SHP Anti- Phospholipid Antibody Testing AUTH: SHP Medical 287 v5 (AC)

Link to Codes

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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required

Description of Item or Service

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Anti-phospholipid antibody testing is a blood test to determine possible diseases.

Exceptions and Limitations

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 There is insufficient scientific evidence to support the medical necessity of the following Anti- Phospholipid Antibody Testing as it is not shown to improve health outcomes upon technology review:

- PROTHROMBIN Antibodies IGG
- There is insufficient scientific evidence to support the medical necessity of Anti-phosphatidylserine (phospholipid) antibody testing (e.g. cardiolipin (e.g. IgG, IgM) for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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Anti- phospholipid antibody testing is considered medically necessary for ALL of the following

- · Individual is suspected of having antiphospholipid syndrome as indicated by 1 or more of the following
 - Vascular thrombosis
 - Unexplained, recurrent fetal loss
 - Autoimmune thrombocytopenia
- · Testing is not for infertility
- Testing is not included the following
 Lupus (e.g. RVVT, hexagonal phase lipid neutralization) testing

 - Anti-beta2 glycoprotein I antibodies testing
 Anti-phosphatidylserine (phospholipid) antibody testing (e.g. cardiolipin (e.g. IgG, IgM)
- · Anti- Phospholipid Antibody Testing is NOT COVERED for ANY of the following
 - · PROTHROMBIN Antibodies IGG

Document History

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- Revised Dates:
 - · 2021: April, September
 - 2020: January, November
 - 2016: February, March
 - 2015: May
 - · 2014: May, July, September, November, December
 - · 2013: February, March, April, July, October
 - 2012: March 2011: December
 - · 2009: March
- · Reviewed Dates:
 - - 2023: April
 - 2022: April • 2020: May
 - 2018: September
 - 2017: December
 - 2016: April, May
 - 2012: August
 - 2011: March

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- 2010: March
- · Effective Date: March 2008

Coding Information

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CPT/HCPCS codes covered if policy criteria is met:

- · CPT 86146 Beta 2 Glycoprotein I antibody, each
- CPT 86147 Cardiolipin (phospholipid) antibody, each lg class
- CPT 86148 Anti-phosphatidylserine (phospholipid) antibody
- · CPT/HCPCS codes considered not medically necessary per this Policy:

None

References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Procedure Fee Files & CPT Codes. (2023). Retrieved Feb 16, 2023, from Department of Medical Assistance Services: https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/#searchCPT

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Antiphospholipid Antibody Syndrome (APS). (2022, Feb 14). Retrieved Apr 11, 2022, from DynaMed: https://www.dynamedex.com/condition/antiphospholipid-antibody-syndrome-aps#TOPIC_LJS_D2R_CGB

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Codes

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