**190.17 Prothrombin Time (PT)** *(1 of 9)*

**CPT Code:** 85610

**NCD Description:** Basic plasma coagulation function is readily assessed with a few simple laboratory tests: the Partial Thromboplastin Time (PTT), Prothrombin Time (PT), Thrombin Time (TT), or a quantitative fibrinogen determination. The PT test is one in-vitro laboratory test used to assess coagulation. While the PTT assesses the intrinsic limb of the coagulation system, the PT assesses the extrinsic or tissue factor dependent pathway.

**ICD-9-CM Codes that Support Medical Necessity**

The Prothrombin Time is determined to be medically necessary by Medicare only when it is ordered for patients with one of the conditions listed below. ICD-9-CM codes that support medical necessity are listed, but it is not enough to link the procedure code to a correct payable ICD-9-CM code. The diagnosis must be present for the procedure to be paid and the procedure must be reasonable and medically necessary for that diagnosis. Documentation within the patient’s medical record must support the medical necessity for the test(s) provided.

<table>
<thead>
<tr>
<th>ICD-9-CM Code</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>002.0-002.9</td>
<td>Typhoid and paratyphoid</td>
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<tr>
<td>003.0-003.9</td>
<td>Other Salmonella infections</td>
</tr>
<tr>
<td>038.9</td>
<td>Unspecified Septicemia</td>
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<tr>
<td>042</td>
<td>Human Immunodeficiency virus (HIV) disease</td>
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<tr>
<td>060.0-060.9</td>
<td>Yellow fever</td>
</tr>
<tr>
<td>065.0-065.9</td>
<td>Arthropod-borne hemorrhagic fever</td>
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<tr>
<td>070.0-070.9</td>
<td>Viral hepatitis</td>
</tr>
<tr>
<td>075</td>
<td>Infectious mononucleosis</td>
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<tr>
<td>078.6</td>
<td>Hemorrhagic nephrostonephritis</td>
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<tr>
<td>078.7</td>
<td>Arenaviral hemorrhagic fever</td>
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<tr>
<td>084.8</td>
<td>Blackwater fever</td>
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<tr>
<td>120.0</td>
<td>Schistosomiasis</td>
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<tr>
<td>121.1</td>
<td>Clonorchiasis</td>
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<tr>
<td>121.3</td>
<td>Fascioliasis</td>
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<tr>
<td>124</td>
<td>Trichinosis</td>
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<td>134.2</td>
<td>Hirudiniasis</td>
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<tr>
<td>135</td>
<td>Sarcoidosis</td>
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<td>152.0-152.9</td>
<td>Malignant neoplasm of small intestine, including duodenum</td>
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<tr>
<td>155.0-155.2</td>
<td>Malignant neoplasm of liver and intrahepatic bile ducts</td>
</tr>
<tr>
<td>156.0-156.9</td>
<td>Malignant neoplasm of gallbladder and extrahepatic bile ducts</td>
</tr>
<tr>
<td>157.0-157.9</td>
<td>Malignant neoplasm of pancreas</td>
</tr>
<tr>
<td>188.0-189.9</td>
<td>Malignant neoplasm of bladder, kidney, and other and unspecified urinary organs</td>
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<tr>
<td>197.7</td>
<td>Secondary malignant neoplasm, liver</td>
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<tr>
<td>198.0</td>
<td>Secondary malignant neoplasm, kidney</td>
</tr>
<tr>
<td>198.1</td>
<td>Secondary malignant neoplasm, other urinary organs</td>
</tr>
</tbody>
</table>

