If a conflict arises between a Clinical Payment and Coding Policy ("CPCP") and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSOK may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act ("HIPAA") approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing ("UB") Editor, American Medical Association ("AMA"), Current Procedural Terminology ("CPT®"), CPT® Assistant, Healthcare Common Procedure Coding System ("HCPCS"), ICD-10 CM and PCS, National Drug Codes ("NDC"), Diagnosis Related Group ("DRG") guidelines, Centers for Medicare and Medicaid Services ("CMS") National Correct Coding Initiative ("NCCI") Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Venous and Arterial Thrombosis Risk Testing

Policy Number: CPCPLAB058

Version 1.0

Approval Date: April 12, 2023

Plan Effective Date: November 1, 2023

Description

BCBSOK has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

1. For individuals without recurrent venous thromboembolism (VTE) risk factors (e.g., surgery, prolonged immobilization, collagen vascular disease, malignancy, certain hematologic disorders), plasma testing for protein C deficiency, protein S deficiency, and antithrombin III deficiency (See **Notes 1 and 2**) **may be reimbursable** in any of the following situations.
    a. For individuals less than 50 year of age who have experienced any deep venous thrombosis (DVT)

b. For individuals who have experienced a DVT in unusual sites (e.g., hepatic, mesenteric, or cerebral veins)
c. For individuals who have experienced a DVT and who have a strong family history of thrombotic disease
d. For individuals who are pregnant or taking oral contraceptives and who have experienced a DVT s
e. For first-and second-degree relatives (See **Note 2**) of individuals who have experienced a deep venous thrombosis before 50 years of age
f. For women under the age of 50 who smoke and who have suffered a Myocardial infarction
g. Before the administration of oral contraceptives, targeted testing of individuals with a personal or family history of DVT
h. For pediatric individuals who have suffered from a pediatric arterial ischemic stroke
i. For individuals with warfarin-induced skin necrosis
j. For infants who develop Neonatal Purpura Fulminans

2. Venous thrombosis risk testing for superficial venous thrombosis (including superficial thrombophlebitis and varicosities) **is not reimbursable**.

3. For all situations, all activated protein C (aPC) resistance assay **is not reimbursable.**

4. Deep venous thrombosis (DVT) risk testing as part of a pre-transplant evaluation test **is not reimbursable**.

Note 1: Plasma testing for protein C deficiency, protein S deficiency and antithrombin III deficiency should be performed at least six weeks after the acute thrombotic event and while the patient is not taking anticoagulants. Assays for clotting inhibitors amount and function should be performed prior to any molecular testing.

Note 2: In addition to plasma testing (protein C deficiency, protein S deficiency, antithrombin III deficiency), risk factor testing for individuals suspected of having a hereditary and/or acquired thrombophilia should include genetic testing for Factor V Leiden and Prothrombin gene G20210A mutations.

Note 3: First-degree relatives include parents, full siblings, and children of the individual. Second-degree relatives include grandparents, aunts, uncles, nieces, nephews, grandchildren, and half-siblings of the individual.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
85300, 85301, 85302, 85303, 85305, 85306, 85307

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Policy Update History:

11/1/2022	New policy
8/15/2023	Document updated with literature review. Reimbursement information revised for clarity. Added: For all situations, all activated protein C (aPC) resistance assay is not reimbursable. References revised; some added, others removed.