



PAYMENT INTEGRITY COMPLIANCE Coronavirus Testing in the Outpatient Setting

POLICY INFORMATION			
Policy Number:	POL-PP-269 AHS – G2174 – Coronavirus Testing in the Outpatient Setting	Original Effective Date:	07/01/2025
Version Number:	002	Revision Date:	
Policy Status:	Active	Next Revision Date:	07/01/2026

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

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

Human coronaviruses, first characterized in the 1960s, are named based on the spiked proteins located on their surface. As of 2020, seven coronaviruses are known to infect humans. Four, of which—229E, NL63, OC43, and HKU1—are associated with the common cold. MERS-CoV is the coronavirus that causes Middle East Respiratory Syndrome, or MERS. SARS-CoV is the causative agent of Severe Acute Respiratory Syndrome (SARS), and SARS-CoV-2 is the virus that causes coronavirus disease 2019, or COVID. As of June 1, 2024, the United States had reported that nearly 1.2 million people have died of COVID. Testing for a possible coronavirus infection can include molecular tests, such as nucleic acid-based testing like reverse transcription polymerase chain reaction (RT-PCR); host antibody testing; and antigen testing.

Policy

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

This policy only addresses 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.

Targeted nucleic acid testing (e.g., RT-PCR, rapid molecular tests) for COVID-19 (SARS-CoV-2) **may be reimbursed** in any of the following situations:

- For individuals displaying signs and symptoms of possible COVID-19 infection (See Note 1).
- 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.

For individuals with signs or symptoms of SARS and who have traveled to endemic areas or who have been exposed to persons with SARS, targeted nucleic acid testing (e.g., RT-PCR) for the detection of severe acute respiratory syndrome (SARS) coronavirus RNA **may be reimbursed**.

For individuals with signs or symptoms of Middle East respiratory syndrome (MERS) and who have traveled to endemic areas or who have been exposed to persons with MERS, targeted nucleic acid testing (e.g, RT-PCR) for the detection of MERS coronavirus RNA **may be reimbursed**.

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), nucleic acid amplification testing and host antibody serology testing **may be reimbursed**.

For symptomatic individuals, antigen-detecting diagnostic tests for SARS-CoV-2 (e.g., antigen rapid tests) once every 48 hours **may be reimbursed**.

For the diagnosis of SARS-CoV-2 reinfection, whole genome sequencing of paired specimens from distinct lineages (as defined in Nextstrain or GISAID) **may not be reimbursed**.

For all other situations not described above, host antibody serology 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.

In the outpatient setting, SARS-CoV-2 genotyping **may not be reimbursed**.

For all situations, neutralization antibody testing for SARS-CoV-2 **may not be reimbursed**.

Testing for other endemic coronaviruses, such as 229E, NL63, OC43, and HKU1, **may not be reimbursed**.

NOTES:

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, chills, muscle pain, or body aches, headache, sore throat, new loss of taste or smell, nausea, vomiting, and diarrhea, conjunctivitis, rash on skin or discoloration of fingers or toes.

Note 2: According to the CDC, MIS-C is defined as an illness that is found in a person less than 21 years of age when all of 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/ μ L.
 - Absolute lymphocyte count.

Note 3: According to the CDC, MIS-A is defined as an illness that is found in a person 21 years of age or older when all of the following conditions are met:

- Hospitalization for 24 hour or more.
- Subjective or documented fever of at least 38 C for one of the following:
 - 24 or more hours prior to hospitalization



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- Within the first 3 days of hospitalization
- No alternative diagnosis (e.g., bacterial sepsis)
- laboratory evidence of severe inflammation (e.g., elevated CRP, ferritin, D-dimer, or interleukin-6).
- 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 individuals 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 infections
- Evidence of systemic inflammation (elevated CRP, ferritin, interleukin 6, erythrocyte sedimentation rate, or procalcitonin)

Coding

CPT	Code Description
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID19]); screen
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID19]); titer
86413	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
87426	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])
87635	Infectious agent detection by nucleic acid (DNA or RNA);severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism
87811	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation;



CPT	Code Description
	severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
87913	Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s)
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed Proprietary test: COVID-19 Antibody Test Lab/Manufacturer: Mount Sinai Laboratory/Mt Sinai
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum Proprietary test: Tru-Immune™ Lab/Manufacturer: Ethos Laboratories/GenScript® USA Inc
0408U	Infectious agent antigen detection by bulk acoustic wave biosensor immunoassay, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) Proprietary test: Omnia™ SARS-CoV-2 Antigen Test Lab/Manufacturer: Qorvo Biotechnologies
U0001	CDC Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel
U0002	Non-CDC laboratory test for 2019-nCoV (COVID-19), any method

References and Resources

Avalon Medical Policy AHS – G2174 – Coronavirus Testing in the Outpatient Setting

Related Documents

Policy Number	Policy Title
AHS-G2060	Fecal Analysis in the Diagnosis of Intestinal Dysbiosis and Fecal Microbiota Transplant
AHS-G2149	Pathogen Panel Testing
AHS-M2097	Identification of Microorganisms Using Nucleic Acid Probes

Revision History

Version	Date	Summary of Revisions
001	07/01/2025	Initial version
002	07/01/2025	Avalon 3 rd QTR updates