MEDICAL POLICY – 2.04.123
Serum Biomarker Panel Testing for Systemic Lupus Erythematosus and Other Connective Tissue Diseases

BCBSA Ref. Policy: 2.04.123
Effective Date: Sept. 1, 2020
Last Revised: Aug. 20, 2020
Replaces: N/A

RELATED MEDICAL POLICIES:
None

Select a hyperlink below to be directed to that section.

POLICY CRITERIA | CODING | RELATED INFORMATION
EVIDENCE REVIEW | REFERENCES | HISTORY

∞ Clicking this icon returns you to the hyperlinks menu above.

Introduction

Connective tissue holds the body together as it surrounds and supports other tissues and organs. Tendons, ligaments, skin, blood vessels, and cartilage are examples of connective tissue. Connective tissue is also found in many organs such as the heart and lungs. Connective tissue is made up of two main proteins, elastin and collagen. If the connective tissue becomes inflamed, the inflammation can damage the elastin and collagen and it can affect the body parts they are associated with. There are many different connective tissue diseases, and their symptoms can overlap. Tests that look at several different substances in the blood at one time have been developed to try to identify specific connective tissue disorders. These tests are unproven. More studies are needed to see if they bring more health benefits than the standard ways of diagnosing these disorders.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.
## Policy Coverage Criteria

<table>
<thead>
<tr>
<th>Testing</th>
<th>Investigational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum biomarker panel testing</td>
<td>Serum biomarker panel testing with proprietary algorithms and/or index scores for the diagnosis of systemic lupus erythematosus and other connective tissue diseases is considered investigational.</td>
</tr>
</tbody>
</table>

## Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td></td>
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<tr>
<td>0062U</td>
<td>Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score</td>
</tr>
<tr>
<td>81599</td>
<td>Unlisted multianalyte assay with algorithmic analysis</td>
</tr>
<tr>
<td>84999</td>
<td>Unlisted chemistry procedure</td>
</tr>
</tbody>
</table>

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## Related Information

### Serum Biomarker Panel Tests

Tests offered by Exagen Diagnostics laboratory (see [Description](#) and [Regulatory Status](#)) include:

- Avise SLE + Connective Tissue 2.0
- Avise SLE 2.0
- Avise SLE Prognostic
Systemic lupus erythematosus (SLE) is an autoimmune connective tissue disease (CTD) that can be difficult to diagnose because patients often present with diverse, nonspecific symptoms that overlap with other CTDs; to further complicate matters, commonly used laboratory tests are not highly accurate. Moreover, similar symptoms may also present themselves in patients with fibromyalgia. Currently, differential diagnosis depends on a combination of clinical signs and symptoms and individual laboratory tests. More accurate laboratory tests for SLE and other CTDs could facilitate diagnosis of the disease. Recently, laboratory-developed, diagnostic panel tests with proprietary algorithms and/or index scores for the diagnosis of SLE and other autoimmune CTDs have become commercially available.

**Background**

**Connective Tissue Diseases**

**Systemic Lupus Erythematosus**

Systemic lupus erythematosus (SLE) is an autoimmune connective tissue disease (CTD). It is one of several types of lupus, the others being cutaneous and drug-induced lupus. About 90% of lupus patients are women between the ages of 15 and 44 years. SLE causes inflammation and can affect any part of the body, most commonly the skin, heart, joints, lungs, blood vessels, liver, kidneys, and nervous system. Although generally not fatal, SLE can increase mortality, most commonly from cardiovascular disease due to accelerated atherosclerosis. SLE can also lead to kidney failure, which may reduce survival. The survival rate in the United States is approximately 95% at 5 years and 78% at 20 years.¹ The morbidity associated with SLE is substantial. Symptoms such as joint and muscle pain can impact quality of life and functional status. SLE also increases patients’ risk of infection, cancer, avascular necrosis (bone death), and pregnancy complications (eg, preeclampsia, preterm birth). The course of the disease is variable, and patients generally experience periods of mild-to-severe illness (called flares) and remission.
**Other Connective Tissue Diseases**

Several other CTDs may require a differential diagnosis from SLE (eg, rheumatoid arthritis, Sjögren syndrome, antiphospholipid syndrome, and polymyositis).

Rheumatoid arthritis is a chronic inflammatory peripheral polyarthritis. Rheumatoid arthritis can lead to deformity through stretching of tendons and ligaments and destruction of joints through erosion of cartilage and bone. Rheumatoid arthritis can also affect the skin, eyes, lungs, heart, and blood vessels.

