Non-coverage Summary

Genetic testing for inherited thrombophilias is controversial. While the association between FVL and F2 mutations and increased risk for VTE is apparent, the actual impact of this increased risk on clinical management is less certain. Older professional society guidelines recommend genetic testing for thrombophilia for a wide range of indications, while more recent consensus statements and recommendations suggest much more limited clinical utility of testing.

The population for which genetic testing results have direct implications for treatment is pregnant women with a previous history of VTE associated with a transient risk factor (e.g., surgery, trauma). These women would typically not be treated with antepartum anticoagulant prophylaxis unless they were found to have a genotype associated with a high risk of VTE recurrence (FVL homozygosity, F2 G20210A homozygosity, or at MTHFR genotyping has no clinical utility in any clinical scenario. This testing is considered investigational and is NOT a Medicare benefit.

Source: www.cms.hhs.gov/mcd
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