



POLICY INFORMATION			
Policy Number:	POL-PP- 293 AHS – G2143 – Lyme Disease Testing	Original Effective Date:	07/01/2025
Version Number:	001	Revision Date:	
Policy Status:	Active	Next Revision Date:	07/01/2026

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input checked="" type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.



Description/Application

Lyme disease is a common multisystem inflammatory disease caused by spirochetes of the family *Borreliaceae* transmitted through the bite of an infected tick of the genus *Ixodes* (Barbour, 2022). Lyme disease affects the skin in its early localized stage, and spreads to the joints, nervous system, and other organ systems in its later disseminated stages (Hu, 2022).

Policy

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

For individuals with symptoms of Lyme disease and a history of travel to a region endemic for Lyme (with or without a history of a tick bite), serologic testing (2-tier testing strategy using a sensitive enzyme immunoassay (EIA) or immunofluorescence assay, followed by a western immunoblot assay or FDA-cleared second EIA assay) **may be reimbursed**.

For individuals with a history of travel to a region endemic for Lyme, serologic testing (2-tier testing strategy using a sensitive enzyme immunoassay (EIA) or immunofluorescence assay, followed by a western immunoblot assay or FDA-cleared second EIA assay) **may be reimbursed in any** of the following situations:

- For individuals with acute myocarditis/pericarditis of unknown cause.
- For individuals with meningitis, encephalitis, or myelitis.
- For individuals with painful radiculoneuritis.
- For individuals with mononeuropathy multiplex including confluent mononeuropathy multiplex.
- For individuals with acute cranial neuropathy.

Serologic testing **may not be reimbursed in any** of the following situations:

- For individuals with an erythema migrans (EM) rash (patients with skin rashes consistent with EM who reside in or who have recently traveled to an endemic area should be treated for Lyme disease).
- To screen asymptomatic patients living in endemic areas.
- For individuals with non-specific symptoms only (e.g., fatigue, myalgias/arthralgias).
- For individuals with amyotrophic lateral sclerosis.
- For individuals with relapsing-remitting multiple sclerosis.
- For individuals with Parkinson's disease.
- For individuals with dementia or cognitive decline, or new-onset seizures.
- For individuals with psychiatric illness.

Detection of *Borrelia burgdorferi* by nucleic acid identification techniques (direct or amplified probe) **may not be reimbursed**.



For individuals who have previously tested positive for Lyme disease, repeat serologic testing **may not be reimbursed**.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

All other testing for *Borrelia burgdorferi* not described above **may not be reimbursed**.

For the diagnosis of Lyme disease, testing of the individual tick **may not be reimbursed**.

Coding

CPT	Code Description
86617	Antibody; Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western Blot or immunoblot)
86618	Antibody; Borrelia burgdorferi (Lyme disease)
87475	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, direct probe technique
87476	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique
0041U	Borrelia burgdorferi, antibody detection of 5 recombinant protein groups, by immunoblot, IgM Proprietary test: Lyme ImmunoBlot IgM Lab/Manufacturer: IGeneX Inc
0042U	Borrelia burgdorferi, antibody detection of 12 recombinant protein groups, by immunoblot, IgG Proprietary test: Lyme ImmunoBlots IgG Lab/Manufacturer: IGeneX Inc
0316U	Borrelia burgdorferi (Lyme disease), OspA protein evaluation, urine Proprietary test: Lyme Borrelia Nanotrap® Urine Antigen Test Lab/Manufacturer: Galaxy Diagnostics Inc

References and Resources

Avalon Medical Policy AHS – G2143 – Lyme Disease Testing
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Related Documents

Policy Number	Policy Title
AHS-G2158	Testing for Vector-Borne Infections

Revision History

Version	Date	Summary of Revisions
001	06/01/2025	Initial version