



| POLICY INFORMATION | | | |
|--------------------|---|--------------------------|------------|
| Policy Number: | POL-PP-283 AHS – G2155 – General Inflammation Testing | Original Effective Date: | 07/01/2025 |
| Version Number: | 002 | Revision Date: | |
| Policy Status: | Active | Next Revision Date: | 07/01/2026 |

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

| PROVIDER/ENTITY IMPACTED | | | | | |
|--|--|--|---|---|--|
| <input checked="" type="checkbox"/> PROFESSIONAL | <input checked="" type="checkbox"/> FACILITY | <input type="checkbox"/> DME | <input type="checkbox"/> AMBULATORY SURGERY | <input checked="" type="checkbox"/> LAB | <input type="checkbox"/> OTHER |

| LINES OF BUSINESS IMPACTED | | | | | | |
|--|---|---|---|---|---|---|
| <input checked="" type="checkbox"/> COMMERCIAL | <input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE | <input checked="" type="checkbox"/> ACA QHP¹ | <input checked="" type="checkbox"/> SMALL GROUP ACA | <input checked="" type="checkbox"/> JAA² | <input checked="" type="checkbox"/> FEP³ | <input type="checkbox"/> DENTAL |

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.



Description/Application

Inflammatory response can occur due to tissue injury and/or various disorders, including arthritis, lupus, and infection. Acute phase reactants, such as serum C-reactive protein (CRP), are released in the acute phase response during inflammation and can be used to monitor inflammation. Inflammation may also be measured using the simple laboratory technique of erythrocyte sedimentation rate (ESR).

For guidance on the use of CRP as a cardiac biomarker, please see policy AHS-G2150-Biomarkers for Myocardial Infarction and Chronic Heart Failure. For guidance on the use of CRP as a marker for acute pancreatitis, please see AHS-G2153-Pancreatic Enzyme Testing for Acute Pancreatitis

Policy

Application of coverage criteria is dependent upon an individual’s benefit coverage at the time of the request.

Measurement of C-reactive protein (CRP) and/or erythrocyte sedimentation rate (ESR) **may be reimbursed** for the conditions specified in Note 1.

For individuals without a diagnosed inflammatory condition, measurement of ESR **may not be reimbursed**.

Measurement of CRP and/or ESR during general exam without abnormal findings **may not be reimbursed**.

NOTES:

Note 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, or both CRP and ESR are ordered at the same time for a condition where CRP or ESR are allowed, only CRP will be approved.

| 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 |
| Ankylosing Spondylitis | CRP or ESR | Regular interval use in patients with active symptoms |
| Arthritis | CRP and ESR | 1-3 months initially; 6-12 months later |
| Castleman’s Disease | CRP | NS |
| General Inflammation | CRP | NS |
| Hodgkin Lymphoma | ESR | Every 3 to 6 months for 1 to 2 years; every 6 to 12 months for the next 3 years; annually thereafter |
| Irritable Bowel Syndrome | CRP and ESR | During initial assessment to exclude other diagnoses (e.g., inflammatory bowel disease) |
| Large Vessel Vasculitis (Giant) | CRP and ESR | To confirm diagnosis; every 1–3 months during |



| | | |
|--|-------------|--|
| Cell Arteritis, Takayasu Arteritis) | | the first year; every 3–6 months thereafter |
| Nonradiographic axial spondyloarthritis | CRP or ESR | Regular interval use in patients with active symptoms |
| Polymyalgia Rheumatica | CRP or ESR | At initial diagnosis; every 3 months during long-term steroid therapy |
| Periprosthetic Joint Infections (PJI) | CRP and ESR | NS |
| Rheumatoid Arthritis | CRP or ESR | Prior to treatment; every 1-3 months during active disease; annually when disease is inactive |
| Systemic Lupus Erythematosus | CRP or ESR | At initial assessment; every 1-3 months during active disease; every 6-12 months during stable disease; during pregnancy |
| T-cell lymphomas | ESR | NS |

Coding

| CPT | Code Description |
|------------|--|
| 85651 | Sedimentation rate, erythrocyte; non-automated |
| 85652 | Sedimentation rate, erythrocyte; automated |
| 86140 | C-reactive protein |
| 86141 | C-reactive protein; high sensitivity (hsCRP) |

References and Resources

Avalon Medical Policy AHS – G2155 – General Inflammation Testing

Related Documents

| Policy Number | Policy Title |
|----------------------|--|
| AHS-G2150 | Biomarkers for Myocardial Infarction and Chronic Heart Failure |
| AHS-G2153 | Pancreatic Enzyme Testing for Acute Pancreatitis |

Revision History

| Version | Date | Summary of Revisions |
|----------------|-------------|-----------------------------|
| 001 | 07/01/2025 | Initial version |
| 002 | 07/01/2025 | Avalon 3rd QTR updates |