



**BlueCross BlueShield**  
of Texas

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

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

<b>Ankylosing Spondylitis</b>	CRP or ESR	Regular interval use in patients with active symptoms
<b>Arthritis</b>	CRP and ESR	1-3 months initially; 6-12 months later
<b>Castleman's Disease</b>	CRP or ESR	NS
<b>General Inflammation</b>	CRP	NS
<b>Hodgkin Lymphoma</b>	ESR	Every 3 to 6 months for 1 to 2 years; every 6 to 12 months for the next 3 years; annually thereafter
<b>Irritable Bowel Syndrome</b>	CRP and ESR	During initial assessment to exclude other diagnoses (e.g., inflammatory bowel disease)
<b>Large Vessel Vasculitis (Giant Cell Arteritis, Takayasu Arteritis)</b>	CRP and ESR	To confirm diagnosis; every 1-3 months during the first year; every 3-6 months thereafter
<b>Nonradiographic axial spondyloarthritis</b>	CRP or ESR	Regular interval use in patients with active symptoms
<b>Polymyalgia Rheumatica</b>	CRP or ESR	At initial diagnosis; every 3 months during long-term steroid therapy
<b>Periprosthetic Joint Infections (PJI)</b>	CRP and ESR	NS
<b>Rheumatoid Arthritis</b>	CRP or ESR	Prior to treatment; every 1-3 months during active disease; annually when disease is inactive
<b>Systemic Lupus Erythematosus</b>	CRP or ESR	At initial assessment; every 1-3 months during active disease; every 6-12 months during stable disease; during pregnancy
<b>T-cell lymphomas</b>	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.

<b>Codes</b>
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: Added Note 1 referencing CPCPLAB046 for the use of CRP as a cardiac biomarker, and CPCPLAB047 for the use of CRP as a marker for acute pancreatitis. Removed “inflammatory” from #1 as some conditions listed in Table 1 are noninflammatory, with measurement of CRP/ESR used to differentiate between a noninflammatory and inflammatory condition. 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; deleted row specific to Giant Cell Arteritis; under Large Vessel Vasculitis, added Giant Cell Arteritis and Takayasu Arteritis; changed Test Preference for that indication to CRP and ESR; added “To confirm diagnosis; every 1-3 months during the first year; every 3-6 months thereafter” to

	the Frequency of Testing for that indication. Added code 86141. References revised.
09/13/2024	01/01/2025: New policy.