



## ***PT or INP Monitoring at Home***

<b>Origination:</b> 06/02/11	<b>Revised:</b> 7/23/20	<b>Annual Review:</b> 12/08/22
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### **Purpose:**

To provide PT or INR Monitoring at Home guidelines for Population Health and Provider Alliances associates to reference when making benefit determinations.

### ***Definition***

- Prothrombin (PT) or INR time home testing systems are portable, battery-operated instruments for the quantitative determination of PT or INR from finger-stick whole blood. They are designed to aid in the management of high-risk Members taking oral anticoagulants. They provide the potential for improved outcomes as well as greater convenience. Self- testing may provide a convenient opportunity for increased frequency of testing when deemed necessary.

### ***Coverage Guidelines***

- A Home PT or INR testing set from a participating vendor is covered for Members who are being treated with warfarin for the following:
  - A. Mechanical heart valve;
  - B. Chronic atrial fibrillation;
  - C. Deep venous thrombosis, pulmonary embolism; or
  - D. Venous embolism and thrombosis of deep vessels of lower extremity;
  - E. AND both of the following criteria are met:
    1. Home PT or INR testing is needed for at least six (6) months; *and*
    2. Member has been anticoagulated for at least three (3) months prior to use of the home PT or INR device.

### ***Exclusion Criterion***

- All other indications are not covered as they are considered experimental and investigational.



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### **References:**

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4. Plesch W, van den Besselaar AM. Validation of the international normalized ratio (INR) in a new point-of-care system designed for home monitoring of oral anticoagulation therapy. *Int J Lab Hematol.* 2009;31(1):20-25.
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### **Disclaimer Information:**

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed to determine coverage for AvMed's benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed makes coverage decisions using these guidelines, along with the Member's benefit document. The use of this guideline is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the AvMed service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations.

Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.