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.

Serum Biomarker Testing for Multiple Sclerosis and Related Neurologic Diseases

Policy Number: CPCPLAB036

Version 1.0

Enterprise Clinical Payment and Coding Policy Committee Approval Date:

Plan Effective Date: Feb. 1, 2024

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. For the diagnosis of multiple sclerosis (MS), cerebrospinal fluid (CSF) and serum oligoclonal band analysis **may be reimbursable** in any of the following situations:

a. For individuals with atypical clinical, laboratory, or imaging features;
b. For individuals with an atypical clinically isolated syndrome including, but not limited to, primary progressive multiple sclerosis or relapsing-remitting course;
c. For individuals belonging to a population in which MS is less common (e.g., children, older individuals);
d. For individuals with insufficient clinical or imaging evidence for diagnosis.

2. In cases of suspected neuromyelitis optica spectrum disorders (NMOSD) or myelin oligodendrocyte glycoprotein-immunoglobulin G (MOG-IgG)-associated encephalomyelitis (MOG-EM), serum indirect fluorescence assay or fluorescence-activated cell sorting (FACS) assay of aquaporin-4-IgG (AQP4-IgG) and MOG-IgG **may be reimbursable** when **all of** the following conditions are met:
    a. The individual has monophasic or relapsing acute optic neuritis, myelitis, brainstem encephalitis, encephalitis, or any combination thereof;
    b. The individual has radiological or electrophysiological findings compatible with central nervous system (CNS) demyelination;
    c. The individual has at least one of the following:
        i. Belongs to a higher risk population (e.g., pediatric;
        ii. Has an abnormal MRI depicting extensive optic nerve lesion, extensive spinal cord lesion or atrophy, or large confluent T2 brain lesions;
        iii. Has prominent papilledema/papillitis/optic disc swelling during acute optic neuritis;
        iv. Has neutrophilic CSF pleocytosis; OR
        v. Has a histopathology finding of primary demyelination with intralesional complement and IgG deposits or has a previous diagnosis of “pattern II MS”;
        vi. Has simultaneous bilateral acute optic neuritis;
        vii. Has a severe visual deficit or blindness in one or both eyes during or after acute optic neuritis;
        viii. Has severe or frequent episodes of acute myelitis or brainstem encephalitis;
        ix. Has permanent sphincter and/or erectile disorder after myelitis;
        x. Has a previous diagnosis of acute disseminated encephalomyelitis (ADEM).

3. In all other situations, serum biomarker tests for multiple sclerosis **are not reimbursable**.

4. ELISA, Western blot, immunohistochemistry, or any other serum assays to test for NMOSD or MOG-EM **are not reimbursable**.

5. For the diagnosis of MS, NMOSD, or MOG-EM, all other cerebrospinal fluid (CSF) biomarker tests, including AQP4-IgG or MOG-IgG **are not reimbursable.**

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
83520, 83916, 84182, 86051, 86052, 86053, 86362, 86363, 88341, 88342

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Policy Update History:

Effective Date	Summary of Change
02/01/2024	Document updated with literature review. The following changes were made to Reimbursement Information: removed ethnicity from 1c and 2c. References revised.
07/05/2023	Document updated with literature review. The following changes were made to the Reimbursement Information section: #2 revised to indicate the services may be reimbursable when all of the criteria listed are met. Other changes made for clarity. References revised.
11/1/2022	New policy