

Reimbursement Policy

Policy Number: RPLAB049

Policy Title: General Inflammation Testing

Approval Date: Aug. 6 2026

Effective Date: Dec. 4, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement 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 reimbursement policy 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's 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 New Mexico 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 submitting 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 ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & 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 and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

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

For policy regarding the use of C-reactive protein (CRP) as a cardiac biomarker, please see policy RPLAB046 Biomarkers for Myocardial Infarction and Chronic Heart Failure.

For policy regarding the use of C-reactive protein (CRP) as a marker for acute pancreatitis, please see policy RPLAB047 Pancreatic Enzyme Testing for Acute Pancreatitis.

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

NOTE 1: Coverage of CRP, ESR, CRP or ESR, or both CRP and ESR is designated based on the diagnosed or suspected inflammatory condition. Either conventional or high-sensitivity CRP testing are allowed methods of testing for CRP levels. When either CRP **or** ESR are allowed, CRP is the preferred biomarker. If CRP **and** ESR are ordered at the same time for a condition where CRP **or** ESR are allowed, only CRP will be approved.

Condition	Test Coverage	Frequency of Testing
Acute and Chronic Urticaria	CRP or ESR	Not specified (NS)
Acute Hematogenous Osteomyelitis (AHO)	CRP	To confirm diagnosis; 2 - 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	NS
General Inflammation	CRP	NS
Hodgkin Lymphoma	ESR	Every 3 - 6 months for 1 - 2 years; every 6 - 12 months for the next 3 years; annually thereafter
Irritable Bowel Syndrome	CRP and ESR	During initial assessment to exclude other diagnoses (e.g., inflammatory bowel disease)
Large Vessel Vasculitis (Giant Cell Arteritis; Takayasu Arteritis)	CRP and ESR	To confirm diagnosis every 1-3 months during the first year; every 3-6 months thereafter
Multisystem Inflammatory Syndrome in Children (MIS-C)	CRP	To establish diagnosis
Nonradiographic Axial Spondyloarthritis	CRP or ESR	Regular interval use in patients with active symptoms
Pediatric Chronic Nonbacterial Osteomyelitis (CNO)	CRP and ESR	To confirm diagnosis for individuals meeting all of the entry criteria (see Note 2)
Periprosthetic Joint Infections (PJI)	CRP and ESR	NS
Polymyalgia Rheumatica	CRP or ESR	At initial diagnosis; every 3 months during long-term steroid therapy
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	CRP and 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.

Code	Description
85651	RBC SED RATE NONAUTOMATED
85652	RBC SED RATE AUTOMATED
86140	C-REACTIVE PROTEIN
86141	C-REACTIVE PROTEIN HS

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Centers for Medicare & Medicaid Services. (2026). Healthcare Common Procedure Coding System (HCPCS) Level II.

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Policy History

Approval Date	Description
08/06/2026	12/4/2026; Document updated. The following changes were made to Reimbursement Information: Revised #2 for clarity. For the table (now Note 1), added CRP recommendation for Multisystem Inflammatory Syndrome in Children (MIS-C); added CRP and ESR recommendation for Pediatric Chronic Nonbacterial Osteomyelitis (CNO) and Note 2 with entry criteria for CNO. Changed “Test Preference” in Note 1 to “Test Coverage” for clarity. References revised.
07/25/2025	11/7/2025; Document updated with literature review. The following changes were made to Reimbursement Information: Revised Table 1 introduction to read: Coverage of CRP, ESR, CRP or ESR, or both CRP and ESR is designated based on the diagnosed or suspected inflammatory condition. Either conventional or high-sensitivity CRP testing are allowed methods of testing for CRP levels. When either CRP or ESR are allowed, CRP is the preferred biomarker. If CRP and ESR are ordered at the same time for a condition where CRP or ESR are allowed, only CRP will be allowed. Within Table 1, added “(e.g., inflammatory bowel disease) in the Frequency of Testing column for Irritable Bowel Syndrome. References revised.
10/30/2024	01/15/2025; Document updated with literature review. The following changes were made to Reimbursement Information: Added to the introductory statement for Table 1: “Either conventional or high-sensitivity CRP testing are allowed

	methods of testing for CRP levels. When either CRP or ESR are allowed, CRP is the preferred biomarker.” Within the table, removed ESR as a test preference for Castleman’s Disease; moved Giant Cell Arteritis to Large Vessel Vasculitis; test preference revised to include ESR; Frequency of Testing changed from NS to “To confirm diagnosis every 1-3 months during the first year; every 3-6 months thereafter”; added Takayasu Arteritis to the Large Vessel Vasculitis condition. Added code 86141. References revised.
11/01/2023	11/01/2023: Document updated with literature review. The following changes were made to Reimbursement Information: In #1 reordered the test so that CRP is listed first due to preference for CRP over ESR. Added: 2. For individuals without a diagnosed inflammatory condition, measurement of erythrocyte sedimentation rate (ESR) is not reimbursable. For Table 1, added (conventional or high-sensitivity) for CRP to the introductory statement, which now reads: Coverage of ESR, CRP (conventional or high-sensitivity), or both ESR and CRP is designated based on the diagnosed or suspected inflammatory condition; Changed Frequency of the following: Testing for Acute Hematogenous Osteomyelitis (AHO) from “NS” to “To confirm diagnosis; 2 to 3 days during the early therapeutic course; weekly until normalization (or a clear trend toward normalization is evident)”; Giant Cell Arteritis: from “At or near diagnosis of GCA and during follow-up visits” to “To confirm diagnosis; during follow-up visits”; Hodgkin Lymphoma: revised for clarity; removed Hypereosinophilic Syndrome from table; Rheumatoid Arthritis: Revised for clarity and added “annually when disease is inactive”; under Test Preference, changed “and” to “or” for Acute and Chronic Urticaria, Polymyalgia Rheumatica, and Systemic Lupus Erythematosus. References revised.
08/15/2023	08/15/2023: Document updated with literature review. Reimbursement information revised to provide specific listing of inflammatory conditions for ESR, CRP or both ESR/CRP testing including frequency. References revised.
11/1/2022	11/01/2022: New policy