BlueCross BlueShield of Illinois

Reimbursement Policy

Policy Number: RPLAB058	**Policy Title:** Venous and Arterial Thrombosis Risk Testing
Approval Date: May 15, 2026	**Effective Date:** Sept. 4, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement Policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. If a conflict arises between a reimbursement policy 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's 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. Blue Cross and Blue Shield of Illinois may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSIL has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting 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 approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology (CPT®) Assistant, Healthcare Common Procedure Coding System, ICD-10-CM and ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

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

Description

The Plan 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 years 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 have experienced a DVT and who are pregnant or who are taking oral contraceptives (OCs).
    e. For first-and second-degree relatives (See **Note 3**) of individuals who have experienced a deep venous thrombosis before 50 years of age.
    f. Before the administration of oral contraceptives, targeted testing of individuals with a personal or family history of DVT.
    g. For pediatric individuals who have suffered from a pediatric arterial ischemic stroke.

2. For individuals with warfarin-induced skin necrosis or for infants who develop neonatal purpura fulminans, plasma testing for protein C deficiency and protein S deficiency (see **Note 1**) **may be reimbursable.**

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

4. For all situations, all activated protein C/aPC resistance assay **is not reimbursable.**

5. 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.

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.

Code	Description
85300	ANTITHROMBIN III ACTIVITY
85301	ANTITHROMBIN III ANTIGEN
85302	CLOT INHIBIT PROT C ANTIGEN
85303	CLOT INHIBIT PROT C ACTIVITY
85305	CLOT INHIBIT PROT S TOTAL
85306	CLOT INHIBIT PROT S FREE
85307	ASSAY ACTIVATED PROTEIN C

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Policy History

Approval Date	Description
05/15/2026	09/04/2026; Document updated with literature review. The following changes were made to Reimbursement Information: Removed #1f as it is no longer included as a recommended condition for thrombophilia risk testing in ACMG guidelines; #1d edited for clarity. Removed “Assays for clotting inhibitors amount and function should be performed prior to any molecular testing” from Note 1 for clarity. References revised.
09/05/2025	01/01/2026: New policy.