

Partial Thromboplastin Time (PTT) (85730) – NCD 190.16

Indications:
1. The PTT is most commonly used to quantitate the effect of therapeutic unfractionated heparin and to regulate its dosing. Except during transitions between heparin and warfarin therapy, in general both the PTT and PT are not necessary together to assess the effect of anticoagulation therapy. PT and PTT must be justified separately.
2. A PTT may be used to assess patients with signs or symptoms of hemorrhage or thrombosis. For example: <ul style="list-style-type: none">• Abnormal bleeding, hemorrhage or hematoma petechiae or other signs of thrombocytopenia that could be due to Disseminated Intravascular Coagulation• Swollen extremity with or without prior trauma
3. A PTT may be useful in evaluating patients who have a history of a condition known to be associated with the risk of hemorrhage or thrombosis that is related to the intrinsic coagulation pathway. Such abnormalities may be genetic or acquired. For example: <ul style="list-style-type: none">• Dysfibrinogenemia• Afibrinogenemia (complete)• Acute or chronic liver dysfunction or failure, including Wilson’s disease• Hemophilia• Liver disease and failure• Infectious processes• Bleeding disorders• Disseminated intravascular coagulation• Lupus erythematosus or other conditions associated with circulating inhibitors, e.g., factor VIII Inhibitor, lupus-like anticoagulant• Sepsis• Von Willebrand’s disease• Arterial and venous thrombosis, including the evaluation of hypercoagulable states• Clinical conditions associated with nephrosis or renal failure• Other acquired and congenital coagulopathies as well as thrombotic states
4. A PTT may be used to assess the risk of thrombosis or hemorrhage in patients who are going to have a medical intervention known to be associated with increased risk of bleeding or thrombosis. An example is as follows: evaluation prior to invasive procedures or operations of patients with personal or family history of bleeding or who are on heparin therapy.

Limitations:
1. The PTT is not useful in monitoring the effects of warfarin on a patient’s coagulation routinely. However, a PTT may be ordered on a patient being treated with warfarin as heparin therapy is being discontinued. A PTT may also be indicated when the PT is markedly prolonged due to warfarin toxicity.
2. The need to repeat this test is determined by changes in the underlying medical condition and/or the dosing of heparin.

3. Testing prior to any medical intervention associated with a risk of bleeding and thrombosis (other than thrombolytic therapy) will generally be considered medically necessary only where there are signs or symptoms of a bleeding or thrombotic abnormality or a personal history of bleeding, thrombosis or a condition associated with a coagulopathy. Hospital/clinic-specific policies, protocols, etc., in and of themselves, cannot alone justify coverage.

Most Common Diagnoses (which meet medical necessity) *	
D62	Acute posthemorrhagic anemia
D65	Disseminated Intravascular Coagulation [Defibrination Syndrome]
D66	Hereditary factor VIII deficiency
D67	Hereditary Factor IX deficiency
D68.00	Von Willebrand disease
D68.2	Hereditary deficiency of other clotting factors
D68.311	Acquired hemophilia
D68.32	Hemorrhagic disorder due to extrinsic circulating anticoagulants
D68.4	Acquired coagulation factor deficiency
D68.51	Activated protein C resistance
D68.52	Prothrombin gene mutation
D68.59	Other primary thrombophilia
D68.61	Antiphospholipid syndrome
D68.62	Lupus anticoagulant syndrome
D68.69	Other thrombophilia
D68.9	Coagulation defect
D69.3	Immune thrombocytopenic purpura
D69.6	Thrombocytopenia
D75.1	Secondary polycythemia
E11.22	Type 2 diabetes with diabetic chronic kidney disease
I12.0	Hypertensive CKD with stage 5 CKD or ESRD
I48.0	Paroxysmal atrial fibrillation
I48.91	Atrial fibrillation
I50.9	Heart failure
I63.9	Cerebral infarction
I65.29	Occlusion and stenosis of carotid artery
I82.409	Acute embolism and thrombosis of deep veins of lower extremity
N17.9	Acute kidney failure
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
R04.0	Epistaxis
R04.2	Hemoptysis
R06.02	Shortness of breath
R07.9	Chest pain
R10.13	Epigastric pain
R10.9	Abdominal pain

R55	Syncope and collapse
R79.1	Abnormal coagulation profile
Z79.01	Long term (current) use of anticoagulants

*For the full list of diagnoses that meet medical necessity see the PTT National Coverage Determination 190.16 document.

The above CMS and WPS-GHA guidelines are current as of: 1/01/2024.