of Tennessee

Policy

Reimbursement Policy

General Inflammation Testing

I. Policy Description

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).[1]

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.

II. Indications and/or Limitations of Coverage

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request. Specifications pertaining to Medicare and Medicaid can be found in the "Applicable State and Federal Regulations" section of this policy document.

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

2) For individuals without a diagnosed inflammatory condition, measurement of **ESR DOES NOT MEET COVERAGE CRITERIA**.

3) Measurement of CRP and/or ESR during general exam without abnormal findings **DOES NOT MEET COVERAGE CRITERIA**.

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 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 Cell Arteritis, Takayasu Arteritis)	CRP and ESR	To confirm diagnosis; every 1–3 months during 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

III. Applicable State and Federal Regulations

DISCLAIMER: If there is a conflict between this Policy and any relevant, applicable government policy for a particular member [e.g., Local Coverage Determinations (LCDs) or National Coverage Determinations (NCDs) for Medicare and/or state coverage for Medicaid], then the government policy will be used to make the determination. For the most up-to-date Medicare policies and coverage, please visit the Medicare search website: https://www.cms.gov/medicare-coverage-database/search.aspx. For the most up-to-date Medicaid policies and coverage, visit the applicable state Medicaid website.

Food and Drug Administration

Many labs have developed specific tests that they must validate and perform in house. These laboratory-developed tests (LDTs) are regulated by the Centers for Medicare and Medicaid (CMS) as high-complexity tests under the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88). LDTs are not approved or cleared by the U. S. Food and Drug Administration; however, FDA clearance or approval is not currently required for clinical use.

Testing of serum acute phase reactants and ESR is performed in laboratories meeting Clinical Laboratory Improvement Act (CLIA) quality standards. The FDA has approved multiple tests for human CRP, including assays for conventional CRP, high-sensitivity CRP (hsCRP), and cardiac CRP (cCRP). On September 22, 2005, the FDA issued guidelines concerning the assessment of CRP.[75] The FDA has approved ESR systems from multiple companies, including the ESR Control -M Hematology Erythrocyte Sedimentation system (K972172) and the ESR Control -HC Hematology Erythrocyte Sedimentation system (K972170) by R & D Systems, the Seditainer Erythrocyte Sedimentation Rate System (K953994) from Becton Dickinson Vacutainer Systems, the Westergren Dispette for ESR (K831195) by Ulster Scientific, and the Dade ESR Kit (K823368) from American Dade.

IV. Applicable CPT/HCPCS Procedure Codes

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)

Procedure codes appearing in Medical Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Evidence-based Scientific References

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Reimbursement Policy

VI. Revision History

Revision Date	Summary of Changes
06/04/2025	Reviewed and Updated: Updated the background, guidelines and recommendations, and evidence-based scientific references. Literature review did not necessitate any modifications to coverage criteria. The following changes were made for clarity and consistency: Removed "inflammatory" from CC1, as some conditions in Note 1 are noninflammatory, with measurement of CRP/ESR used to differentiate between a noninflammatory and inflammatory condition. Now reads: "1) Measurement of C-reactive protein (CRP) and/or erythrocyte sedimentation rate (ESR) MEETS COVERAGE CRITERIA for the conditions specified in Note 1." Added "If CRP and ESR are ordered at the same time for a condition where CRP or ESR are allowed, only CRP will be approved." to the end of Note 1 to provide full clarity on the enforcement of CRP and ESR when a condition allows for one or the other but not both. Within the table of Note 1, added "(e.g., inflammatory bowel disease)" in the "Frequency of Testing" column for IBS, to provide clarity on why a noninflammatory condition is provided within the table.