BlueCross BlueShield of New Mexico

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

Testing for Diagnosis of Active or Latent Tuberculosis

Policy Number: CPCPLAB027

Version 1.0

Enterprise Clinical Payment and Coding Policy Committee Approval Date: July 5, 2023

Plan Effective Date: September 1, 2023

Description

BCBSNM 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. To diagnose or screen for latent tuberculosis (TB) infection, an interferon gamma release assay (IGRA) **may be reimbursable** in:
    a. Individuals who are at risk for infection with *Mycobacterium tuberculosis* (Mtb);

b. Individuals who are unlikely to be infected with Mtb when screening is obliged by law.

2. For all suspected TB infections, the following tests **may be reimbursable:**
    a. Acid fast bacilli (AFB) smear/stain
    b. Culture and culture-based drug susceptibility testing of *Mycobacteria* spp.

3. Direct probe or amplified probe nucleic acid-based testing, including PCR, **may be reimbursable** for the following:
    a. *Mycobacteria* spp
    b. M. tuberculosis
    c. M. avium intracellulare

4. For patients whose sputum is AFB smear positive of Hologic Amplified MTD positive, molecular-based drug susceptibility testing **may be reimbursable** when **one** of the following criteria is met:
    a. The individual has been treated for TB in the past.
    b. The individual was born in or has lived for at least 1 year in a foreign country with at least a moderate TB incidence (≥20 per 100,000) or a high primary multi-drug resistant (MDR)-TB prevalence (≥2%).
    c. The individual is a contact of an individual with MDR-TB;
    d. The individual is HIV infected.

5. Repeat drug susceptibility testing **may be reimbursable** in the following situations:
    a. For individuals whose sputum cultures remain positive after 3 months of treatment.
    b. When there is bacteriological reversion from negative to positive.

6. In patients with pleural effusion, pericardial effusion, or ascites and suspected TB infection, cell counts, protein, glucose, and lactate dehydrogenase (LDH) concentrations of cerebrospinal, pleural, peritoneal, pericardial, and other fluids **may be reimbursable.**

7. In HIV-infected individuals with CD4 cell counts ≤100 cells/microL who have signs and symptoms of tuberculosis, urine-based detection of mycobacterial cell wall glycolipid lipoarabinomannan (LAM) **may be reimbursable**.

8. Interferon gamma release assay (IGRA) **is not reimbursable** for patients with active tuberculosis.

9. Simultaneous ordering of any combination of direct probe, amplified probe, and/or quantification for the same organism in a single encounter **is not reimbursable**.

10. Quantitative nucleic acid testing for *Mycobacterium spp, M. tuberculosis,* and *M. avium intracellulare* **is not reimbursable**.

11. Testing of adenosine deaminase (ADA) and interferon-gamma (IFN- γ) levels in cerebrospinal, pleural, peritoneal, pericardial, and other fluids for the diagnosis of extrapulmonary TB **are not reimbursable**.

12. Testing of serum protein biomarkers or panels of biomarkers for the detection and diagnosis of TB **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
81099, 82945, 83520, 83615, 84157, 84311, 86480, 86481, 87070, 87077, 87116, 87149, 87150, 87153, 87181, 87184, 87185, 87186, 87187, 87188, 87190, 87206, 87550, 87551, 87552, 87555, 87556, 87557, 87560, 87561, 87562

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Policy Update History:

7/5/2023	Document updated with literature review. The following changes were made to Reimbursement Information: #2 and #3 were combined and now reads: For all suspected TB infections, the following tests may be reimbursable: Acid fast bacilli (AFB) smear/stain; Culture and culture-based drug susceptibility testing of Mycobacteria spp. Add #4 For patients whose sputum is AFB smear positive of Hologic Amplified MTD positive, molecular-based drug susceptibility testing may be reimbursable when one of the following criteria is met: a. The individual has been treated for TB in the past. b. The individual was born in or has lived for at least 1 year in a foreign country with at least a moderate TB incidence (≥20 per 100,000) or a high primary multi-drug resistant (MDR)-TB prevalence (≥2%). c. The individual is a contact of an individual with MDR-TB; d. The individual is HIV infected. Other revisions made for clarity. References updated.
11/1/2022	New policy