This list was compiled from Medicare’s Limited Coverage Policies for informational and reference purposes only. For the most current information please reference www.cms.gov. Note: If the patient’s medical record does not support one of the above ICD-9-CM codes, please prepare an Advance Beneficiary Notice form, and ask the patient to read and sign it. Source: Federal Registry Negotiated Rule-making, November 23, 2001. “The cpt codes provided are based on ama guidelines and are for informational purposes only. Cpt coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.”
200.00-200.28 Lymphosarcoma and reticulosarcoma; Burkitt’s tumor or lymphoma
200.30-200.38 Marginal zone lymphoma
200.40-200.48 Mantle cell lymphoma
200.50-200.58 Primary central nervous system lymphoma
200.60-200.68 Anaplastic large cell lymphoma
200.70-200.78 Large cell lymphoma
200.80-200.88 Malignant tumors of lymphatic tissue; other named variants
202.00-202.68 Other malignant neoplasms of lymphoid and histiocytic tissue
202.70-202.78 Peripheral T-cell lymphoma
202.80-202.98 Other lymphomas; other and unspecified malignant neoplasms of lymphoid and histiocytic tissue
209.00-209.27, 209.29 Malignant carcinoid tumors of other and unspecified sites
209.70 Secondary neuroendocrine tumor, unspecified site
209.71 Secondary neuroendocrine tumor of distant lymph nodes
209.72 Secondary neuroendocrine tumor of liver
209.73 Secondary neuroendocrine tumor of bone
209.74 Secondary neuroendocrine tumor of peritoneum
209.75 Secondary Merkel cell carcinoma
209.79 Secondary neuroendocrine tumor of other sites
223.0-223.9 Benign neoplasm of kidney and other urinary organs
238.4 Polycythemia vera
238.5 Histocytic and mast cells – neoplasm of uncertain behavior
238.6 Plasma cells – neoplasm of uncertain behavior
238.71 Essential thrombocythemia
238.72 Low grade myelodysplastic syndrome lesions
238.73 High grade myelodysplastic syndrome lesions
238.74 Myelodysplastic syndrome with 5q deletion
238.75 Myelodysplastic syndrome, unspecified
238.76 Myelofibrosis with myeloid metaplasia
238.77 Post-transplant lymphoproliferative disorder (PTLD)
238.79 Other lymphatic and hematopoietic tissues
239.4 Neoplasm of unspecified nature, bladder
239.5 Neoplasm of unspecified nature, other genitourinary organs
239.9 Neoplasm of unspecified nature, site unspecified
246.3 Hemorrhage and infarction of thyroid

190.17 Prothrombin Time (PT) (2 of 9)
CPT Code: 85610
NCD Description: Basic plasma coagulation function is readily assessed with a few simple laboratory tests: the Partial Thromboplastin Time (PTT), Prothrombin Time (PT), Thrombin Time (TT), or a quantitative fibrinogen determination. The PT test is one in-vitro laboratory test used to assess coagulation. While the PTT assesses the intrinsic limb of the coagulation system, the PT assesses the extrinsic or tissue factor dependent pathway.

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ICD-9-CM Codes that Support Medical Necessity

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249.40 Secondary diabetes mellitus with renal manifestations, not stated as uncontrolled
249.41 Secondary diabetes mellitus with renal manifestations, uncontrolled
250.40-250.43 Diabetic with renal manifestations
263.0-263.9 Other and unspecified protein/calorie malnutrition
269.0 Deficiency of Vitamin K
269.2 Unspecified vitamin deficiency
273.0-273.3, 273.8-273.9 Disorders of plasma protein metabolism
275.01 Hereditary hemochromatosis
275.02 Hemochromatosis due to repeated red blood cell transfusions
275.03 Other hemochromatosis
275.09 Other disorders of iron metabolism
277.1 Disorders of porphyrin metabolism
277.30 Amyloidosis, unspecified
277.31 Familial Mediterranean fever
277.39 Other amyloidosis
280.0 Iron deficiency anemia, secondary to blood loss - chronic
280.9 Iron deficiency anemia, unspecified
281.0 Pernicious anemia
281.1 Other vitamin B12 deficiency anemia, NEC
281.9 Unspecified deficiency anemia, NOS
285.0 Sideroblastic anemia
285.1 Acute posthemorrhagic anemia
286.0-286.9 Coagulation defects
*10/1/2011 Per CR 7507 delete ICD-9-CM codes 286.5 from the list of ICD-9- CM codes that are covered by Medicare for the Prothrombin Time (PT) (190.17) NCD.
287.0-287.39 Allergic purpura; qualitative platelet defects; other non-thrombocytopenic purpuras; primary thrombocytopenia
287.41 Posttransfusion purpura
287.49 Other secondary thrombocytopenia
287.5-287.9 Thrombocytopenia, unspecified; other specified and unspecified hemorrhagic conditions
289.81 Primary hypercoagulable state
290.40-290.43 Vascular dementia
325 Phlebitis and thrombophlebitis of intracranial venous sinuses
342.90-342.92 Hemiplegia NOS
360.43 Hemophthalmos, except current injury

