Medical Policy

Blue Cross Blue Shield Blue Care Network of Michigan

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Category: Laboratory and Pathology

Title: Antiphospholipid Antibody Testing

Procedure Code(s): 86148

Description/Background

Antiphospholipid Antibody Syndrome (APS), or Hughes syndrome, is a multi-system disorder characterized by persistently elevated levels of antiphospholipid antibodies and sporadic occurrences of arterial or venous thrombosis, thrombocytopenia or recurrent fetal loss. It may include other clinical syndromes: stroke; transient ischemic attack; skin lesions such as livedo reticularis, purpura and necrotic ulcers; migraine headache; epilepsy; and valvular heart disease. APS may be primary or secondary to an autoimmune disease, most often systemic lupus erythematosus.

Antiphospholipid antibodies are a heterogeneous group of circulating antibodies to anionic and zwitterionic phospholipids or to coagulation proteins located on cell membranes. They may be IgG, IgM, IgA or mixtures thereof. They include Lupus anticoagulant (LA), and antibodies to cardiolipin, phosphatidylserine, and phosphatidylethanolamine. Beta$_2$-glycoproteinI may also be a marker for this entity. These antibodies are found in healthy individuals, as well as, more often than expected, in the presence of infection. It is postulated that alteration in the phospholipid morphology, or its location in the cell membrane in the presence of infection or an inflammatory or autoimmune state may be responsible for activation of the coagulation cascade resulting in sometimes life-threatening thrombotic events.

The usefulness of these assays is at present limited to diagnosis. Elevated levels of antiphospholipid antibodies may be present in a given individual for many years before a thrombotic event occurs. In addition, such elevations may be transient. Therapy for APS is primarily limited to anticoagulation, usually long-term, once an individual has experienced a serious thrombotic event.

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CPT / HCPCS Level II Codes and Description

86148 Anti-phosphatidylserine (phospholipid) antibody

Diagnoses / Medical Conditions

- Antiphospholipid Antibody Syndrome
- Thrombocytopenia, unspecified
- Unspecified diseases of blood and blood-forming organs
- Occlusion and stenosis of precerebral arteries
- Occlusion of cerebral arteries
- Transient cerebral ischemia
- Acute, but ill-defined, cerebrovascular disease
- Habitual aborter
- Other and unspecified nonspecific immunological findings [Raised antibody titer, Raised level of immunoglobulins]

Medical Policy Statement

Antiphospholipid antibody testing is considered established for diagnosing antiphospholipid syndrome

Rationale

Antiphospholipid antibody testing has been shown to be safe and medically effective for diagnosing antiphospholipid syndrome.

Medical Policy Position Summary (Non-clinical summary statement for customer use)

APS is an autoimmune disorder of the immune system. Symptoms include such things as blood clots in arteries and veins and recurrent miscarriages. Patients with this condition have elevated levels of proteins called antiphospholipid antibodies (aPL). The syndrome may occur by itself (primary APS) or in association with another underlying systemic disease, such as systemic lupus erythematosus (SLE). Testing for the presence of the antiphospholipid antibody can help the physician confirm a diagnosis of APS and treat it accordingly.

Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

N/A

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Related Policies

N/A

Medicare Information

CMS has no national policy for this procedure; Local Michigan Medicare does not have a policy for this procedure. Medicaid does not have a policy regarding this procedure and will review on an individual consideration (IC) basis.

(The above Medicare information is current as of the review date for this policy. However, since Medicare coverage issues and policies may be updated or revised by Centers for Medicare & Medicare Services (CMS, formerly HCFA) on a frequent basis, the most current information may not be contained in this document. For the most current information, you should contact an official source.

References

- Gezer, S., "Antiphospholipid syndrome," *Dis Mon, Volume* 49, No. 12, 01-DEC-2003; 49(12): 696-741.
- Bick, Rodger L., MD, PhD, FACP, "Antiphospholipid thrombosis syndromes," *Hematology/ Oncology Clinics of North America*, Volume 17, Number 1, February 2003.
- Ravelli, Angelo, MD and Alberto Martini, MD, "Antiphospholipid syndrome," *Pediatric Clinics of North America,* Volume 52, Number 2, April 2005.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through 9/15/05, the date the research was completed.

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BLUE CARE NETWORK
POLICY: ANTIPHOSPHOLIPID ANTIBODY

I. Coverage Determination:

Antiphospholipid antibody testing is a covered benefit for BCN members.

II. Benefit Information:

BCN members must have this testing done through the BCN contracted lab vendor to obtain full benefits.

III. Benefit Exclusions:

N/A

IV. Administrative Guidelines:

- The member's contract must be active at the time the service is rendered.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Appropriate copayments will apply
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.
- Payment is based on BCN payment rules, individual certificate benefits and certificate riders.

V. Effective Date:

Joint policy updated and retired: 06/12/05, 9/20/05