

Partial Thromboplastin Time (PTT)

CPT: 85730

Medically Supportive ICD Codes are listed
on subsequent page(s) of this document

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 PTT test is an in vitro laboratory test used to assess the intrinsic coagulation pathway and monitor heparin therapy.

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:
 - 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:
 - 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.

Visit [SonoraQuest.com/Medicare](https://www.SonoraQuest.com/Medicare) to view current limited coverage tests, reference guides, and policy information.

To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference

[CMS Manual ►](#)

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The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**

Please refer to the Limitations or Utilization Guidelines section on previous page(s) for frequency information.

Code	Description
D47.2	Monoclonal gammopathy
D68.59	Other primary thrombophilia
D68.8	Other specified coagulation defects
D68.9	Coagulation defect, unspecified
D69.6	Thrombocytopenia, unspecified
E11.65	Type 2 diabetes mellitus with hyperglycemia
I48.0	Paroxysmal atrial fibrillation
I48.91	Unspecified atrial fibrillation
I50.9	Heart failure, unspecified
I82.409	Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity
K74.60	Unspecified cirrhosis of liver
M32.9	Systemic lupus erythematosus, unspecified
M79.609	Pain in unspecified limb
N18.9	Chronic kidney disease, unspecified
R06.02	Shortness of breath
R10.9	Unspecified abdominal pain
R23.3	Spontaneous ecchymoses
R79.1	Abnormal coagulation profile
Z51.81	Encounter for therapeutic drug level monitoring
Z79.01	Long term (current) use of anticoagulants

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Disclaimer:
This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Sonora Quest Laboratories does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. 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.

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