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190.17 Prothrombin Time (PT) (3 of 9)

CPT Code: 85610

NCD Description: Basic plasma coagulation function is readily assessed with a few simple laboratory tests: the Partial Thromboplastin Time (PTT), Prothrombin Time (PT), Thrombin Time (TT), or a quantitative fibrinogen determination. The PT test is one in-vitro laboratory test used to assess coagulation. While the PTT assesses the intrinsic limb of the coagulation system, the PT assesses the extrinsic or tissue factor dependent pathway.

ICD-9-CM Codes that Support Medical Necessity

The Prothrombin Time is determined to be medically necessary by Medicare only when it is ordered for patients with one of the conditions listed below. ICD-9-CM codes that support medical necessity are listed, but it is not enough to link the procedure code to a correct payable ICD-9-CM code. The diagnosis must be present for the procedure to be paid and the procedure must be reasonable and medically necessary for that diagnosis. Documentation within the patient’s medical record must support the medical necessity for the test(s) provided.
404.02, 404.12, 404.92 Hypertensive heart and chronic kidney disease, without heart failure and with chronic kidney disease stage V or end stage renal disease
410.00-410.92 Acute myocardial infarction
411.1 Intermediate coronary syndrome
411.81 Coronary occlusion without myocardial infarction
411.89 Other acute and subacute forms of ischemic heart disease
413.0-413.9 Angina pectoris
414.00-414.07 Coronary atherosclerosis
414.3 Coronary atherosclerosis due to lipid rich plaque
414.4 Coronary atherosclerosis due to calcified coronary lesion
414.8 Other specified forms of chronic ischemic heart disease
414.9 Chronic ischemic heart disease, unspecified
415.0 – 415.19 Acute pulmonary heart disease
416.9 Chronic pulmonary heart disease, unspecified
423.0 Hemopericardium
424.0 Mitral valve disorders
424.1 Aortic valve disorder
424.90 Endocarditis, valve unspecified, unspecified cause
425.0, 425.11, 425.18, 425.2-425.9 Cardiomyopathy
427.0-427.9 Cardiac dysrhythmias
428.0-428.9 Heart failure
429.0-429.4 Ill-defined descriptions and complications of heart disease
429.79 Other sequelae of myocardial infarction, not elsewhere classified
430 Subarachnoid hemorrhage
431 Intracerebral hemorrhage
432.0-432.9 Other and unspecified intracranial hemorrhage
433.0-433.91 Occlusion and stenosis of precerebral arteries
434.00-434.91 Occlusion of cerebral arteries
435.0-435.9 Transient cerebral ischemia
436 Acute, but ill-defined cerebrovascular disease
437.0 Cerebral atherosclerosis
437.1 Other generalized ischemic cerebrovascular disease
437.6 Nonpyogenic thrombosis of intracranial venous sinus
440.0-440.32 Atherosclerosis of aorta; of other arteries; of bypass grafts
*10/1/11 Per CR 7507 delete ICD-9-CM codes 286.5, 425.1, 444.0, 596.8, and 997.4 from the list of ICD-9-CM codes that are covered by Medicare for the Prothrombin Time (PT) (190.17) NCD.
440.4 Chronic total occlusion of artery of the extremities
440.8-440.9 Atherosclerosis of other specified arteries; generalized and unspecified atherosclerosis
441.0-441.9 Aortic aneurysm and dissection
443.0-443.9 Other peripheral vascular disease
444.01, 444.09, 444.1-444.9 Arterial embolism and thrombosis
447.1 Stricture of artery
447.2 Rupture of artery
447.6 Arteritis, unspecified
448.0 Hereditary hemorrhagic telangiectasia
448.9 Other and unspecified capillary diseases
451.0-451.9 Phlebitis and thrombophlebitis
452 Portal vein thrombosis

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Medicare National Coverage Determination Policy
Updated: 01/01/13

Data Source: http://www.cms.gov

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453.0 Budd-Chiari syndrome
453.1 Thrombophlebitis migrans
453.2 Embolism and thrombosis of inferior vena cava
453.3 Embolism and thrombosis of renal vein
453.40 Acute venous embolism and thrombosis of unspecified deep vessels of lower extremity

