

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. BCBSIL may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSIL 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.

Testing for Mosquito- or Tick-Related Infections

Policy Number: CPCPLAB052

Version 1.0

Enterprise Medical Policy Committee Approval Date: January 25, 2022

Plan Effective Date: May 1, 2022

Description

BCBSIL 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:

Suspected cases of rickettsial diseases (see signs and symptoms below), including Rocky Mountain spotted fever, *Rickettsia parkeri* rickettsiosis, *Rickettsia* species 364D rickettsiosis, *Rickettsia* spp (mild spotted fever), and *R. akari* (rickettsialpox):

The following **may be reimbursable**:

1. Indirect immunofluorescence antibody (IFA) assay for IgG antibodies;
2. A limit of two units of IFA assay meets coverage criteria.

The following **is not reimbursable**:

1. Standard blood culture; OR
2. Nucleic acid amplification testing (NAAT), including PCR; OR
3. IFA assay for IgM antibodies; OR
4. More than one unit of IFA testing.

Typical signs and symptoms of rickettsial diseases usually begin 3 – 12 days after initial bite and can include (Biggs et al., 2016):

- Fever;
- Headache;
- Chills;
- Malaise;
- Myalgia;
- Nausea;
- Vomiting;
- Abdominal pain;
- Photophobia;
- Anorexia;
- Skin rash;
- Ulcerative lesion with regional lymphadenopathy (for *Rickettsia* species 364D rickettsiosis).

Suspected cases of ehrlichiosis and/or anaplasmosis (see signs and symptoms below):

The following **may be reimbursable**:

1. NAAT, including PCR, of whole blood; AND
2. Indirect immunofluorescence antibody (IFA) assay for IgG antibodies; AND
3. Microscopy for morulae detection.

The following **is not reimbursable**:

1. IFA assay for IgM antibodies; OR
2. Standard blood culture.

Typical signs and symptoms of ehrlichiosis and/or anaplasmosis usually begin 5-14 days after an infected tick bite, and they include (Biggs et al., 2016):

- Fever;
- Headache;
- Malaise;
- Myalgia;
- Shaking chills;
- Gastrointestinal issues, including nausea, vomiting, and diarrhea, in ehrlichiosis;

Suspected cases of tick-borne relapsing fever (TBRF) caused by *Borrelia hermsii*, *B. parkerii*, *B. mazzottii*, or *B. turicatae* (see signs and symptoms below):

The following **may be reimbursable**:

1. Dark-field microscopy of peripheral blood smear; OR
2. Microscopy of Wright- or Giemsa-stained blood smear; OR

3. PCR testing
4. Indirect immunofluorescence antibody (IFA) for IgG for *Borrelia*

The following **is not reimbursable**:

1. IFA assay for either IgG or IgM for *Borrelia*; OR
2. Culture testing for *Borrelia*

Typical signs and symptoms include (CDC, 2018e):

- Recurring febrile episodes that last approximately 3 days separated by approximately 7 days
- Nonspecific symptoms that occur in at least 50% of cases include headache, myalgia, chills, nausea, arthralgia, and vomiting

Suspected cases of babesiosis (see signs and symptoms below):

The following **may be reimbursable**:

1. Giemsa- or Wright-stain of blood smear; OR
2. NAAT, including PCR

The following **is not reimbursable**:

1. IFA assay for either Babesia IgG or IgM

Typical signs and symptoms of babesiosis can include (CDC, 2019a):

- Hemolytic anemia
- Splenomegaly
- Hepatomegaly
- Jaundice
- Nonspecific flu-like symptoms such as fever, chills, body aches, weakness, and fatigue

Suspected cases of malaria (see signs and symptoms below):

The following **may be reimbursable**:

1. Smear microscopy to diagnose malaria, determine the species of *Plasmodium*, identify the parasitic life-cycle stage, and/or quantify the parasitemia
 - a. Can be repeated up to three times within three days if initial microscopy is negative in suspected cases of malaria; OR
2. Rapid immunochromatographic diagnostic test

The following **is not reimbursable**:

1. NAAT, including PCR
2. IFA for *Plasmodium* antibodies

Typical signs and symptoms of malaria can include (Arguin & Tan, 2019):

- Fever;
- Influenza-like symptoms such as chills, headache, body aches, and so on;
- Anemia;
- Jaundice;
- Seizures;

- Mental confusion;
- Kidney failure;
- Acute respiratory distress syndrome.

