

If a conflict arises between a Clinical Payment and Coding Policy (“CPCP”) 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. BCBSNM may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM 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 (“HIPAA”) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (“UB”) Editor, American Medical Association (“AMA”), Current Procedural Terminology (“CPT®”), CPT® Assistant, Healthcare Common Procedure Coding System (“HCPCS”), ICD-10 CM and PCS, National Drug Codes (“NDC”), Diagnosis Related Group (“DRG”) guidelines, Centers for Medicare and Medicaid Services (“CMS”) National Correct Coding Initiative (“NCCI”) 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

Enterprise Clinical Payment and Coding Policy Committee Approval Date: July 17, 2023

Plan Effective Date: November 1, 2023

Description

BCBSNM 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:

This policy only addressed testing for the purpose of medical decision making in the outpatient setting. This policy does not address work, school, state, or federally mandated SARS-CoV-2 testing.

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. Individuals displaying signs and symptoms of possible COVID-19 infection (See **NOTE 1**).
 - b. 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. Targeted nucleic acid testing, (e.g., RT-PCR), **may be reimbursable** for detection of severe acute respiratory syndrome (SARS) coronavirus RNA in individuals with signs or symptoms of SARS and who have traveled to endemic areas or have been exposed to individuals with SARS.
3. Targeted nucleic acid testing, such as RT-PCR, **may be reimbursable** for detection of Middle East respiratory syndrome (MERS) coronavirus RNA in individuals with signs or symptoms of MERS and who have traveled to endemic areas or have been exposed to individuals with MERS.
4. Host antibody serology testing to support a diagnosis of Multisystem Inflammatory Syndrome in Children (MIS-C) (see **NOTE 2**), Multisystem Inflammatory Syndrome in Adults (MIS-A) (see **NOTE 3**), or Post-Acute Sequelae of SARS-CoV-2 infection (PASC) **may be reimbursable**.
5. The use of an antigen-detecting diagnostic test in symptomatic individuals, (e.g., antigen rapid tests), for SARS-CoV-2, **may be reimbursable**.
6. For individuals with signs and symptoms of a respiratory tract infection (see **NOTE 4**), multiplex PCR-based panel testing of up to **5** respiratory pathogens **may be reimbursable**.
7. For individuals with signs and symptoms of a respiratory tract infection (see **NOTE 4**), antigen panel testing of up to **5** antigens **may be reimbursable**.
8. For the diagnosis of SARS-CoV2 reinfection, whole genome sequencing of paired specimens from distinct lineages (as defined in Nextstrain or GISAID) **is not reimbursable**.
9. Multiplex PCR-based panel testing of **6 or more** respiratory pathogens **is not reimbursable**.
10. Antigen panel testing of **6 or more** antigens **is not reimbursable**.
11. For all other situations not described above, host antibody serology testing **is not reimbursable**.
12. . In the outpatient setting, SARS-CoV-2 genotyping **is not reimbursable**.
13. For all situations, neutralization antibody testing for SARS-CoV-2 **is not reimbursable**.
14. Testing for other endemic coronaviruses, such as 229E, NL63, OC43, and HKU1, **is not reimbursable**.

NOTE 1: Signs and symptoms associated with a possible COVID-19 infection can include a fever, cough, fatigue, shortness of breath or difficulty breathing, congestion or runny nose, muscle

pain, headache, sore throat, new loss of taste or smell, nausea, vomiting, diarrhea, conjunctivitis, rash on skin or discoloration of fingers or toes (CDC, 2020e; WHO, 2023).

Note 2: According to the CDC, evidence of possible MIS-C includes (CDC, 2021c):

- Fever of at least 38.0°C for at least 24 hours
- Multisystem (2 or more) organ involvement
- Laboratory evidence of inflammation, “including, but not limited to, one or more of the following: an elevated C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), fibrinogen, procalcitonin, d-dimer, ferritin, lactic acid dehydrogenase (LDH or interleukin 6 (IL-6), elevated neutrophils, reduced lymphocytes and low albumin (CDC, 2020d)”

Some children may fulfill full or partial criteria for Kawasaki disease.

Note 3: According to the CDC, evidence of possible MIS-A includes (Morris et al., 2020; Patel et al., 2021):

- A severe illness requiring hospitalization in a person aged ≥21 years;
- A positive test result for current or previous SARS-CoV-2 infection (nucleic acid, antigen, or antibody) during admission or in the previous 12 weeks;
- Severe dysfunction of one or more extrapulmonary organ systems (e.g., hypotension or shock, cardiac dysfunction, arterial or venous thrombosis or thromboembolism, or acute liver injury);
- Laboratory evidence of severe inflammation (e.g., elevated CRP, ferritin, D-dimer, or interleukin-6);
- Absence of severe respiratory illness (to exclude patients in which inflammation and organ dysfunction might be attributable simply to tissue hypoxia).

Note 4: Signs and symptoms of a respiratory tract infection:

- A temperature greater than 102°F;
- Pronounced dyspnea;
- Tachypnea; or
- Tachycardia.

Reimbursement

1. AMA standard practice for COVID-19 testing states not to include both the HCPCS and AMA code for same procedure on same DOS and that only one code should be used, therefore only one code per date of service will be reimbursed.
2. Specimen collection codes for coronavirus testing are considered incidental and will not be reimbursed.

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
86318, 86328, 86408, 86409, 86413, 86769, , 87426, 87428, 87631, 87632, 87633, 87635, , 87798, 87811, 87913, 0115U, 0202U, 0223U, 0224U, 0225U, 0226U, C9803, U0001, U0002

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Policy Update History:

7/17/2023	Document updated with literature review. The following changes were made to Reimbursement Information: Removed 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. Added: This policy only addressed testing for the purpose of medical decision making in the outpatient setting. This policy does not address work, school, state, or federally mandated SARS-CoV-2 testing. From #1, removed c: Asymptomatic individuals prior to undergoing immunosuppressive or aerosol-producing procedures. Added 12: In the outpatient setting, SARS CoV-2 genotyping is not reimbursable. Revised Notes accordingly; added Note 4 for signs and symptoms of a respiratory tract infection. Other changes made for clarity. References revised.
11/1/2022	New policy