



## 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"> <li>• mechanical heart valve (not porcine or tissue valve)</li> <li>• ventricular assist device</li> <li>• chronic atrial fibrillation</li> <li>• deep venous thrombosis</li> <li>• pulmonary embolism</li> <li>• venous embolism and thrombosis of deep vessels of lower extremity</li> <li>• intra-cardiac thrombus and associated structural abnormality of the heart</li> <li>• hypercoagulable state (<i>some examples are: antithrombin III deficiency, Factor V Leiden, protein C deficiency, protein S deficiency, etc.</i>)</li> </ul>
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"> <li>• Demonstration of correct use and care of the INR monitoring device</li> <li>• Documentation of the ability to perform self-testing, obtaining at least one blood sample</li> <li>• Instructions must be provided for reporting home INR test results</li> </ul>

## 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
03/24/2025	Annual review and approval by UM/QM Committee

