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. BCBSIL may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSIL 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 Medical Policy Committee Approval Date: January 25, 2022

Plan Effective Date: May 1, 2022

Description

BCBSIL 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. Cerebrospinal fluid (CSF) and serum oligoclonal band analysis **may be reimbursable** for multiple sclerosis in any of the following situations:
    a. Atypical clinical, laboratory, or imaging features; OR
    b. An atypical clinically isolated syndrome such as but not limited to, primary progressive multiple sclerosis or relapsing-remitting course; OR
    c. Belongs to a population in which MS is less common, such as but not limited to, children, older individuals, or non-Caucasians; OR

    d. Insufficient clinical or imaging evidence for diagnosis.
2. Serum indirect fluorescence assay or fluorescence-activated cell sorting (FACS) assay of aquaporin-4-IgG (AQP4-IgG) and myelin oligodendrocyte glycoprotein (MOG-IgG) in cases of suspected NMOSD, including NMO, or MOG-EM **may be reimbursable** when the following conditions are met:
    a. Monophasic or relapsing acute optic neuritis, myelitis, brainstem encephalitis, encephalitis, or any combination thereof; AND
    b. Radiological or electrophysiological findings compatible with CNS demyelination; AND
    c. At least one of the following:
        i. Belong to a higher risk population—African American, Latin American, Asian, or pediatric; OR
        ii. Abnormal MRI depicting extensive optic nerve lesion, extensive spinal cord lesion or atrophy, or large confluent T2 brain lesions; OR
        iii. Prominent papilledema/papillitis/optic disc swelling during acute optic neuritis; OR
        iv. Neutrophilic CSF pleocytosis; OR
        v. Histopathology finding primary demyelination with intralesional complement and IgG deposits or previous diagnosis of "pattern II MS"; OR
        vi. Simultaneous bilateral acute optic neuritis; OR
        vii. Severe visual deficit or blindness in one or both eyes during or after acute optic neuritis; OR
        viii. Severe or frequent episodes of acute myelitis or brainstem encephalitis; OR
        ix. Permanent sphincter and/or erectile disorder after myelitis; OR
        x. Previous diagnosis of acute disseminated encephalomyelitis (ADEM).

3. Serum biomarker tests for multiple sclerosis **is not reimbursable** in all other situations.

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

5. All other cerebrospinal fluid (CSF) biomarker tests, including AQP4-IgG or MOG-IgG, for multiple sclerosis, NMOSD, or MOG-EM **is not reimbursable**

Procedure Codes

Codes
83520, 83916, 84182, 86255, 86256, 88341, 88342

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Policy Update History:

5/1/2022	New policy