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 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 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:** July 25, 2025

**Plan Effective Date:** November 7, 2025

## 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:

**NOTE 1:** For policy regarding the use of C-reactive protein (CRP) as a cardiac biomarker, please see policy CPCPLAB046 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 CPCPLAB047 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 Table 1 below.

2. For individuals without a diagnosed inflammatory condition, 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**.

**Table 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 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 | NS |
| **General Inflammation** | CRP | NS |
| **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 (e.g., inflammatory bowel disease) |
| **Large Vessel Vasculitis**<br>**(Giant Cell Arteritis; Takayasu Arteritis)** | CRP and ESR | To confirm diagnosis every 1-3 months during the first year; every 3-6 months thereafter |
| **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, 86141 |

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## Policy Update History:

| Approval Date | Effective Date; Summary of Changes |
|---|---|
| 07/25/2025 | 11/07/2025; 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 |

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|---|---|
| | 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 |