**190.17 Prothrombin Time (PT) (4 of 9)**
CPT Code: 85610
NCD Description: Basic plasma coagulation function is readily assessed with a few simple laboratory tests: the Partial Thromboplastin Time (PTT), Prothrombin Time (PT), Thrombin Time (TT), or a quantitative fibrinogen determination. The PT test is one in-vitro laboratory test used to assess coagulation. While the PTT assesses the intrinsic limb of the coagulation system, the PT assesses the extrinsic or tissue factor dependent pathway.

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453.41 Acute venous embolism and thrombosis of deep vessels of proximal lower extremity
453.42 Acute venous embolism and thrombosis of deep vessels of distal lower extremity
453.50 Chronic venous embolism and thrombosis of unspecified deep vessels of lower extremity

453.71 Chronic venous embolism and thrombosis of superficial veins of upper extremity
453.72 Chronic venous embolism and thrombosis of deep veins of upper extremity
453.73 Chronic venous embolism and thrombosis of upper extremity, unspecified
453.74 Chronic venous embolism and thrombosis of axillary veins
Medicare National Coverage Determination Policy
Updated: 01/01/13

Data Source: http://www.cms.gov

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453.75 Chronic venous embolism and thrombosis of subclavian veins
453.76 Chronic venous embolism and thrombosis of internal jugular veins
453.77 Chronic venous embolism and thrombosis of other thoracic veins
453.79 Chronic venous embolism and thrombosis of other specified veins
453.81 Acute venous embolism and thrombosis of superficial veins of upper extremity
453.82 Acute venous embolism and thrombosis of deep veins of upper extremity
453.83 Acute venous embolism and thrombosis of upper extremity, unspecified
453.84 Acute venous embolism and thrombosis of axillary veins
453.85 Acute venous embolism and thrombosis of subclavian veins
453.86 Acute venous embolism and thrombosis of internal jugular veins
453.87 Acute venous embolism and thrombosis of other thoracic veins
453.89 Acute venous embolism and thrombosis of other specified veins
453.9 Other venous embolism and thrombosis of unspecified site
455.2 Internal hemorrhoids with other complication
455.5 External hemorrhoids with other complication
455.8 Unspecified hemorrhoids with other complication

456.0-456.1 Esophageal varices
456.8 Varices of other sites
459.0 Hemorrhage, unspecified
459.10-459.19 Postphlebetic syndrome
459.2 Compression of vein
459.81 Venous (peripheral) insufficiency, unspecified
459.89 Other, other specified disorders of circulatory system
511.81 Malignant pleural effusion
511.89 Other specified forms of effusion, except tuberculosis
514 Pulmonary congestion and hypostasis
530.7 Gastroesophageal laceration - hemorrhage syndrome
530.82 Esophageal hemorrhage
530.86 Infection of esophagostomy
530.87 Mechanical complication of esophagostomy
531.00-535.61 Gastric ulcer, duodenal ulcer, peptic ulcer, gastrojejunal ulcer, gastritis and duodenitis
535.70 Eosinophilic gastritis, without mention of obstruction
535.71 Eosinophilic gastritis, with obstruction
555.0-555.9 Regional enteritis
556.0-556.9 Ulcerative colitis
557.0-557.9 Vascular insufficiency of intestine
562.02-562.03 Diverticulosis of small intestine with hemorrhage
562.10 Diverticulosis of colon w/o hemorrhage
562.11 Diverticulitis of colon w/o hemorrhage
562.12 Diverticulitis of colon with hemorrhage
190.17 Prothrombin Time (PT) (5 of 9)
CPT Code: 85610
NCD Description: Basic plasma coagulation function is readily assessed with a few simple laboratory tests: the Partial Thromboplastin Time (PTT), Prothrombin Time (PT), Thrombin Time (TT), or a quantitative fibrinogen determination. The PT test is one in-vitro laboratory test used to assess coagulation. While the PTT assesses the intrinsic limb of the coagulation system, the PT assesses the extrinsic or tissue factor dependent pathway.