Suspected cases of chikungunya virus (see signs and symptoms below):

The following **may be reimbursable**:

1. Viral culture for diagnosis; OR
2. NAAT, including PCR, for presence of chikungunya in serum sample; OR
3. Indirect immunofluorescence antibody (IFA) assay for IgM antibodies during both the acute and convalescent phases

Typical signs and symptoms of chikungunya include (Staples, Hills, & Powers, 2020):

- High fever (>102°F or 39°C)
- Joint pains (usually multiple joints, bilateral, and symmetric)
- Headache
- Myalgia
- Arthritis
- Conjunctivitis
- Nausea
- Vomiting
- Maculopapular rash

Suspected cases of West Nile Virus (WNV) (see signs and symptoms below):

The following **may be reimbursable**:

1. IFA for WNV-specific IgM antibodies in either serum or CSF; AND
2. Plaque reduction neutralization test for WNV

The following is **not reimbursable**:

1. NAAT, including PCR for WNVIFA for WNV-specific IgG antibodies in either serum or CSF

Typical signs and symptoms of WNV include (Nasci et al., 2013):

- Headache
- Myalgia
- Arthralgia
- Gastrointestinal symptoms
- Maculopapular rash
- Less than 1% develop neuroinvasive WNV with symptoms of meningitis, encephalitis, or acute flaccid paralysis

Suspected case of Yellow Fever Virus (YFV) (see signs and symptoms below):

The following **may be reimbursable**:

1. Plaque reduction neutralization test for YFV; AND
2. NAAT, including PCR, for YFV; AND
3. Serologic assays to detect virus-specific IgM and IgG antibodies

Typical signs and symptoms of yellow fever include (Gershman & Staples, 2019):

- Nonspecific influenza-like syndrome including fever, chills, headache, backache, myalgia, prostration, nausea and vomiting in initial illness
- Toxic form of disease symptoms includes jaundice, hemorrhagic symptoms and multisystem organ failure

Suspected cases of Dengue virus (DENV) (see signs and symptoms below):

The following **may be reimbursable**:

1. Plaque reduction neutralization test for DENV; AND
2. NAAT, including PCR, for DENV; OR
3. IgM antibody capture ELISA (MAC-ELISA); OR
4. NS1 ELISA

The following **is not reimbursable**:

1. IgG-ELISA
2. Hemagglutination testing

Typical signs and symptoms of dengue can include (CDC, 2021e):

- Fever
- Headache
- Retro-orbital eye pain
- Myalgia
- Arthralgia
- Erythematous maculopapular rash
- Petechiae
- Leukopenia
- Nausea and/or vomiting

Suspected cases of Colorado Tick Fever (CTF) (see signs and symptoms below):

The follow **may be reimbursable**:

1. Virus-specific IFA-stained blood smears; OR
2. IFA for CTF-specific antibodies

Typical signs and symptoms of CTF can include (CDC, 2021b):

- Fever
- Chills
- Headache
- Myalgia
- Malaise
- Sore throat
- Vomiting
- Abdominal pain
- Maculopapular or petechial rash

NOTE:

For Lyme disease and testing for *Borrelia burgdorferi*, please see CPCPLAB044 Lyme Disease.

For Zika virus testing, please see CPCPLAB042 Zika Virus Risk Assessment.

Procedure Codes

Codes
86757, 87040, 87798, 86280, 86753, 86666, 86619, 85060, 87207, 87254, 86750, 86753, 86788, 86789, 86790, 87449, 87899

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Policy Update History:

5/1/2022	New policy
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