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.

Testing for Diagnosis of Active or Latent Tuberculosis

Policy Number: CPCPLAB027

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. An interferon gamma release assay (IGRA) **may be reimbursable** to diagnose or screen for latent tuberculosis infection in:

a. Individuals who are at risk for infection with *Mtb* based on clinical presentation or risk factors noted on screening evaluation.
b. Individuals who are unlikely to be infected with *Mtb* when screening is obliged by law.

2. Acid fast bacilli (AFB) smear/stain **may be reimbursable** for all suspected tuberculosis infections.

3. Culture and culture-based drug susceptibility testing of *Mycobacteria spp*. m**ay be reimbursable** for all suspected tuberculosis infections.

4. Direct probe or amplified probe nucleic acid-based testing, including PCR, for the following **may be reimbursable**:
   a. Mycobacteria spp
   b. M. tuberculosis
   c. M. avium intracellulare

5. Repeat drug susceptibility testing **may be reimbursable** in the following situations:
   a. When sputum cultures remain positive after 3 months of treatment.
   b. When there is bacteriological reversion from negative to positive.

6. Cell counts, protein, glucose, and lactate dehydrogenase (LDH) concentrations of cerebrospinal, pleural, peritoneal, pericardial, and other fluids **may be reimbursable** in patients with pleural effusion, pericardial effusion, or ascites and suspected tuberculosis infection, respectively.

7. Urine-based detection of mycobacterial cell wall glycolipid lipoarabinomannan (LAM) **may be reimbursable** in HIV-infected patients with CD4 cell counts ≤100 cells/microL who have signs and symptoms of tuberculosis.

8. Gamma Interferon blood test **is not reimbursable** for patients with active tuberculosis.

9. The technique for quantification of nucleic acid includes both amplification and direct probes; therefore, simultaneous coding for both amplification or direct probes **is not reimbursable**.

10. Quantitative nucleic acid testing for *Mycobacterium spp, M. tuberculosis,* and *M. avium intracellulare* **is not reimbursable**.

11. Adenosine deaminase (ADA) and interferon-gamma (IFN- γ) levels in cerebrospinal, pleural, peritoneal, pericardial, and other fluids for the diagnosis of extrapulmonary TB **are not reimbursable**.

12. Serum protein biomarkers or panels of biomarkers for the detection and diagnosis of TB disease **are not reimbursable.**

Procedure Codes

Codes
81099, 82945, 83520, 83615, 84157, 84311, 86480, 86481, 87070, 87077, 87116, 87149, 87150, 87153, 87181, 87184, 87185, 87186, 87187, 87188, 87190, 87206, 87550, 87551, 87552, 87555, 87556, 87557, 87560, 87561, 87562

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Policy Update History:

5/1/2022	New policy