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562.13 Diverticulitis of colon with hemorrhage
568.81 Hemoperitoneum (nontraumatic)
569.3 Hemorrhage of rectum and anus
571.0-571.9 Chronic liver disease and cirrhosis
572.2 Hepatic encephalopathy
572.4 Hepatorenal syndrome
572.8 Other sequelae of chronic liver disease
573.1-573.9 Hepatitis in viral diseases, other and unspecified disorder of liver
576.0-576.9 Other disorders of Biliary tract
577.0 Acute pancreatitis
578.0-578.9 Gastrointestinal hemorrhage
579.0-579.9 Intestinal Malabsorption
581.0-581.9 Nephrotic Syndrome

583.9 Nephritis, with unspecified pathological lesion in kidney
584.5 Acute kidney failure with lesion of tubular necrosis
584.6 Acute kidney failure with lesion of renal cortical necrosis
584.7 Acute kidney failure with lesion of renal medullary (papillary) necrosis
584.8 Acute kidney failure with other specified pathological lesion in kidney
584.9 Acute kidney failure, unspecified
585.4-585.9 Chronic kidney disease
586 Renal failure, unspecified
593.81-593.89 Other specified disorders of kidney and ureter
596.7 Hemorrhage into bladder wall
596.81 Infection of cystostomy
596.82 Mechanical complication of cystostomy

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**Medicare National Coverage Determination Policy**

Updated: 01/01/13

Data Source: [http://www.cms.gov](http://www.cms.gov)

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<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>596.83</td>
<td>Other complication of cystostomy</td>
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<tr>
<td>596.89</td>
<td>Other specified disorders of bladder</td>
</tr>
<tr>
<td>599.70</td>
<td>Hematuria, unspecified</td>
</tr>
<tr>
<td>599.71</td>
<td>Gross hematuria</td>
</tr>
<tr>
<td>599.72</td>
<td>Microscopic hematuria</td>
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<tr>
<td>607.82</td>
<td>Vascular disorders of penis</td>
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<tr>
<td>608.83</td>
<td>Vascular disorders of male genital organs</td>
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<tr>
<td>611.89</td>
<td>Other specified disorders of breast including hemATOMA</td>
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<tr>
<td>620.7</td>
<td>HemATOMA of broad ligament</td>
</tr>
<tr>
<td>621.4</td>
<td>HemATOMetra</td>
</tr>
<tr>
<td>622.8</td>
<td>Other specified noninflAMatory disorders of cervix</td>
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<tr>
<td>623.6</td>
<td>VAginal hemATOMa</td>
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<tr>
<td>623.8</td>
<td>Other specified noninflAMatory disorders of the vagina</td>
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<tr>
<td>624.5</td>
<td>HemATOMa of vulva</td>
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<td>626.2-626.9</td>
<td>Abnormal bleeding from female genital tract</td>
</tr>
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<td>627.0</td>
<td>Premenopausal menorrhagia</td>
</tr>
<tr>
<td>627.1</td>
<td>Postmenopausal bleeding</td>
</tr>
<tr>
<td>629.0</td>
<td>HemATOMce female, not classified elsewhere</td>
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<tr>
<td>632</td>
<td>Missed abortion</td>
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<td>634.10-634.12</td>
<td>Spontaneous abortion, complicated by excessive hemorrhage</td>
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<tr>
<td>635.10-635.12</td>
<td>Legally induced abortion, complicated by delayed or excessive hemorrhage</td>
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<tr>
<td>636.10-636.12</td>
<td>Illegally induced abortion, complicated by delayed or excessive hemorrhage</td>
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<tr>
<td>637.10-637.12</td>
<td>Abortion unspecified, complicated by delayed or excessive hemorrhage</td>
</tr>
<tr>
<td>638.1</td>
<td>Failed attempted abortion, complicated by delayed or excessive hemorrhage</td>
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<td>639.1</td>
<td>Delayed or excessive hemorrhage following abortion and ectopic and molar pregnancies</td>
</tr>
<tr>
<td>639.6</td>
<td>Complications following abortion and ectopic and molar pregnancies with embolism</td>
</tr>
<tr>
<td>640.00-640.93</td>
<td>Hemorrhage in early pregnancy</td>
</tr>
<tr>
<td>641.00-641.93</td>
<td>Antepartum hemorrhage, abruptio placentae, and placenta previa</td>
</tr>
</tbody>
</table>

**190.17 Prothrombin Time (PT) (6 of 9)**

**CPT Code:** 85610

**NCD Description:** Basic plasma coagulation function is readily assessed with a few simple laboratory tests: the Partial Thromboplastin Time (PTT), Prothrombin Time (PT), Thrombin Time (TT), or a quantitative fibrinogen determination. The PT test is one in-vitro laboratory test used to assess coagulation. While the PTT assesses the intrinsic limb of the coagulation system, the PT assesses the extrinsic or tissue factor dependent pathway.

