



## PROVIDER POLICIES & PROCEDURES

### PT/INR MONITORS

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for a PT/INR monitor. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

A PT/INR monitor is a battery-operated device that is used by an individual to self-monitor their blood-clotting rates, prothrombin time (PT) and International Normalized Ratio (INR), in the home. The PT/INR monitor comes with a disposable plastic reagent cartridge and a finger stick blood collection kit. The monitor stores between 30 and 40 of the most recent test results, which are date and time-stamped. This enables the medical provider, individual, or caregiver to review the results and monitor trends in the individual's oral anticoagulant therapy control. After testing, the individual either notifies the medical provider of the results or uses an individualized algorithm, developed with a medical provider's supervision, to adjust the anticoagulation dosage to maintain PT and INR levels within a therapeutic range.

**Note: HUSKY Health uses Change Healthcare's InterQual® Criteria when reviewing prior authorization requests for coverage of a PT/INR monitor. This policy establishes that a request for a PT/INR monitor meeting InterQual criteria will be approved using the miscellaneous durable medical equipment (DME) HCPCS code of E1399 as HCPCS code G0249 is not a payable code under the Connecticut Medical Assistance Program.**

NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

### PROCEDURE

Prior authorization for a PT/INR monitor and replacement of a PT/INR monitor is required. Requests for coverage are reviewed in accordance with procedures in place for reviewing requests for medical supplies and durable medical equipment. Coverage determinations are based upon a review of requested and/or submitted case-specific information.

### The following information is needed to review requests for a PT/INR monitor and a replacement of

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To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on [www.ct.gov/husky](http://www.ct.gov/husky) by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at [www.ctdssmap.com](http://www.ctdssmap.com).

**a PT/INR monitor:**

1. Fully completed authorization request via on-line web portal; and
2. A signed prescription, written within the past 12 months, from the ordering physician, advanced practice registered nurse (APRN), or physician assistant (PA) enrolled in the Connecticut Medical Assistance Program (CMAP); and
3. Documentation from the ordering provider, written within the past 12 months, supporting the medical need for a PT/INR monitor or replacement of a PT/INR monitor; and
4. Documentation the individual and/or caregiver received face-to-face education on anticoagulation management at home and demonstrates the ability to correctly use the PT/INR monitor; and
5. For individuals ≥ three (3) months of age and < eighteen (18) years of age, documentation of long-term management by a pediatric hematologist or treating provider in consultation with a hematologist; and
6. *For replacements only:* Documentation supporting the PT/INR monitor is malfunctioning, out of warranty (expiration of warranty alone is not considered an automatic reason for replacement), and can no longer be repaired; and
7. Pricing information as outlined in the [DSS Pricing Policy for MEDS Items](#).

**EFFECTIVE DATE**

This policy for the prior authorization for a PT/INR monitor for individuals covered under the HUSKY Health Program is effective November 01, 2024.

**LIMITATIONS**

N/A

**CODE:**

Code	Description
E1399	Durable medical equipment, miscellaneous

**DEFINITIONS**

1. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children’s Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut’s implementation of limited health

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insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.

7. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
8. **Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

## REFERENCES

- Centers for Medicare & Medicaid Services. National Coverage Determination (NCD)-Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Management. 03/19/2008. Available at: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=269&ncdver=2&=>
- Phibbs CS, Love SR, Jacobson AK, et al. At-Home Versus In-Clinic INR Monitoring: A Cost-Utility Analysis from The Home INR Study (THINRS). *J Gen Intern Med*. 2016;31(9):1061-1067. doi:10.1007/s11606-016-3700-8.
- Van Beek A, Moeyaert M, Ragheb B, et al. Outcomes of Warfarin Home INR Monitoring vs Office-Based Monitoring: a Retrospective Claims-Based Analysis. *J Gen Intern Med* (2023). Available at: <https://doi.org/10.1007/s11606-023-08348-4>

## PUBLICATION HISTORY

Status	Date	Action Taken
Original Publication	September 2024	Approved at the CHNCT Medical Reviewer meeting on September 11, 2024. Approved at the September 16, 2024 CHNCT Clinical Quality Subcommittee meeting. Approved by DSS on September 27, 2024.

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