



## BlueCross BlueShield of Oklahoma

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

### ANA/ENA Testing

**Policy Number: CPCPLAB011**

**Version 1.0**

**Enterprise Medical Policy Committee Approval Date: 1/25/2022**

**Plan Effective Date: May 1, 2022**

### Description

BCBSOK 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. Testing for antinuclear antibodies (ANA) **may be reimbursable** for individuals in whom the clinical suspicion of autoimmune diseases is high based on signs, symptoms, and other factors.
2. ENA panel testing of specific autoantibodies such as nRNP, SS-A, SS-B, Sm, RNP, Sc170, or Jo1 **may be reimbursable** in patients with abnormal, raised antibody titer or abnormal

immunological findings in serum and clinical correlation with the appropriate autoimmune disorder.

3. Testing of dsDNA **may be reimbursable** up to four (4) times per year after an initial positive ANA test, and clinical correlation.
4. Testing of specific antibodies when ANA test is negative or low positive **may be reimbursable** only in the following situations:
  - a. Testing for Anti-Jo-1 in unique clinical subset of myositis
  - b. Testing for Anti-SSA in the setting of lupus or Sjögren's syndrome
5. Monitoring of disease with ANA testing or ANA titers **is not reimbursable**
6. ANA and/or ENA testing of individuals with nonspecific symptoms including, but not limited to, fatigue and musculoskeletal pain if not present with other symptoms suggestive of SLE, **is not reimbursable**.
7. Testing of ANA and/or ENA **is not reimbursable** in individuals during wellness visits or general encounters without abnormal findings.
8. Testing of specific antibodies in the absence of a positive ANA test **is not reimbursable** in all other situations.
9. The use of cell-bound complement activation products (e.g., AVISE Lupus) **is not reimbursable** for the diagnosis of systemic lupus erythematosus (SLE).
10. Any other serum biomarker panel testing with proprietary algorithms and/or index scores for the diagnosis of systemic lupus erythematosus or connective tissue diseases (e.g., Avise CTD) **is not reimbursable** for all applications.

## Procedure Codes

Codes
81599, 86038, 86039, 86225, 86325, 0039U, 0062U

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### Policy Update History:

5/1/2022	New policy
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