curative

TITLE:	ADAMTS13 ASSAY FOR THROMBOTIC THROMBOCYTOPENIA PURPURA (TTP) POLICY
POLICY #:	MM-PNP-051
VERSION #:	01
DEPARTMENT:	MEDICAL MANAGEMENT
ORIGINAL EFFECTIVE DATE:	4/12/2024
CURRENT REVISION DATE:	N/A

1. PURPOSE

This policy will be used to inform medical necessity decisions related to authorization requests for ADAMTS13 Assay for Thrombotic Thrombocytopenic Purpura (TTP).

2. SCOPE

Medical UM Department

3. DEFINITIONS

The ADAMTS13 test distinguishes thrombotic thrombocytopenic purpura (TTP) from other thrombotic microangiopathies (TMAs). PLASMIC score helps determine the pretest probability of ADAMTS13 deficiency.

4. RESPONSIBILITIES

Medical UM Department

5. POLICY

Medical Necessity

Curative considers the ADAMTS13 assay medically necessary for assessing prognosis in persons with thrombotic thrombocytopenic purpura (TTP).

Experimental and Investigational

Curative considers all the following as experimental and investigational:

- ADAMTS13 assay for the following indications (not an all-inclusive list) because of insufficient evidence of its clinical utility for these indications:

  Biomarker for delayed cerebral ischemia after subarachnoid hemorrhage

- Biomarker for disease severity and risk of micro-thrombosis in individuals with coronavirus disease-2019 (COVID-19)
- Biomarker for early detection of hepatocellular carcinoma

- Biomarker for monitoring progression of acute myocardial infarction
- Biomarker for sorafenib treatment efficiency in individuals with hepato-cellular carcinoma
- Biomarker for treatment response in individuals with hepatocellular carcinoma before the initiation of hepatic arterial infusion chemotherapy
- Determining the risk of endometriosis
- Diagnosis and monitoring of diabetic retinopathy
- Diagnosis and the therapeutic monitoring of individuals with sepsis associated thrombotic microangiopathy
- Diagnosis of acute cholangitis
- Diagnosis of acute myelogenous leukemia
- Diagnosis of acute pancreatitis
- Diagnosis of arterial thrombosis
- Diagnosis of cerebral infarction
- Disseminated intravascular coagulation.
- Evaluation of disease activity in inflammatory bowel diseases
- Hemolytic uremic syndrome (HUS)
- Individuals with type 1 Von Willebrand disease who plan to undergo major surgery (e.g., total hip replacement)
- Ischemic complications of malignant hypertension
- Monitoring of liver diseases
- Monitoring of pregnant COVID-19 women
- Monitoring of renal function following kidney transplantation
- Monitoring the development and progression of obstructive sleep apnea
- Prediction of acute kidney injury in individuals with COVID-19

- Prediction of adverse cardiovascular outcomes in individuals undergoing percutaneous coronary intervention
- Prediction of adverse outcomes in individuals with non-valvular atrial fibrillation
- Prediction of excessive post-operative drainage after coronary artery bypass grafting
- Prediction of hepatocellular carcinoma development
- Prediction of long-term HBV e antigen (HBeAg) sero-conversion in individuals with chronic hepatitis B
- Prediction of outcomes following subarachnoid hemorrhage
- Prediction of recurrence of atrial fibrillation
- Predicting of the recurrence of venous thromboembolism
- Prediction of relapse and survival following allogeneic hematopoietic stem cell transplantation from unrelated donors
- Prediction of response to recanalization therapies in acute ischemic stroke
- Prediction of severe outcomes in individuals hospitalized with COVID-19
- Prediction of survival in colorectal cancer
- Prediction of thrombotic risk in persons with systemic lupus erythematosus
- Pre-eclampsia
- Prognostic marker of melanoma
- Prognosis of traumatic brain injury
- Risk factor for intracranial aneurysm.
- Risk factor for thrombosis in pediatric congenital heart disease.

ADAMTS13 mutation testing for diagnosis of non-cirrhotic portal hypertension because of insufficient evidence.

- Use of the ratio of von Willebrand factor antigen to ADAMTS13 activity as a prognostic biomarker in acute-on-chronic liver failure.

6. PROCEDURE

N/A

7. TRAINING REQUIREMENT

7.1. All Medical UM associates are responsible for reading and comprehending this procedure. Employees are also responsible for contacting management or Privacy and Compliance with any questions or concerns regarding the information contained within this procedure.

8. ENFORCEMENT

Violations of this controlled document will cause the imposition of sanctions in accordance with the Curative sanctions-controlled document. This may include verbal/written warning, suspension, up to termination of employment or volunteer, intern, contractor status with Curative. Additional civil, criminal, and equitable remedies may apply.

9. DOCUMENTATION

N/A

10. REFERENCE DOCUMENTS AND MATERIALS

10.1. Regulatory Authority - N/A

11. COLLABORATING DEPARTMENTS

N/A

12. DOCUMENT CONTROL

APPROVED BY:		
Charles,Brandon	4/16/2024	DocuSigned by: Charles,Brandon DE2813BF834C49A...
(Printed Name)	**(Date)**	**(Signature)**

REVISION HISTORY			
Date	**Author**	**Version**	**Comments**
			Initial Version

APPENDICES

Any applicable attachments, resources or other materials should be included as appendices in this section. Label each appendix as follows:

Appendix A: N/A