



NHS MEDICAL POLICY

Home INR Monitoring DME 2016-001

Home INR (International Normalized Ratio) monitoring may be indicated when ALL of the following are present:

A. Initiation of monitoring

1	<p>The prescribing physician has documented one or more of the following conditions is present:</p> <ul style="list-style-type: none"> • mechanical heart valve (not porcine or tissue valve) • ventricular assist device • chronic atrial fibrillation • deep venous thrombosis • pulmonary embolism • venous embolism and thrombosis of deep vessels of lower extremity • intra-cardiac thrombus and associated structural abnormality of the heart • hypercoagulable state (<i>some examples are: antithrombin III deficiency, Factor V Leiden, protein C deficiency, protein S deficiency, etc.</i>)
2	<p>The prescribing physician has documented that chronic anticoagulation with warfarin is required for a minimum of one year. If the anticoagulation need is less than one year, the prescribing physician has documented an ongoing barrier to office or laboratory testing.</p>
3	<p>The patient must have been anticoagulated for at least 3 months prior to initiating use of the home INR monitoring device.</p>
4	<p>The patient must undergo a face-to-face educational program on anticoagulation management by the equipment company, the treating provider, or the treating provider's office staff. Education must include:</p> <ul style="list-style-type: none"> • Demonstration of correct use and care of the INR monitoring device • Documentation of the ability to perform self-testing, obtaining at least one blood sample • Instructions must be provided for reporting home INR test results

B. Continuation of monitoring

1	The prescribing physician has documented that chronic anticoagulation with warfarin is still required.
2	The patient is documented to continue correctly using the device in the context of the management of the anticoagulation therapy following initiation of home monitoring.

SOURCES

- anticoagulation management (#CAG-00087N). National Coverage Analysis (NCA). Baltimore, MD: CMS; September 18, 2001. Available at: <http://cms.hhs.gov/ncdr/memo.asp?id=72>.
- Gardiner C, Williams K, Mackie IJ, et al. Patient self-testing is a reliable and acceptable alternative to laboratory INR monitoring. Br J Haematol. 2005;128(2):242-247.
- Matchar DB, Jacobson A, Dolor R, et al; THINRS Executive Committee and Site Investigators. Effect of home testing of international normalized ratio on clinical events. N Engl J Med. 2010;363(17):1608-1620.
- 2015 Medicare Reimbursement Handbook for Healthcare Professionals, Roche Diagnostics, a division of Hoffmann-La Roche.

CODE REFERENCE (This may not be a comprehensive list of codes to apply to this policy.)

HCPCS codes

G0248 face-to-face training in the use of the home INR monitor

G0249 issue INR monitoring equipment and supplies for home testing (which may include test strips, controls, lancets, lancing device, software for analysis, alcohol swabs)

G0250 provider INR test review and management – documented in chart

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
12/14/2016	Annual review and approval by UM Committee
12/13/2017	Annual review and approval by UM Committee
06/13/2018	Added Line #4
06/12/2019	Annual review and approval by UM Committee
06/11/2020	Annual review and approval by UM Committee
06/11/2021	Annual review and approval by UM Committee
06/10/2022	Annual review and approval by UM Committee
05/26/2023	Annual review and approval by UM/QM Committee
05/20/2024	Annual review and approval by UM/QM Committee