

INR Prothrombin Home Monitoring

Attachment A to 12-04

Review Date _____ PA # _____ Approved Denied

Comments _____

Signature _____

Reconsideration Date _____ Approved Denied

Comments _____

Signature _____

Criteria Approved: June 1, 2006

- Full Medicaid eligible
- Recipient has a mechanical heart valve
- Heart valve is not porcine valve
- Medical records indicate recipient has been on anticoagulants for at least 3 months
- Recipient's Diagnoses includes V43.3
- Medical records indicate patient will undergo an educational program on anticoagulation management and the use of the device prior to its use in the home