

If a conflict arises between a Clinical Payment and Coding Policy 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. Blue Cross and Blue Shield of TX may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. Blue Cross and Blue Shield of TX 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 approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative 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.

General Inflammation Testing

Policy Number: CPCPLAB049

Version 1.0

Approval Date: Sept. 13, 2024

Plan Effective Date: Jan. 1, 2025 (Blue Cross and Blue Shield of Texas Only)

Description

The plan 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. Measurement of C-reactive protein and/or erythrocyte sedimentation rate (ESR) **may be reimbursable** for inflammatory conditions Noted in Table 1 below.
2. For individuals without a diagnosed inflammatory condition, measurement of erythrocyte sedimentation rate **is not reimbursable**.
3. Measurement of CRP and/or ESR during general exam without abnormal findings **is not reimbursable**.

Table 1: Coverage of ESR, CRP (conventional or high-sensitivity), or both ESR and CRP is designated based on the diagnosed or suspected inflammatory condition.

Condition	Test Preference	Frequency of Testing
Acute and Chronic Urticaria	CRP or ESR	Not specified (NS)
Acute Hematogenous Osteomyelitis (AHO)	CRP	To confirm diagnosis; 2 to 3 days during the early therapeutic course; weekly until normalization (or a clear trend toward normalization is evident)
Acute Phase Inflammation	CRP	NS
Ankylosing Spondylitis	CRP or ESR	Regular interval use in patients with active symptoms
Arthritis	CRP and ESR	1-3 months initially; 6-12 months later
Castleman's Disease	CRP or ESR	NS
General Inflammation	CRP	NS
Giant Cell Arteritis	CRP and ESR	To confirm diagnosis; during follow-up visits

Hodgkin Lymphoma	ESR	Every 3 to 6 months for 1 to 2 years; every 6 to 12 months for the next 3 years; annually thereafter
Irritable Bowel Syndrome	CRP and ESR	During initial assessment to exclude other diagnoses
Large Vessel Vasculitis	CRP or ESR	NS
Nonradiographic axial spondyloarthritis	CRP or ESR	Regular interval use in patients with active symptoms
Polymyalgia Rheumatica	CRP or ESR	At initial diagnosis; every 3 months during long-term steroid therapy
Periprosthetic Joint Infections (PJI)	CRP and ESR	NS
Rheumatoid Arthritis	CRP or ESR	Prior to treatment; every 1-3 months during active disease; annually when disease is inactive
Systemic Lupus Erythematosus	CRP or ESR	At initial assessment; every 1-3 months during active disease; every 6-12 months during stable disease; during pregnancy
T-cell lymphomas	ESR	NS

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
85651, 85652, 86140

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Policy Update History:

Approval Date	Effective Date; Summary of Changes
09/13/2024	01/01/2025: New policy.