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. BCBSNM may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM 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.

Biomarker Testing for Autoimmune Rheumatic Disease

Policy Number: CPCPLAB011

Version 1.0

Approval Date: April 12, 2023

Plan Effective Date: August 15, 2023

Description

BCBSNM 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. For individuals with a high clinical suspicion or autoimmune disease, testing for antinuclear antibodies (ANA) **may be reimbursable**
    a. Once per lifetime in individuals with stable symptoms
    b. Repeat testing only if a significant change in symptoms occurs.

2. For individuals with an abnormal, raised ANA titer or with abnormal immunological findings in the serum and a clinical correlation with the appropriate autoimmune disorder, extractable nuclear antigens (ENA) pane testing of specific autoantibodies **may be reimbursable.**

3. For individuals with an initial positive ANA test and a diagnosis of systemic autoimmune rheumatic disease, testing of dsDNA up to four (4) times per year **may be reimbursable.**

4. For individuals with a negative or low positive ANA test, the following condition specific antibody testing **may be reimbursable**:
    a. Testing for anti-Jo-1 in a unique clinical subset of myositis
    b. Testing for anti-SSA in the setting of lupus or Sjörgren's syndrome

5. Monitoring of disease with ANA testing or ANA titers **is not reimbursable**

6. For individuals with nonspecific symptoms, ANA and/or ENA testing, **is not reimbursable**.

7. For all other situations not described above, testing of specific antibodies in the absence of a positive ANA test **is not reimbursable**.

8. For asymptomatic individuals, testing of ANA and/or ENA during a wellness visit or a general exam without abnormal findings **is not reimbursable.**

9. For the management of rheumatoid arthritis (RA), serum biomarker panel testing (e.g., Vectra DA score, PrismRA) **is not reimbursable.**

10. For the diagnosis of systemic lupus erythematosus (SLE), the use of cell-bound complement activation products (e.g., AVISE Lupus) **is not reimbursable.**

11. For the diagnosis, prognosis, or monitoring of SLE or connective tissue diseases, serum biomarker panel testing with proprietary algorithms and/or index scores (e.g., AVISE CTD, AVISE SLE Monitor, AVISE SLE prognostic) **is not reimbursable.**

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
81490, 81599, 86038, 86039, 86225, 86325, 0039U, 0062U, 0312U

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Policy Update History:

11/1/2022	New policy
8/15/2023	Document updated with literature review. Reimbursement information revised; Added “Once per lifetime in individuals with stable symptoms” to #1a; and “Repeat testing only if a significant change in symptoms occurs” to #1b. #9 “For the management of rheumatoid arthritis (RA< serum biomarker panel testing (e.g., Vectra DA score, PrismRA) is not reimbursable” was previously addressed on CPCPLAB039 Vectra DA Blood Test for Rheumatoid Arthritis. Title changed from ANA/ENA Testing.