



Alaska Medical Assistance

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Remittance Advice (RA) Message

Title: **Coagulation Factors II and V Coverage Criteria**

Issue Date: 06/20/2018

Run Length: 8 weeks

Provider Type(s): 001, 005, 008, 020, 021, 033, 034, 051, 056, 080

Message: In accordance with 7 AAC 105.100, Alaska Medicaid will pay for medically necessary 81240 F2 (Prothrombin, Coagulation Factor II) and 81241 FV (Coagulation Factor V) gene analysis in accordance with the following coverage criteria:

- Covered only for members age birth through 20 who meet at least one of the following criteria: spontaneous thrombosis and/or non-catheter related venous thrombosis or stroke
- Not covered for routine screening for pregnant women
- Not covered for adults with idiopathic venous thromboembolism (VTE)
- Not covered for adult family members of individuals with identified genetic mutations

Questions? Please contact Provider Inquiry at 907.644.6800, option 1, 1, or toll-free in Alaska at 800.770.5650, option 1, 1, 1.