

C-Reactive Protein Testing

- Also known as**
1. CRP Testing
 2. High-Sensitivity C-Reactive Protein Assay (hs-CRP)
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Description C-reactive protein is produced by the liver. The level of CRP rises when there is inflammation throughout the body.

The CRP test is a general test to check for inflammation in the body. It is not a specific test. That means, it can reveal that you have inflammation somewhere in your body, but it cannot pinpoint the exact location. The test may be ordered to:

- Check for flare-ups of inflammatory diseases such as rheumatoid arthritis, lupus, or vasculitis.
- Determine if anti-inflammatory medicine is working to treat a disease or condition

A more sensitive CRP test, called a high-sensitivity C-reactive protein (hs-CRP) assay, is available to determine a person's risk for heart disease. Many consider a high CRP level to be a risk factor for heart disease, but it is not known whether CRP is merely a sign of cardiovascular disease or if it actually plays a role in causing heart problems.

See also Similar, related, or easily confused documents.

- [Life line Screening](#) – a company based out of Ohio that provides multiple *preventive* health screenings through lab tests, ultrasounds, or combination of both. C-reactive protein testing is commonly one of these tests.
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C-Reactive Protein Testing, Continued

Commercial

When performed to evaluate a condition, covered under laboratory benefits. When done in a facility, also quote facility benefits.

These are not standard screening tests and not medically necessary when performed for screening purposes (during a routine physical).

- If performed for screening purposes, these tests are NOT covered.

Government Programs

Refer to the table below.

Plan	Coverage
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• Refer to Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• When performed to evaluate a condition, covered under laboratory benefits.• These are not standard screening tests and not medically necessary when performed for screening purposes (during a routine physical).<ul style="list-style-type: none">– If performed for screening purposes, these tests are NOT covered.• Medicare is the primary payer.• Follows Medicare guidelines.• If no Medicare eligibility, Medicaid applies. Refer to Medicaid below.
AccessAbility Enhanced (SNBC SNP), DUAL (MSHO)	<ul style="list-style-type: none">• When performed to evaluate a condition, covered under laboratory benefits.• These are not standard screening tests and not medically necessary when performed for screening purposes (during a routine physical).<ul style="list-style-type: none">– If performed for screening purposes, these tests are NOT covered.• Medicare is the only payer.

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C-Reactive Protein Testing, Continued

Government Programs, continued

Plan	Coverage
Advantage	<ul style="list-style-type: none"> • Covered under outpatient diagnostic tests and therapeutic services and supplies. Refer to EOC for coverage details. • Follows Medicare guidelines. • Provider must bill per Medicare Product Grid. • Medica is the only payer.
Advantage PartnerCare (I-SNP)	<ul style="list-style-type: none"> • Covered under outpatient diagnostic tests and therapeutic services and supplies. • Refer to the EOC. Copays depend on place of service. • Provider must bill per Medicare Product Grid. • Medica is the only payer.
Medicaid (SPP)	<ul style="list-style-type: none"> • When performed to evaluate a condition, covered under laboratory benefits. When done in a facility, also quote facility benefits. • These are not standard screening tests and not medically necessary when performed for screening purposes (during a routine physical). <ul style="list-style-type: none"> – If performed for screening purposes, these tests are NOT covered.
Prime	<ul style="list-style-type: none"> • Covered under outpatient diagnostic tests and therapeutic services and supplies. Refer to EOC for coverage details. • Follows Medicare guidelines. • Provider must bill per Medicare Product Grid. • Reminder: Members can use non-Medica Service Area providers. Refer to Out-of-MSA Benefits.

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C-Reactive Protein Testing, Continued

Government Programs, continued

Plan	Coverage
Select, Signature	<ul style="list-style-type: none">• When performed to evaluate a condition, covered under laboratory benefits.• These are not standard screening tests and not medically necessary when performed for screening purposes (during a routine physical).<ul style="list-style-type: none">– If performed for screening purposes, these tests are NOT covered.• Medicare supplement. Medicare is the primary payer.• Follows Medicare guidelines.

Individual and Family Business (IFB)

When performed to evaluate a condition, covered under laboratory benefits. When done in a facility, also quote facility benefits.

These are not standard screening tests and not medically necessary when performed for screening purposes (during a routine physical).

- If performed for screening purposes, these tests are NOT covered.
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Medica Health Plan Solutions (MHPS)

When performed to evaluate a condition, covered under laboratory benefits. When done in a facility, also quote facility benefits.

These are not standard screening tests and not medically necessary when performed for screening purposes (during a routine physical).

- If performed for screening purposes, these tests are NOT covered.
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National Account Member Services (NAMS)

May be listed separately, if so, quote from iBAAG.

- If not listed separately, covered under laboratory benefits when performed to evaluation a condition.
 - These are not standard screening tests and not medically necessary when performed for screening purposes (during a routine physical).
 - If performed for screening purposes, these tests are NOT covered.
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C-Reactive Protein Testing, Continued

Document history

The document history for the past 12 months is outlined below.

Note: See the KN for complete document history. Email questions to CSKNupdate@medica.com.

Date	Description
4.28.20	Updated to new template.

Applicability

Business Segments		
<input checked="" type="checkbox"/> All <input type="checkbox"/> Assoc. <input type="checkbox"/> Comm. <input type="checkbox"/> IFB <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> MHPS <input type="checkbox"/> My Plan <input type="checkbox"/> PSC		
Specific Clients/Products		
<input checked="" type="checkbox"/> All <input type="checkbox"/> Other:		
System		
<input type="checkbox"/> CCMS <input type="checkbox"/> HealthRules Payor <input type="checkbox"/> ISET (Choose an item.) PBM (Choose an item.) <input checked="" type="checkbox"/> N/A		
Departments		
<input type="checkbox"/> All <input type="checkbox"/> Billing <input checked="" type="checkbox"/> Call Center <input type="checkbox"/> Claims <input type="checkbox"/> Enrollment <input type="checkbox"/> Other:		
Approved By	Document Owner	Date
A-Z Review Team	KNTWs	4.28.20