**ICD-9-CM Codes that Support Medical Necessity**

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Medicare National Coverage Determination Policy
Updated: 01/01/13

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642.00-642.94 Hypertension complicating pregnancy, childbirth, and the puerperium
646.70-646.73 Liver disorders in pregnancy
649.30 Coagulation defects complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable
649.31 Coagulation defects complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition
649.32 Coagulation defects complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication
649.33 Coagulation defects complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication
649.34 Coagulation defects complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication
649.50 Spotting complicating pregnancy, unspecified as to episode of care or not applicable
649.51 Spotting complicating pregnancy, delivered, with or without mention of antepartum condition
649.53 Spotting complicating pregnancy, antepartum condition or complication
656.00-656.03 Fetal maternal hemorrhage
658.40-658.43 Infection of amniotic cavity
666.00-666.34 Postpartum hemorrhage
671.20-671.94 Venous complications in pregnancy and the puerperium except legs, vulva and perineum
673.00-673.84 Obstetrical pulmonary embolism
674.30-674.34 Other complications of obstetrical surgical wounds
713.2 Arthropathy associated with hematological disorders
713.6 Arthropathy associated with hypersensitivity reaction
719.15 Hemarthrosis pelvic region and thigh
719.16 Lower leg
719.19 Multiple sites
729.5 Pain in limb
729.81 Swelling of limb
733.10 Pathologic fracture, unspecified site
746.00-746.9 Other Congenital anomalies of heart
762.1 Other forms of placental separation and hemorrhage
767.0, 767.11 Birth trauma, subdural and cerebral hemorrhage and injury to scalp
767.8 Other specified birth trauma
770.3 Pulmonary hemorrhage
772.0 Fetal blood loss affecting newborn
772.10-772.14 Fetal and neonatal intraventricular hemorrhage

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772.2 Fetal and neonatal subarachnoid hemorrhage
772.3 Fetal and neonatal umbilical hemorrhage after birth
772.4 Fetal and neonatal gastrointestinal hemorrhage
772.5 Fetal and neonatal adrenal hemorrhage
772.6 Fetal and neonatal cutaneous hemorrhage
772.8 Fetal and neonatal other specified hemorrhage of fetus or newborn
772.9 Fetal and neonatal unspecified hemorrhage of newborn
774.6 Unspecified fetal and neonatal jaundice
776.0 Hemorrhagic disease of the newborn

190.17 Prothrombin Time (PT) (7 of 9)
CPT Code: 85610
NCD Description: Basic plasma coagulation function is readily assessed with a few simple laboratory tests: the Partial Thromboplastin Time (PTT), Prothrombin Time (PT), Thrombin Time (TT), or a quantitative fibrinogen determination. The PT test is one in-vitro laboratory test used to assess coagulation. While the PTT assesses the intrinsic limb of the coagulation system, the PT assesses the extrinsic or tissue factor dependent pathway.

ICD-9-CM Codes that Support Medical Necessity
The Prothrombin Time is determined to be medically necessary by Medicare only when it is ordered for patients with one of the conditions listed below. ICD-9-CM codes that support medical necessity are listed, but it is not enough to link the procedure code to a correct payable ICD-9-CM code. The diagnosis must be present for the procedure to be paid and the procedure must be reasonable and medically necessary for that diagnosis. Documentation within the patient’s medical record must support the medical necessity for the test(s) provided.

