



BlueCross BlueShield
of Oklahoma

If a conflict arises between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of Oklahoma may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Coronavirus Testing in the Outpatient Setting

Policy Number: CPCPLAB057

Version 1.0

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Description

The Plan has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

NOTE 1: Antibody testing for the SARS-CoV-2 (COVID-19) virus provided under an Emergency Use Authorization (EUA) from the U.S. Food and Drug Administration (FDA) during a public health emergency is **NOT** addressed by this policy.

1. Targeted nucleic acid testing, (e.g., RT-PCR, rapid molecular tests), for COVID-19 (SARS-CoV-2) **may be reimbursable** in any of the following situations:
 - a. For individuals displaying signs and symptoms of possible COVID-19 infection (See **NOTE 2**).
 - b. For asymptomatic individuals with known exposure to COVID-19, **EXCEPT** when the individual has had a previous COVID-19 infection within the last 90 days.
2. For individuals with signs or symptoms of severe acute respiratory syndrome (SARS) who have traveled to endemic areas or who have been exposed to persons with SARS, targeted nucleic acid testing, such as RT-PCR for the detection of SARS coronavirus RNA, **may be reimbursable**.
3. For individuals with signs and symptoms of Middle East respiratory syndrome (MERS) who have traveled to endemic areas or who have been exposed to persons with MERS, targeted nucleic acid testing, such as RT-PCR for the detection of MERS coronavirus RNA **may be reimbursable**.
4. To support a diagnosis of multisystem inflammatory syndrome in children (MIS-C) (see **Note 3**) multisystem inflammatory syndrome in adults (MIS-A) (see **Note 4**) or post-acute sequelae of SARS-CoV-2 infection (PASC), nucleic acid amplification testing and host antibody serology testing **may be reimbursable**.
5. For symptomatic individuals, antigen-detecting diagnostic tests for SARS-CoV-2 (e.g., antigen rapid tests) once every 48 hours **may be reimbursable**.
6. For all other situations not described above, host antibody serology testing **is not reimbursable**.
7. For all situations, neutralization antibody testing for SARS-CoV-2 **is not reimbursable**.

8. Testing for other endemic coronaviruses, such as 229E, NL63, OC43, and HKU1, **is not reimbursable**.

NOTE 2: Signs and symptoms associated with a possible COVID-19 infection can include fever, cough, fatigue, shortness of breath or difficulty breathing, congestion or runny nose, chills, muscle or body aches, headache, sore throat, new loss of taste or smell, nausea, vomiting, and diarrhea, conjunctivitis, (3).

Note 3: According to the CDC, (4) MIS-C is defined as an illness that is found in a person less than 21 years of age when **all** the following conditions are met:

- Subjective or documented fever of at least 38°C;
- Clinical severity requiring hospitalization;
- Evidence of systemic inflammation indicated by elevated C-reactive protein (CRP);
- New onset of manifestations in at least two of the following categories:
 - Cardiac involvement indicated by one of the following:
 - Left ventricular ejection fraction <55%,
 - Coronary artery dilatation, aneurysm, or ectasia,
 - Elevated troponin.
 - Mucocutaneous involvement indicated by one of the following:
 - Rash,
 - Inflammation of the oral mucosa,
 - Conjunctivitis or conjunctival injection,
 - Extremity findings (e.g., erythema or edema of the hands or feet).
 - Shock.
 - Gastrointestinal involvement indicated by one of the following:
 - Abdominal pain,
 - Vomiting,
 - Diarrhea.
 - Hematologic involvement indicated by one of the following:
 - Platelet count <150,000 cells/μL.
 - Absolute lymphocyte count.

Note 4: According to the CDC, (4), MIS-A is defined as an illness that is found in a person 21 years of age or older when all the following conditions are met:

- Hospitalization for 24 hours or more;
- Subjective or documented fever of at least 38°C for one of the following:
 - 24 or more hours prior to hospitalization;
 - Within the first 3 days of hospitalization.
- No alternative diagnosis (e.g., bacterial sepsis).
- At least **three** of the following (occurring prior to hospitalization or within the first three days of hospitalization), with at least one being a primary clinical criterion:
 - Primary clinical criteria:

- Severe cardiac illness (e.g., myocarditis, pericarditis, coronary artery dilation/aneurysm, new-onset right or left ventricular dysfunction, 2nd/3rd degree A-V block, ventricular tachycardia.
- Rash **and** non-purulent conjunctivitis.
- Secondary clinical criteria:
 - New-onset neurologic signs and symptoms (e.g., encephalopathy in an individual without prior cognitive impairment, seizures, meningeal signs, peripheral neuropathy including Guillain-Barré syndrome).
 - Shock or hypotension not attributable to medical therapy.
 - Abdominal pain, vomiting or diarrhea.
 - Thrombocytopenia.
- Evidence of SARS CoV-2 infection;
- Evidence of systemic inflammation (elevated CRP, ferritin, interleukin-6, erythrocyte sedimentation rate, or procalcitonin).

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
86328, 86408, 86409, 86413, 86769, 87426, 87635, 87798, 87811, 0224U, 0226U, 0408U, U0001, U0002

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Policy Update History:

Approval Date	Effective Date; Summary of Revisions
07/25/2025	11/07/2025; Document updated with literature review. The following changes were made to Reimbursement Information: Edited #1 to remove “including rapid molecular tests” as that was duplicative; added “any of” to clarify either of the situations listed were applicable for testing. Removed #6 and #7 as those are addressed on CPCPLAB045 Pathogen Panel Testing. That resulted in the deletion of Note 5. Removed codes 86318 and 87428. References revised.
01/23/2025	04/15/2025; Document updated with literature review. The following changes were made to Reimbursement Information: Added rapid molecular tests as testing option in #1; removed 1c: for asymptomatic individuals prior to undergoing immunosuppressive or aerosol-producing procedures; added NAAT as an acceptable test option for MIS-A and MIS-C in #4; updated #5 to include once every 48 hour frequency; removed #7 and #9 as they are appropriately managed in CPCPLAB045 Pathogen Panel Testing; removed #8 for genotyping. Updated Note 2 with updated CDC signs and symptoms of COVID-19;

	updated Note 3 and Note 4 with updated CDC clinical requirements for suspected MIS-C and MIS-1. Removed codes 86790, 87631, 87632, 87633, 87797, 87799, 0115U, 0202U, 0223U, 0225U, C9803. References revised.
03/15/2024	Document updated with literature review. Reimbursement information unchanged. References revised; some added, others removed. Removed codes G2023, G2024, U0003, U0004, U0005.
03/01/2024	Added code 0408U. No other changes made.
11/01/2023	Document updated with literature review. Reimbursement information revised for clarity. References revised; some added, others removed.
11/01/2022	New policy