

Prothrombin Time (PT)

CPT: 85610

CMS National Coverage Policy

Coverage Indications, Limitations, and/or Medical Necessity

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. Both tests also evaluate the common coagulation pathway involving all the reactions that occur after the activation of factor X. Extrinsic pathway factors are produced in the liver and their production is dependent on adequate vitamin K activity. Deficiencies of factors may be related to decreased production or increased consumption of coagulation factors. The PT/INR is most commonly used to measure the effect of warfarin and regulate its dosing. Warfarin blocks the effect of vitamin K on hepatic production of extrinsic pathway factors.

A PT is expressed in seconds and/or as an international normalized ratio (INR). The INR is the PT ratio that would result if the WHO reference thromboplastin was used in performing the test.

Current medical information does not clarify the role of laboratory PT testing in patients who are self monitoring. Therefore, the indications for testing apply regardless of whether or not the patient is also PT self-testing.

Indications

1. A PT may be used to assess patients taking warfarin. The PT is generally not useful in monitoring patients receiving heparin who are not taking warfarin.
2. A PT may be used to assess patients with signs or symptoms of abnormal bleeding or thrombosis. For example:
 - Swollen extremity with or without prior trauma
 - Unexplained bruising
 - Abnormal bleeding, hemorrhage or hematoma
 - Petechiae or other signs of thrombocytopenia that could be due to Disseminated Intravascular Coagulation

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Constance L Lieseke, Elizabeth A Zeibig

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Medicare and Medicaid Guide ,1969 Medicare Rules & Regulations Maxine Lewis,2004 A guide to medicare its requirements and how to file claims and appeals The New Face of Evaluation and Management Kellie Hall,2025-06-30

Physicians want to care for patients not spend their time documenting in an electronic medical record Physicians are always complaining about the amount of time they spend documenting patient care in support of medical billing through an evaluation and management coding system E M New guidelines were created to lessen the time a physician provider spends on documentation as many of the mandatory elements are no longer a requirement for calculating a code level Previously an E M evaluation and management note required documentation of history exam and medical decision making with required elements in each component to support a level for payment If an element was missing the level of service was not supported therefore the code was lowered resulting in a lower reimbursement for the physician provider The new guidelines eliminated the requirement of History and Exam as part of the calculation of a code level Yes an appropriate history and exam are required this supports good patient care but when it comes to reimbursement they are no longer part of the picture The overall system is not difficult if time is taken to understand the elements and how they are applied in the documentation Documentation is a word game always has been the authors focus is to show what words to use to lessen the time but still convey the complexity of the patient s condition and how the physician provider determines a treatment plan which includes the risk to the patient to satisfy the Coding guidelines initiated by Medicare and American Medical Association This book evaluates the new guidelines and brings them into prospective so physicians providers coders can easily understand how to document and calculate the level of service for reimbursement This is not a cumbersome book or complicated but straight to the point The main goal of the book is to educate physicians nurses and coders on what documentation is really required and what has just become habit over the last 30 years *Medicare Laboratory Payment Policy* Institute of Medicine,Division of Health Care Services,Committee on Medicare Payment Methodology for Clinical Laboratory Services,2001-01-04 Clinical laboratory tests play an integral role in helping physicians diagnose and treat patients New developments in laboratory technology offer the prospect of improvements in diagnosis and care but will place an increased burden on the payment system Medicare the federal program providing coverage of health care services for the elderly and disabled is the largest payer of clinical laboratory services Originally designed in the early 1980s Medicare s payment policy methodology for outpatient laboratory services has not evolved to take into account technology market and regulatory changes and is now outdated This report examines the current Medicare payment methodology for outpatient clinical laboratory services in the context of environmental and technological trends evaluates payment policy alternatives and makes recommendations to improve the system Henry's Clinical Diagnosis and Management by Laboratory Methods: First South Asia Edition E-book Richard A. McPherson,2016-08-31 To interpret the laboratory results To distinguish the normal from the abnormal and to

understand the merits and demerits of the assays under study The book attempts to train a laboratory medicine student to achieve sound knowledge of analytical methods and quality control practices to interpret the laboratory results to distinguish the normal from the abnormal and to understand the merits and demerits of the assays under study *Healthcare Payment Systems* Duane C. Abbey, 2010-10-22 For healthcare providers and patients alike the ways of private third party payer payment systems can be mysterious and oftentimes quite frustrating Payment for hospital nursing or homecare services can be subject to a variety of payment systems including cost based and charge based or those with payments that are determined in advance Knowing the specific rules needed to navigate each type of payment system is essential for all healthcare administrators and accountants *Healthcare Payment Systems Fee Schedule Payment System* the second volume in a series by expert consultant and workshop facilitator Duane Abbey is dedicated to fee schedule payment systems Always accessible and entertaining in his approach Dr Abbey illustrates the diverse challenges involved with these systems through the discussion of reimbursement claims for several individuals in a fictitious community served by a hospital a nursing facility and a hospice among other healthcare providers Including more than 60 very real scenarios that illustrate best practices for various fee payment challenges this comprehensive volume Explores the general concept of usual customary and reasonable UCR that is often applied by private third party payers Provides web links to a number of essential resources including various government acts and manuals Discusses in depth what is arguably the most complex fee schedule system the Medicare Physician Fee Schedule Defines a comprehensive list of acronyms used in the medical payment industry Conceptually fee schedule payment systems are one of the simpler approaches however even straightforward healthcare payment systems can and indeed do become quite complex No payment system exists in a vacuum In fact when services are provided the reimbursement from multiple payment systems may be required This guide shows you how all these systems work as well as how they interface with one another in everyday practical use Understanding the differences among systems and learning how to navigate them can make a huge difference in whether a claim is accepted or not and how much payment is allowed **Henry's Clinical Diagnosis and Management by Laboratory Methods E-Book** Richard A.

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