


MEDICAL POLICY		Genetic Testing: Inherited Thrombophilias (Medicare Only)	
Effective Date: 4/1/2020		Section: GT	Policy No: 402
 4/1/2020		Medical Policy Committee Approved Date: 10/17; 12/18; 12/19; 3/2020	
Medical Officer	Date		

See Policy CPT CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Genetic testing for hypercoagulability / thrombophilia</i>	<ul style="list-style-type: none"> Local Coverage Determinations (LCD): L36159, MoIDX: Genetic Testing for Hypercoagulability / Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR)¹ Local Coverage Article (LCA): A57424, Billing and Coding: MoIDX: Genetic Testing for Hypercoagulability / Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR)²

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CPT CODES

Medicare Only	
Prior Authorization Required	
81400	Molecular pathology procedure, Level 1 (e.g., identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis) – when used for [N48K variant F2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199G>A variant F5 (coagulation factor V) (eg, hereditary hypercoagulability)]
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Not Covered	
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

REFERENCES

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1. Centers for Medicare & Medicaid Services. LCD L36159. LCD Title: MoIDX: Genetic Testing for Hypercoagulability / Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR). Revision Effective Date: For services performed on or after 11/01/2019.
<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=36159>. Accessed 02/10/2020.
2. Centers for Medicare & Medicaid Services. Local Coverage Article (LCA): A57424. LCA Title: Billing and Coding: MoIDX: Genetic Testing for Hypercoagulability / Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR). Revision Effective Date: 11/01/2019.
<https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=57424>. Accessed 02/10/2020.