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.

Lyme Disease

Policy Number: CPCPLAB044

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 (2-tier testing strategy using a sensitive enzyme immunoassay (EIA) or immunofluorescence assay, followed by a western immunoblot assay or FDA-cleared second EIA assay) for all patients with a history of travel to a Lyme region (with or without a history of a tick bite) with compatible symptoms of Lyme disease **may be reimbursable**

2. Serologic testing (2-tier testing strategy using a sensitive enzyme immunoassay (EIA) or immunofluorescence assay, followed by a western immunoblot assay or FDA-cleared second EIA assay) **may be reimbursable** for individuals with a history of travel to a Lyme region presenting with any of the following disorders:
    a. Acute myocarditis/pericarditis of unknown cause
    b. Meningitis, encephalitis, or myelitis
    c. Painful radiculoneuritis
    d. Mononeuropathy multiplex including confluent mononeuropathy multiplex
    e. Acute cranial neuropathy

3. Serologic testing **is not reimbursable** in the following situations:
    a. In patients with an erythema migrans (EM) rash. Patients with skin rashes consistent with EM who reside in or have recently traveled to an endemic area should be treated for Lyme disease.
    b. For screening of asymptomatic patients living in endemic areas.
    c. For patients with non-specific symptoms only (e.g., fatigue, myalgias/arthralgias). The use of serologic testing in populations with a low pre-test probability of Lyme disease results in a greater likelihood of false positive test results than true positive test results.
    d. In patients with amyotrophic lateral sclerosis
    e. In patients with relapsing-remitting multiple sclerosis
    f. In patients with Parkinson's disease
    g. In patients with dementia or cognitive decline, or new-onset seizures
    h. In patients with psychiatric illness

4. Polymerase chain reaction (PCR)-based direct detection of B. burgdorferi in CSF samples **may be reimbursable** and may replace serologic documentation of infection in patients with a short duration of neurologic symptoms (<14 days) during the window between exposure and production of detectable antibodies.

5. Repeat serologic testing **is not reimbursable** in individuals who have tested positive previously since positive results may not distinguish between past and possible current infection(s).

6. Repeat PCR-based direct detection of *Borrelia burgdorferi* **is not reimbursable** in the following situations:
    a. As a justification for continuation of IV antibiotics beyond one month in patients with persistent symptoms.
    b. As a technique to follow a therapeutic response.
    c. Via urine sample.

7. Other testing for *Borrelia burgdorferi* **is not reimbursable**, including but not limited to:
    a. Genotyping and phenotyping
    b. Determination of levels of the B lymphocyte chemoattractant $CXCL_{13}$
    c. Urine assays, including urinary-based antigen capture assays
    d. Panel immunoblot testing, such as Lyme ImmunoBlot IgM, Lyme ImmunoBlot IgG, and Lyme Dot Blot

8. Testing of the individual tick **is not reimbursable** for the diagnosis of Lyme disease.

Procedure Codes

Codes
86617, 86618, 87475, 87476, 0041U, 0042U

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Policy Update History:

5/1/2022	New policy