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.

Immune Cell Function Assay

Policy Number: CPCPLAB028

Version 1.0

Approval Date: January 23, 2025

Plan Effective Date: April 15, 2025

Description

The Plan 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. Use of an immune cell function assay to monitor and predict immune function after solid organ transplantation **may be reimbursable**.

2. An immune cell function assay **is not reimbursable** for all indications including, but not limited to:
    a. Management of autologous or allogeneic hematopoietic stem cell transplantation;
    b. Management of immunodeficiency disorders including human immunodeficiency virus (HIV) and severe combined immunodeficiency disease (SCID);
    c. Management of or prediction of infection risk in immune mediated disorders including rheumatoid arthritis (RA), multiple sclerosis, and lupus nephritis;
    d. Testing for urticaria;
    e. Diagnosis and management of Lyme disease (for example, iSpot Lyme Test).
    f. Management of inflammatory bowel diseases;
    g. Monitoring immune response following surgery.

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
81560, 86352, 0018M

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Policy Update History:

Approval Date	Effective Date; Summary of Revisions
01/23/2025	04/15/2025; Document updated with literature review. Reimbursement Information unchanged. References revised.
02/01/2024	Document updated with literature review. Reimbursement Information unchanged. References revised.
11/01/2023	Document updated with literature review. Reimbursement information unchanged. References revised.
11/01/2022	New policy