

# 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 [QuestDiagnostics.com/MLCP](http://QuestDiagnostics.com/MLCP) 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 [www.cms.gov](http://www.cms.gov)

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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.**

**\*Note—Bolded diagnoses below have the highest utilization**

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

Code	Description
D50.9	Iron deficiency anemia, unspecified
D64.9	Anemia, unspecified
E03.9	Hypothyroidism, unspecified
E11.65	Type 2 diabetes mellitus with hyperglycemia
<b>E11.9</b>	<b>Type 2 diabetes mellitus without complications</b>
E53.8	Deficiency of other specified B group vitamins
<b>E55.9</b>	<b>Vitamin D deficiency, unspecified</b>
E78.00	Pure hypercholesterolemia, unspecified
E78.2	Mixed hyperlipidemia
E78.4	Other hyperlipidemia
<b>E78.5</b>	<b>Hyperlipidemia, unspecified</b>
<b>I10</b>	<b>Essential (primary) hypertension</b>
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
K21.9	Gastro-esophageal reflux disease without esophagitis
N18.3	Chronic kidney disease, stage 3 (moderate)
N39.0	Urinary tract infection, site not specified
R53.83	Other fatigue
R73.01	Impaired fasting glucose
R73.09	Other abnormal glucose
<b>Z79.899</b>	<b>Other long term (current) drug therapy</b>

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Last updated: 10/01/18

**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. Quest Diagnostics 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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