

CLINICAL PAYMENT AND CODING POLICY

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. BCBSTX may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX 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

Enterprise Medical Policy Committee Approval Date: 1/25/2022

Plan Effective Date: May 1, 2022

Description

BCBSTX 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. Plasma testing for protein C deficiency, protein S deficiency and antithrombin III deficiency **may be reimbursable** in patients without recurrent VTE risk factors (for example, surgery, prolonged immobilization, collagen vascular disease, malignancy, certain hematologic disorders) in any of the following situations. Testing should be performed at least six weeks after 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.
 - a. Age <50, any deep venous thrombosis
 - b. Deep venous thrombosis in unusual sites (such as hepatic, mesenteric, and cerebral veins)
 - c. Recurrent deep venous thrombosis
 - d. Deep venous thrombosis and a strong family history of thrombotic disease
 - e. Deep venous thrombosis in pregnant women or in women taking oral contraceptives
 - f. Relatives of individuals with deep venous thrombosis under age 50
 - g. Myocardial infarction in female smokers under age 50
 - h. Before administration of oral contraceptives, targeted testing of women with a personal or family history of deep venous thrombosis
 - i. Individuals with warfarin-induced skin necrosis
 - j. Infants who develop Neonatal Purpura Fulminans
 - k. Pediatric arterial ischemic stroke
2. Venous thrombosis risk testing for superficial venous thrombosis (including superficial thrombophlebitis and varicosities) **is not reimbursable**.
3. Deep venous thrombosis risk testing as part of a pre-transplant evaluation test **is not reimbursable**.

Procedure Codes

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

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Policy Update History:

5/1/2022	New policy
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