Summary: Partial ThromboplastinTime (PTT)

NCD 190.16

The terms of Medicare National Coverage Determinations (NCDs) are binding on all fee-for-service (Part A/B) Medicare Administrative Contractors (MACs) and Medicare Advantage (MA) plans. NCDs are not binding, however, on Medicaid and other governmental payers, nor are they binding on commercial payers in their non-MA lines of business.

Item/Service Description*

Basic plasma coagulation function is readily assessed with a few simple laboratory tests: the PTT, prothrombin time (PT), thrombin time (TT), or a quantitative fibrinogen determination. The PTT test is an in vitro laboratory test used to assess the intrinsic coagulation pathway and monitor heparin therapy.

Indications*

1. The PTT is most commonly used to quantitate the effect of therapeutic unfractionated heparin and to regulate its dosing. Except during transitions between heparin and warfarin therapy, in general both the PTT and PT are not necessary together to assess the effect of anticoagulation therapy. PT and PTT must be justified separately.

2. A PTT may be used to assess patients with signs or symptoms of hemorrhage or thrombosis. For example: abnormal bleeding, hemorrhage or hematoma petechiae or other signs of thrombocytopenia that could be due to disseminated intravascular coagulation; swollen extremity with or without prior trauma.

3. A PTT may be useful in evaluating patients who have a history of a condition known to be associated with the risk of hemorrhage or thrombosis that is related to the intrinsic coagulation pathway. Such abnormalities may be genetic or acquired. For example: dysfibrinogenemia; afibrinogenemia (complete); acute or chronic liver dysfunction or failure, including Wilson's disease; hemophilia; liver disease and failure; infectious processes; bleeding disorders; disseminated intravascular coagulation; lupus erythematosus or other conditions associated with circulating inhibitors, e.g., Factor VIII Inhibitor, lupus-like anticoagulant, etc.; sepsis; von Willebrand's disease; arterial and venous thrombosis, including the evaluation of hypercoagulable states; clinical conditions associated with nephrosis or renal failure; other acquired and congenital coagulopathies as well as thrombotic states.

4. A PTT may be used to assess the risk of thrombosis or hemorrhage in patients who are going to have a medical intervention known to be associated with increased risk of bleeding or thrombosis. An example is as follows: evaluation prior to invasive procedures or operations of patients with personal or family history of bleeding or who are on heparin therapy.

Limitations*

1. The PTT is not useful in monitoring the effects of warfarin on a patient's coagulation routinely. However, a PTT may be ordered on a patient being treated with warfarin as heparin therapy is being discontinued. A PTT may also be indicated when the PT is markedly prolonged due to warfarin toxicity.

2. The need to repeat this test is determined by changes in the underlying medical condition and/or the dosing of heparin.

3. Testing prior to any medical intervention associated with a risk of bleeding and thrombosis (other than thrombolytic therapy) will generally be considered medically necessary only where there are signs or symptoms of a bleeding or thrombotic abnormality or a personal history of bleeding, thrombosis or a condition associated with a coagulopathy. Hospital/clinic-specific policies, protocols, etc., in and of themselves, cannot alone justify coverage.

*This language is a direct quote from the NCD.

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Representative List of Covered ICD-10-CM Diagnosis Codes

The following diagnosis codes are among those identified as "ICD-10-CM Codes Covered by Medicare Program" in the CMS "National Coverage Determinations (NCD) Coding Policy Manual and Change Report (ICD-10-CM)" section that identifies covered diagnosis codes for the above-described NCD.

ICD-10 Code	Description
B18.1	Chronic viral hepatitis B without delta-agent
B19.20	Unspecified viral hepatitis C without hepatic coma
D68.2	Hereditary deficiency of other clotting factors
D68.59	Other primary thrombophilia
E11.65	Type 2 diabetes mellitus with hyperglycemia
E83.10	Disorder of iron metabolism, unspecified
E83.19	Other disorders of iron metabolism
I48.0	Paroxysmal atrial fibrillation
I48.1	Persistent atrial fibrillation
I48.2	Chronic atrial fibrillation
I48.91	Unspecified atrial fibrillation
I50.9	Heart failure, unspecified
K76.9	Liver disease, unspecified
K77	Liver disorders in diseases classified elsewhere
N18.5	Chronic kidney disease, stage 5
R06.02	Shortness of breath
R07.9	Chest pain, unspecified
R10.9	Unspecified abdominal pain
R23.3	Spontaneous ecchymoses
R79.1	Abnormal coagulation profile

To view a full list of covered codes and the complete NCD, please visit the CMS website, www.cms.gov.

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