

## Home Prothrombin Time (PT) International Normalized Ratio (INR) Monitor

Issue Date: March 3, 2005

Authority: [32 CFR 199.2](#) and [32 CFR 199.4\(d\)\(3\)\(ii\)](#)

---

### 1.0 HCPCS PROCEDURE CODES

G0248, G0249, G0250

### 2.0 DESCRIPTION

Home Prothrombin Time (PT) International Normalized Ratio (INR) monitoring devices are portable, battery-operated, hand-held analyzing systems designed for testing a small sample of fresh, capillary whole blood obtained by a finger-stick using a lancet device. Depending on the system, the drop of blood is placed on a test strip or disposable reagent cuvette. A new test strip or reagent cartridge must be used with each test performed. Once clotting is initiated, PT is determined by different ways depending on the device:

- By cessation of blood flow;
- By changes in light transmission;
- Through use of fluorescent thrombin substrate.

### 3.0 POLICY

**3.1** Home PT INR monitors may be covered for patients meeting the following criteria:

**3.1.1** The patient must have a medical condition requiring lifetime warfarin therapy and monitoring of prothrombin time activity.

**3.1.2** The patient must need to have frequent prothrombin time testing once a week or multiple times per month.

**3.1.3** The patient (or patient's caregiver) must have the ability to use the prothrombin time monitoring device after obtaining education on its proper use from an appropriate health care professional.

**3.2** The monitor must be prescribed by a physician.

**3.3** The device must have U.S. Food and Drug Administration (FDA) approval.

**3.4** Related services and supplies, such as PT test strips and office visits, are covered.

**TRICARE Policy Manual 6010.57-M, February 1, 2008**

Chapter 8, Section 2.5

Home Prothrombin Time (PT) International Normalized Ratio (INR) Monitor

---

**3.5** Education or demonstration related to the use of the device is considered incidental to the office visit or the provision of the materials and equipment. Additional reimbursement is not warranted.

**4.0 EFFECTIVE DATE**

Date of FDA approval of the device.

- END -