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.

Flow Cytometry

Policy Number: CPCPLAB001

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. Flow cytometry immunophenotyping of cell surface markers **may be reimbursable** for any of the following conditions:
   a. For individuals with cytopenias, lymphomas, leukemia, myeloproliferative and lymphoproliferative disorders, or myelodysplastic syndrome;
   b. For B-cell monitoring for immunosuppressive disorders;
   c. For T-cell monitoring for HIV infection and AIDS;
   d. For individuals with mast cell neoplasms;
   e. For individuals with paroxysmal nocturnal hemoglobinuria;
   f. For post-operative monitoring of members who have undergone organ transplantation;
   g. For individuals with plasma cell disorders;
   h. For individuals with primary Immunodeficiencies (PIDs), and PIDs involving T, NK;
   i. For individuals with primary platelet disorders, (non-neoplastic);
   j. For individuals with red cell and white cell disorders, (non-neoplastic).

2. Flow cytometry immunophenotyping of cell surface markers **is not reimbursable** for any clinical condition not listed above.

The following reimbursement limitations will apply for flow cytometry:

   a. For flow cytometric immunophenotyping for the assessment of potential hematolymphoid neoplasia, use codes 88184-88189.
   b. Code 88184 should be used for the first marker, per specimen, and is reimbursable up to a maximum of two units per date of service.
   c. Code 88185 should be used for each additional marker and is reimbursable up to a maximum of 35 units, per date of service.
   d. In patients with a neoplasm with an established immunophenotype, subsequent tests for that neoplasm should be limited to diagnostically relevant markers.
   e. Codes 88187, 88188, and 88189 should not be used together in any combination.
   f. Codes 88187, 88188, and 88189 are reimbursed at one unit per specimen, up to two specimens, per date of service.
   g. Codes 88187, 88188, 88189 should not be used in conjunction with codes 86355, 86356, 86357, 86359, 86360, 86361, 86367.
   h. Use codes 86355, 86357, 86359, 86360, 86361, or 86367 for cell enumeration. These codes are reimbursable as single units only.

3. Measurement of flow-cytometry-deprived DNA (DNA Index) or cell proliferative activity (S-phase fraction or % S-phase) for prognostic or therapeutic purposes in the routine clinical management of cancers **is not reimbursable.**

Bill Type Codes

012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
014x	Hospital - Laboratory Services Provided to Non-patients
018x	Hospital - Swing Beds
021x	Skilled Nursing - Inpatient (Including Medicare Part A)
022x	Skilled Nursing - Inpatient (Medicare Part B only)
023x	Skilled Nursing - Outpatient
071x	Clinic - Rural Health
077x	Clinic - Federally Qualified Health Center (FQHC)
085x	Critical Access Hospital

Group 1 Codes

88182	Cell marker study
88184	Flowcytometry/ tc 1 marker
88185	Flowcytometry/tc add-on
88187	Flowcytometry/read 2-8
88188	Flowcytometry/read 9-15
88189	Flowcytometry/read 16 & >

Group 2: Quantitative Codes in immunology section
Group 2 Codes

86355	B cells total count
86356	Mononuclear cell antigen
86357	Nk cells total count
86359	T cells total count
86360	T cell absolute count/ratio
86361	T cell absolute count
86367	Stem cells total count

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
86355, 86356, 86357, 86359, 86360, 86361, 86367, 88182, 88184, 88185, 88187, 88188, 88189

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Policy Update History:

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