Graves disease is an autoimmune disorder that leads to overactivity of the thyroid gland. The disease arises from thyroid-stimulating hormone receptor antibodies. It is the most common cause of hyperthyroidism. Blood tests may show raised thyroid-stimulating immunoglobulin antibodies.

Hashimoto disease, also known as chronic lymphocytic thyroiditis, is an autoimmune disorder and is the most common cause of hypothyroidism second to iodine insufficiency. It is characterized by an underactive thyroid gland and gradual thyroid failure. Diagnosis is confirmed with blood tests for thyroid-stimulating hormone (T4) and antithyroid antibodies.

Sjögren syndrome is an autoimmune disorder characterized by dryness of the eyes and mouth due to diminished lacrimal and salivary gland function. Affected individuals may also have symptoms of fatigue, myalgia, and cognitive dysfunction, which may be difficult to distinguish clinically from fibromyalgia or medication side effects. Typical antibodies include antinuclear antibody (ANA), anti-Sjögren-syndrome-related antigen, anti-Sjögren syndrome type B, or rheumatoid factor.

Antiphospholipid syndrome is a systemic autoimmune disorder characterized by venous or arterial thrombosis and/or pregnancy morbidity. Antiphospholipid antibodies are directed against phospholipid-binding proteins.

Polymyositis and dermatomyositis are inflammatory myopathies characterized by muscle weakness and inflammation. Dermatomyositis may also have skin manifestations.
Summary of Evidence

For individuals with signs and/or symptoms of SLE who receive serum biomarker panel testing, the evidence includes several diagnostic accuracy studies and 1 prospective evaluation of clinical utility that compared the impact of the test results on physicians’ evaluation of patients with a clinical suspicion for SLE. The relevant outcomes are test accuracy, symptoms, and quality of life. One case-control study found high sensitivity and specificity for a commercially available test for diagnosing SLE. More recent evaluations have tested how a panel test can aid in the diagnosis or exclusion of SLE in a population with suspected SLE or undifferentiated findings. Two observational studies found that patients with a positive Avise test were more likely to have classifiable SLE after 9 months to 2 years of follow-up. Additionally, a randomized controlled trial evaluated the influence of test results from Avise and standard diagnosis laboratory testing on rheumatologists’ likelihood of diagnosing SLE, which found that physicians were less likely to diagnosis SLE in a patient with a negative Avise test. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals with signs and/or symptoms of CTD (besides SLE) who receive serum biomarker panel testing, more studies are needed. The relevant outcomes are test accuracy, symptoms, and quality of life. The evidence is insufficient to determine the effects of the technology on health outcomes.

Ongoing and Unpublished Clinical Trials

A search of ClinicalTrials.gov in May 2020 did not identify any ongoing or unpublished trials that would likely influence this review.

Practice Guidelines and Position Statements

No guidelines or statements were identified.

Medicare National Coverage

There is no national coverage determination.
Regulatory Status

Clinical laboratories may develop and validate tests in-house and market them as a laboratory service; laboratory-developed tests must meet the general regulatory standards of the Clinical Laboratory Improvement Amendments. The Avise® tests (Exagen Diagnostics) are available under the auspices of Clinical Laboratory Improvement Amendments. Laboratories that offer laboratory-developed tests must be licensed by the Clinical Laboratory Improvement Amendments for high-complexity testing. To date, the U.S. Food and Drug Administration has chosen not to require any regulatory review of this test.

References


26. History
<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
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<tbody>
<tr>
<td>10/13/14</td>
<td>New policy, add to Pathology/Laboratory section. Policy created with literature review through July 23, 2014. Serum biomarker panel tests for systemic lupus erythematosus with proprietary algorithms and/or index scores are considered investigational.</td>
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<tr>
<td>09/01/16</td>
<td>Annual Review, approved August 9, 2016. Policy updated with literature review through April 29, 2016; no references added. Policy statement unchanged.</td>
</tr>
<tr>
<td>09/01/17</td>
<td>Annual Review, approved August 22, 2017. Policy updated with literature review through April 25, 2017; references 10 and 15 added. The phrase “and other connective tissue diseases” added to policy statement and title.</td>
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<tr>
<td>09/01/19</td>
<td>Annual Review, approved August 6, 2019. Policy updated with literature review through April 2019; no references added. Policy statement unchanged. Added CPT code 0062U.</td>
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Email AppealsDepartmentInquiries@Premera.com

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U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)


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Illoko (Illocano):

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