC (JHHC) provides a full spectrum of health care products and services for Employer Health Programs, Priority Partners, Advantage MD, and US Family Health Plan. Each line of business possesses its own unique contract and guidelines which, for benefit and payment purposes, should be consulted to know what benefits are available for reimbursement. Specific contract benefits, guidelines or policies supersede the information outlined in this policy.

ACTIVE AND ARCHIVED

This document has been archived as of 03/06/2015 and is no longer scheduled for review for either one or more of the following reasons:

1. This document is either primarily administrative in nature AND/OR
2. It addresses operational issues only AND/OR
3. It is mandated by statute or regulation AND/OR
4. It is unlikely that further published literature would change the determination.

ARCHIVED POLICIES REMAIN ACTIVE FOR THE PURPOSE OF MEDICAL NECESSITY DETERMINATION

POLICY:


For Advantage MD, see Medicare Coverage Database:
National Coverage Determination (NCD) for Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Management (190.11)

I. When benefits are provided under the member’s contract, JHHC considers prothrombin time home testing units (home INR testing) medically necessary for members receiving long-term oral anticoagulation therapy (OAT) with warfarin and related compounds when ALL of the following criteria are met:
A. The expectation is that the home INR testing will last six months or more, AND;
B. The anticoagulation therapy has been administered for at least three months prior to use of the home device, AND;
C. The patient’s INR values remain within the therapeutic range established by the ordering physician, AND;
D. The anticoagulant dosage has remained stable for at least three months prior to use of the home device.

II. Unless specific benefits are provided under the member’s contract, JHHC considers prothrombin time home testing units (home INR testing) experimental and investigational for all other indications, as they do not meet Technology Evaluation Criteria (TEC) # 2-5.

BACKGROUND:

The International Normalized Ratio (INR) is a comparative rating of a patient's prothrombin time (PT) ratio, used as a standard for monitoring the effects of warfarin. The INR indicates what the patient's PT ratio would have been if measured by using the primary World Health Organization International Reference reagent.

A prothrombin time test is a device used as a general screening procedure for the detection of possible clotting factor deficiencies in the extrinsic coagulation pathway. INR Self-Monitoring Devices are used to measure International Normalized Ratio in a patient on warfarin in a home setting in order to assure that the patient’s anticoagulation status is within the therapeutic range that has been ordered by the medical provider. Most often the patient has had a mechanical heart valve for which anticoagulation therapy is necessary; however, other conditions such as atrial fibrillation, pulmonary embolus, recurrent cerebrovascular accidents, or recurrent deep vein thrombosis may be the diagnosis for which warfarin has been prescribed.

CODING INFORMATION:

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Note: The following CPT/HCPCS codes are included below for informational purposes. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply member coverage or provider reimbursement. The member's specific benefit plan determines coverage and referral requirements. All inpatient admissions require pre-authorization.
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PRE-AUTHORIZATION REQUIRED
Compliance with the provision in this policy may be monitored and addressed through post-payment data analysis and/or medical review audits

<table>
<thead>
<tr>
<th>Employer Health Programs (EHP) <strong>See Specific Summary Plan Description (SPD)</strong></th>
<th>Priority Partners (PPMCO) refer to COMAR guidelines and PPMCO SPD then apply policy criteria</th>
<th>US Family Health Plan (USFHP), TRICARE Medical Policy supersedes JHHC Medical Policy. If there is no Policy in TRICARE, apply the Medical Policy Criteria</th>
<th>Advantage MD, LCD and NCD Medical Policy supersedes JHHC Medical Policy. If there is no LCD or NCD, apply the Medical Policy Criteria</th>
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</thead>
<tbody>
<tr>
<td>HCPSCS CODE</td>
<td>DESCRIPTION</td>
<td></td>
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<tr>
<td>G0248</td>
<td>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</td>
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<tr>
<td>G0249</td>
<td>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</td>
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</tr>
<tr>
<td>G0250</td>
<td>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; billing units of service include 4 tests</td>
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</table>

REFERENCE STATEMENT:

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins HealthCare LLC (JHHC) Medical Policy Team during the development and implementation of this medical policy. Per NCQA standards, the Medical Policy Team will continue to monitor and review any newly published clinical evidence and adjust the references below accordingly if deemed necessary.
REFERENCES:


