BlueCross BlueShield of New Mexico

If a conflict arises between a Clinical Payment and Coding Policy 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. Blue Cross and Blue Shield of New Mexico 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 approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative 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.

Celiac Disease Testing

Policy Number: CPCPLAB017

Version 1.0

Approval Date: October 30, 2024

Plan Effective Date: January 15, 2025

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. For individuals who have been diagnosed with celiac disease and who are IgA sufficient, serologic testing with IgA anti-tissue transglutaminase (TTG) **may be reimbursable** at the following intervals:
    - At the first follow-up visit 3 to 6 months after diagnosis;
    - Every 6 months until normalization of anti-TTG levels has occurred;
    - Every 12 to 24 months thereafter.

2. For individuals who have been diagnosed with celiac disease and who are IgA deficient, testing for IgG endomysial antibodies, IgG deamidated gliadin peptide, or IgG TTG **may be reimbursable** at the following intervals:
    - At the first follow-up visit 3 to 6 months after diagnosis;
    - Every 6 months until normalization of IgG levels has occurred;
    - Every 12 to 24 months thereafter.

3. For individuals with signs and symptoms of celiac disease (**Note 1**), serologic testing with the IgA anti-tissue transglutaminase (TTG) **and** the total IgA test for the diagnosis of celiac disease **may be reimbursable.**

4. For individuals at risk for celiac disease (**Note 1**), when IgA anti-TTG is negative or weakly positive, testing for IgA endomysial antibodies **may be reimbursable**.

5. For individuals with clinical suspicion of celiac disease (**Note 1**) with an IgA deficiency, testing for IgG endomysial antibodies, IgG deamidated gliadin peptide, or IgG TTG **may be reimbursable** y.

6. Testing for IgA and IgG antibodies to deamidated gliadin peptides **may be reimbursable** in any of the following situations:
    - For individuals under 2 years of age with a clinical suspicion of celiac disease (**Note 1**);
    - For individuals over 2 years of age as a substitute for anti-TTG testing.

7. For confirmation of celiac disease in individuals at high risk for celiac disease, regardless of the result of celiac disease serology testing, pathological

examination obtained from a biopsy of the small intestine **may be reimbursable**.

8. Rapid antigen point-of-care testing for anti-TTG **is not reimbursable.**

9. Panel testing, multiplex testing, or multi-analyte testing (for more than two analytes) for the diagnosis or the evaluation of celiac disease **is not reimbursable**.

10. For asymptomatic individuals not at an increased risk for developing celiac disease (**Note 1**), testing for celiac disease **is not reimbursable.**

11. Testing for anti-reticulin antibodies **is not reimbursable** for the diagnosis of celiac disease.

12. Testing of stool or saliva samples for the evaluation of celiac disease **is not reimbursable**.

NOTE 1: Signs and symptoms of celiac disease may include, but are not limited to, the following: unexplained chronic or intermittent diarrhea; unexplained weight loss; unexplained chronic or intermittent abdominal pain or bloating; recurrent nausea or vomiting; unexplained iron deficiency anemia; unexplained vitamin B12 or folate deficiency; unexplained liver transaminase elevations; autoimmune hepatitis; dermatitis herpetiformis; type 1 diabetes; intestinal blockages; unexplained subfertility or miscarriage; unexplained osteoporosis, osteomalacia, or low bone density; and/or primary biliary cirrhosis. Individuals with Down syndrome, Turner syndrome, or Willams-Beuren syndrome are also at high risk for celiac disease. Additionally, in pediatric patients, fatty stools, delayed puberty, amenorrhea, failure to thrive, stunted growth, and/or short stature may also be associated with celiac disease (Husby et al., 2020; NICE, 2020; NIDDK, 2016).

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
81376, 81377, 81382, 81383, 82784, 83516, 86231, 86255, 86256, 86258, 86364, 88305

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Policy Update History

Approval Date	Effective Date; Summary of Changes
10/30/2024	01/15/2025: Document updated with literature review. Reimbursement Information unchanged. References updated; some added, others revised, some removed.
03/01/2024	03/01/2024: Document updated with literature review. The following changes were made to Reimbursement Information: Added “For individuals who have been diagnosed with celiac disease and who are IgA sufficient, serologic testing with IgA anti-tissue transglutaminase (TTG) may be reimbursable at the following intervals: at the first follow-up visit 3 to 6 months after diagnosis; every 6 months until normalization of anti-TTG levels has occurred; every 12 to 24 months thereafter.” “For individuals who have been diagnosed with celiac disease and who are IgA deficient, testing for IgG endomysial antibodies,

	IgG deamidated gliadin peptide, or IgG TTG may be reimbursable at the following intervals: at the first follow-up visit 3 to 6 months after diagnosis; every 6 months until normalization of IgG levels has occurred; every 12 to 24 months thereafter." "For asymptomatic individuals not at an increased risk for developing celiac disease, testing for celiac disease is not reimbursable." Other revisions made for clarity. References revised.
11/01/2023	11/01/2023: Document updated with literature review. Reimbursement information unchanged. References revised.
11/1/2022	11/01/2022: New policy