Medical Policy
Anti-CCP Testing for Rheumatoid Arthritis

Table of Contents
• Policy: Commercial
• Policy: Medicare
• Authorization Information
• Coding Information
• Description
• Policy History
• Information Pertaining to All Policies
• References

Policy Number: 142
BCBSA Reference Number: 2.01.78

Related Policies
None

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members

Measurement of anti-CCP, when used as part of the diagnostic workup for rheumatoid arthritis, may be considered **MEDICALLY NECESSARY**.

Measurement of anti-CCP, when used to monitor disease activity and/or treatment response, is **INVESTIGATIONAL**.

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>No</td>
</tr>
<tr>
<td>Commercial PPO and indemnity</td>
<td>No</td>
</tr>
<tr>
<td>Medicare HMO BlueSM</td>
<td>No</td>
</tr>
<tr>
<td>Medicare PPO BlueSM</td>
<td>No</td>
</tr>
</tbody>
</table>
CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

**CPT codes**

<table>
<thead>
<tr>
<th>CPT codes</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>86200</td>
<td>Cyclic citrullinated peptide (CCP), antibody</td>
</tr>
</tbody>
</table>

**Description**

Autoantibodies directed against cyclic citrullinated proteins (anti-CCP) are found in many patients with rheumatoid arthritis (RA). In patients with RA and active joint inflammation, levels of anti-CCP are higher in the synovial fluid than in the peripheral circulation. Anti-CCP found in the serum is thought to be a result of diffusion of these antibodies from the synovial fluid into the general circulation. Autoantibodies against CCP have been recognized and measured for several decades. However, older tests were performed by a cumbersome immunofluorescence assay and were not commonly used in routine clinical practice. Therefore, attention turned toward measuring anti-CCP antibodies. Serum anti-CCP levels are currently measured using an ELISA assay.

Examples of anti-CCP testing for RA include the QUANTA Lite™ CCP IgG ELISA from INOVA Diagnostics and the Diastat™ anti-CCP ELISA test from Axis-Shield Diagnostics. All anti-CCP tests for RA are considered investigational regardless of the commercial name, the manufacturer or FDA approval status except when used for the medically necessary indications that are consistent with the policy statement.

**Summary**

Extensive evidence has established that anti-CCP has a moderately high sensitivity, a high specificity, and is a strong predictor of future erosive arthritis. The test is useful in confirming the diagnosis of RA in patients with early disease, especially when the criteria for a diagnosis of RA are not met by other clinical or laboratory measures. Early identification of patients with RA is important since timely treatment with DMARDs can prevent progression of destructive arthritis and improve functional status. The extensive evidence of the usefulness of the test for diagnosing RA supports its medically necessary designation.

The evidence suggests that anti-CCP is not useful as a measure of disease activity and/or response to treatment. As a result, the use of anti-CCP is considered investigational for monitoring disease activity in RA.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/2015</td>
<td>Clarified coding information.</td>
</tr>
<tr>
<td>6/2014</td>
<td>Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.</td>
</tr>
<tr>
<td>Date</td>
<td>Event</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>4/2012</td>
<td>No changes to policy statements.</td>
</tr>
<tr>
<td></td>
<td>No changes to policy statements.</td>
</tr>
<tr>
<td></td>
<td>No changes to policy statements.</td>
</tr>
<tr>
<td>11/01/09</td>
<td>Medical Policy 142 effective 11/01/09 created.</td>
</tr>
</tbody>
</table>

**Information Pertaining to All Blue Cross Blue Shield Medical Policies**

Click on any of the following terms to access the relevant information:

- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

**References**