780.2 Syncope and collapse
782.3 Edema
782.4 Jaundice, unspecified, not of newborn
782.7 Spontaneous ecchymosis
784.7 Epistaxis
784.8 Hemorrhage from throat

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190.17 Prothrombin Time (PT) (8 of 9)
CPT Code: 85610

NCD Description: Basic plasma coagulation function is readily assessed with a few simple laboratory tests: the Partial Thromboplastin Time (PTT), Prothrombin Time (PT), Thrombin Time (TT), or a quantitative fibrinogen determination. The PT test is one in-vitro laboratory test used to assess coagulation. While the PTT assesses the intrinsic limb of the coagulation system, the PT assesses the extrinsic or tissue factor dependent pathway.

ICD-9-CM Codes that Support Medical Necessity
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865.00-865.19 Injury to spleen
866.00-866.13 Injury to kidney
867.0-867.9 Injury to pelvic organs
868.00-868.19 Injury to other intra-abdominal organs
869.0-869.1 Internal injury to unspecified or ill defined organs
900.00-900.9 Injury to blood vessels of head and neck
901.0-901.9 Injury to blood vessels of the thorax
902.0-902.9 Injury to blood vessels of the abdomen and pelvis
903.00-903.9 Injury to blood vessels of upper extremity
904.0-904.9 Injury to blood vessels of lower extremity and unspecified sites
920-924.9 Contusion with intact skin surface
925.1-929.9 Crushing injury
958.2 Secondary and recurrent hemorrhage
959.9 Injury, unspecified site
964.0-964.9 Poisoning by agents primarily affecting blood constituents
980.0-980.9 Toxic effect of alcohol
981 Toxic effect of petroleum products
982.0-982.8 Toxic effects of solvents other than petroleum-based
987.0-987.9 Toxic effect of other gases, fumes or vapors
989.0-989.9 Toxic effect of other substances chiefly non-medicinal as to source
995.20 Unspecified adverse effect of unspecified drug, medicinal and biological substance
995.21 Arthus phenomenon
995.24 Failed moderate sedation during procedure
995.27 Other drug allergy

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995.29 Unspecified adverse effect of other drug, medicinal & biological substance
996.82 Complication of transplanted liver
997.02 Iatrogenic cerebrovascular infarction or hemorrhage
997.41 Retained cholelithiasis following cholecystectomy
997.49 Other digestive system complications
998.11-998.12 Hemorrhage or hematoma complicating a procedure
999.2 Other vascular complications
999.80 Transfusion reaction, unspecified
999.83 Hemolytic transfusion reaction, incompatibility unspecified
999.84 Acute hemolytic transfusion reaction, incompatibility unspecified
999.85 Delayed hemolytic transfusion reaction, incompatibility unspecified
999.89 Other transfusion reaction
V08 Asymptomatic HIV infection
V12.1 History of nutritional deficiency
V12.3 Personal history of diseases of blood and blood-forming organs
V12.50-V12.55, V12.59 Personal history of transient ischemic attack, cerebral infarction, or pulmonary embolism without residual deficits
V15.1 Personal history of surgery to heart and great vessels
V15.21 Personal history of undergoing in utero procedure during pregnancy
V15.22 Personal history of undergoing in utero procedure while a fetus
V15.29 Surgery to other organs
V42.0 Kidney replaced by transplant

190.17 Prothrombin Time (PT) (9 of 9)
CPT Code: 85610
NCD Description: Basic plasma coagulation function is readily assessed with a few simple laboratory tests: the Partial Thromboplastin Time (PTT), Prothrombin Time (PT), Thrombin Time (TT), or a quantitative fibrinogen determination. The PT test is one in-vitro laboratory test used to assess coagulation. While the PTT assesses the intrinsic limb of the coagulation system, the PT assesses the extrinsic or tissue factor dependent pathway.

ICD-9-CM Codes that Support Medical Necessity
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- V42.1 Heart replaced by transplant
- V42.2 Heart valve replaced by transplant
- V42.6 Lung replaced by transplant
- V42.7 Liver replaced by transplant
- V42.81-V42.89 Other specified organ or tissue replaced by transplant
- V43.21-V43.22 Heart replaced by other means
- V43.3 Heart valve replaced by other means
- V43.4 Blood vessel replaced by other means
- V58.2 Transfusion of blood products
- V58.61 Long-term (current) use of anticoagulants
- V58.83 Encounter for therapeutic drug monitoring

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