

**PROVIDER NOTIFICATION OF POLICY CRITERIA  
CHANGE**

POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMENDMENT	EFFECTIVE DATE	LINK TO FULL POLICY
RTM_Venous and Arterial Thrombosis Risk Testing	2024056	<p>Effective September 15, 2026, the coverage criteria for Coverage Policy 2024056 has been updated. The indication for women age 50 or less who smoke and have history of MI has been removed and will no longer be covered for venous and arterial thrombosis risk testing based on update to ACMG guidelines.</p> <p><b>Effective September 15, 2026 Meets Primary Coverage Criteria Or Is Covered For Contracts Without Primary Coverage Criteria</b></p> <p>1. Plasma testing for protein C deficiency, protein S deficiency, and antithrombin III deficiency (see Note 1 and Note 2), in individuals without recurrent venous thromboembolism (VTE) risk factors (e.g., surgery, prolonged immobilization, collagen vascular disease, malignancy, certain hematologic disorders) meets member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness in improving health outcomes or for members with contracts without Primary Coverage Criteria, is considered Medically Necessary and is covered, in any of the following situations:</p> <ul style="list-style-type: none"> <li>a. Individuals less than 50 years of age who have experienced any deep venous thrombosis (DVT) or pulmonary embolism (PE);</li> <li>b. Individuals who have experienced a DVT in unusual sites (e.g., hepatic mesenteric, or cerebral veins);</li> <li>c. Individuals who have experienced a DVT and who have a strong family history of thrombotic disease;</li> <li>d. Individuals who have experienced a DVT and who are pregnant or taking oral contraceptives (OCs);</li> <li>e. Individuals who have experienced a DVT and have experienced recurrent pregnancy</li> </ul>	Yes	09/15/2026	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024056">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024056</a>

		<p>loss.</p> <p>f. For first-degree (Includes parents, full siblings, and children of the individual), and second-degree relatives (Includes grandparents, aunts, uncles, nieces, nephews, grandchildren, and half siblings) of individuals who experienced a DVT before 50 years of age;</p> <p>g. Before the administration of oral contraceptives, targeted testing of individuals with a personal or family history of DVT;</p> <p>h. Pediatric individuals who have suffered from a pediatric arterial ischemic stroke.</p> <p>2. Plasma testing for protein C deficiency and protein S deficiency (See Note 1) for individuals with warfarin-induced skin necrosis or infants who develop neonatal purpura fulminans meets member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness in improving health outcomes or for members with contracts without Primary Coverage Criteria, is considered Medically Necessary and is covered.</p> <p><b>Policy Guidelines</b></p> <p><b>Note 1:</b> 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.</p> <p><b>Note 2:</b> 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 may benefit from genetic testing for Factor V Leiden and Prothrombin gene G20210A mutations.</p>			
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