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Coalition of State Rheumatology Organizations

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November 6, 2023

Steven Udvarhelyi, MD
President & Chief Executive Officer
Blue Cross Blue Shield of Louisiana
5525 Reitz Ave.
Baton Rouge, LA 70809

Re: Policy Number G2155

Dear Dr. Udvarhelyi,

The Coalition of State Rheumatology Organizations (CSRO) is a national organization composed of over 30 state and regional professional rheumatology societies, including the Rheumatology Alliance of Louisiana (RAL), our member society which represents providers of rheumatology care in Louisiana. CSRO was formed by physicians to ensure excellence and access to the highest quality care for patients with rheumatologic, autoimmune, and musculoskeletal disease. It is with this in mind that we write with concerns regarding your new G2155 policy.

Starting in 2023, rheumatologists in Louisiana have had disruptions in patient care due to the new policies put in place regarding the testing of inflammatory markers, erythrocyte sedimentation rate, and C-reactive protein (ESR, CRP) (G2155). The standard of care testing of ESR and CRP are cornerstones in the laboratory portion of both diagnosis and ongoing management in patients with rheumatic diseases. The policy, enacted by BCBS LA through Avalon HCP, not only lacks scientific rigor and transparency but also has the potential to cause harm to the patient. The references throughout the policy do not suggest limiting physicians to ESR or CRP in any particular situation as it relates to rheumatic diseases. The guidelines are inclusive of both tests as important in the diagnosis and monitoring of patients with rheumatic disease.

Furthermore, Avalon HCP has not given any guidance as to how they enforce these post-visit denials of coverage for laboratories. Rheumatologic disease consists of a complex set of diagnoses, for which the provided list of diagnoses is not clear, nor do they match with the expanse of diagnoses used in rheumatologic clinics nationwide. For example, coverage for Giant Cell Arteritis and Large Vessel Vasculitis is different despite Giant Cell Arteritis being a Large Vessel Vasculitis. Arthritis is a vague term that does not have any clinical meaning. It is unclear what this term is applying to from an ICD10 perspective. If there is to be some limitation based on diagnoses, then the actual diagnosis codes should be provided to rheumatologists so that, if medically appropriate, they can be included in the claim to ensure appropriate laboratory fee coverage. Requests to Avalon HCP for specificities as to how these policies are applied have been refused.

These tests are highly cost-efficient and complementary, given how often they factor into clinical decision-making on patient welfare. For example, the care

and management of rheumatic diseases often require immunosuppression. Because of this, infections are always a possibility, in which case, both ESR and CRP are needed, whether the patient has rheumatoid arthritis, seronegative spondyloarthropathy, or lupus.

Additionally, 40% of active RA and PMR pts have normal ESR, a significant portion of which will have an elevated CRP, making this inexpensive test, as add-on, smart and cost-efficient. And finally, it must be stated that giving varying approval for these tests for GCA and large vessel vasculitis shows an ignorance of rheumatologic diseases that makes any recommendations on rheumatic disease laboratory testing in general, suspect and worrisome. These are just a few examples of how misguided this policy is.

Our opinion is that this will not only lead to missed diagnoses but also potentially increase hospitalizations due to a lack of recognition of acute phase proteins which can predict serious infection. This is in the face of a lack of any data suggesting that the limitation of these tests is safe.

We ask for the removal of G2155 to allow rheumatologists to freely order medically necessary tests in the evaluation and management of patients with rheumatic diseases as the present recommendations are not well founded and could lead to harm for our patients.

Sincerely,

Madelaine Feldman, MD
Vice President Advocacy & Government Affairs, CSRO

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