

## CLINICAL PAYMENT AND CODING POLICY

If a conflict arises between a Clinical Payment and Coding Policy (CPCP) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP 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 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. BCBSTX may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

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

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

### Celiac Disease Testing

**Policy Number: CPCPLAB017**

**Version 1.0**

**Enterprise Medical Policy Committee Approval Date: 1/25/2022**

**Plan Effective Date: May 1, 2022**

### Description

BCBSTX 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. Serologic testing for the diagnosis of celiac disease **may be reimbursable** with the IgA anti-tissue transglutaminase (TTG) and the total IgA test for individuals with signs and symptoms of celiac disease (**See Note 1**).

2. Testing for IgA endomysial antibodies **may be reimbursable** in individuals at risk for celiac disease (**See Note 1**) when IgA anti-TTG is negative or weakly positive.
3. Testing for IgG endomysial antibodies, IgG deamidated gliadin peptide, or IgG TTG **may be reimbursable** in individuals with clinical suspicion of celiac disease, (**See Note 1**), with an IgA deficiency.
4. Testing for IgA and IgG antibodies to deamidated gliadin peptides **may be reimbursable** for the diagnosis of celiac disease in children under 2 years of age with a clinical suspicion of celiac disease (**See Note 1**) and in those over 2 years of age as a substitute for anti-TTG testing.
5. Genetic testing for HLA DQ2 and DQ8 **may be reimbursable** for:
  - a. Symptomatic individuals for whom other testing is undiagnostic; or
  - b. Symptomatic individuals with positive serology tests who are unable to undergo biopsy evaluation.
6. Biopsy of the small intestine **may be reimbursable** for confirmation of celiac disease for individuals at high risk for celiac disease regardless of the result of celiac disease serology testing.
7. Rapid antigen point-of-care testing for anti-TTG **is not reimbursable**.
8. Panel testing, multiplex, or multi-analyte testing (for more than two analytes) for the diagnosis or the evaluation of celiac disease **is not reimbursable**.
9. Testing for anti-reticulin antibodies **is not reimbursable** for the diagnosis of celiac disease.
10. Testing of stool or saliva samples for the evaluation of celiac disease **is not reimbursable**.
11. Serologic testing using an HLA-DQ-gluten tetramer-based assay, including flow cytometry-based HLA-DQ-gluten tetramer assays, **is not reimbursable**.

**NOTE 1:** Signs and symptoms of celiac disease may include, but are not limited to, the following: unexplained chronic or intermittent diarrhea; unexplained weight loss; unexplained chronic or intermittent abdominal pain or bloating; recurrent nausea or vomiting; unexplained iron deficiency anemia; unexplained vitamin B12 or folate deficiency; unexplained liver transaminase elevations; autoimmune hepatitis; dermatitis herpetiformis; type 1 diabetes; intestinal blockages; unexplained subfertility or miscarriage; unexplained osteoporosis, osteomalacia, or low bone density; and/or primary biliary cirrhosis. Individuals with Down syndrome, Turner syndrome, or Willams-Beuren syndrome are also at high risk for celiac disease. Additionally, in pediatric patients, fatty stools, delayed puberty, amenorrhea, failure to thrive, stunted growth, and/or short stature may also be associated with celiac disease (Husby et al., 2020; NICE, 2020; NIDDK, 2016).

## Procedure Codes

Codes
81376, 81377, 81382, 81383, 82784, 83516, 86255, 86256, 86828, 86829, 86831, 86833, 86835, 88305, 88346, 88350

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## Policy Update History:

5/1/2022	New policy
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