



**BlueCross BlueShield  
of Oklahoma**

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. BCBSOK 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 (“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.

## Diagnostic Testing of Influenza

**Policy Number: CPCPLAB033**

**Version 1.0**

**Plan Effective Date: Nov. 1, 2022**

### Description

BCBSOK 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:

1. One single rapid flu test—including either a point-of-contact rapid nucleic acid amplification test (NAAT) or a rapid antigen test—OR one single traditional NAAT in the outpatient setting for a patient in a single visit, but not both an antigen and NAAT for a single patient in a single visit, **may be reimbursable** for diagnosis of patients who present with signs and symptoms consistent with influenza disease (See Note 1 below) when influenza activity has been documented in the community or geographic area.
2. Viral culture testing for influenza in an outpatient setting **is not reimbursable**.

3. Outpatient influenza testing, including rapid antigen flu tests, rapid NAAT or RT-PCR tests, traditional RT-PCR tests, and viral culture testing **is not reimbursable** in asymptomatic patients.
4. Serology testing for influenza **is not reimbursable** under any circumstance.

**Note 1: Typical Influenza Signs and Symptoms (CDC, 2020a)**

- Fever: A 100.4°F or higher temperature or feeling feverish/chills AND one or more:
  - Cough
  - Sore throat
  - Headaches and/or body aches
  - Difficulty breathing or shortness of breath
  - Fatigue
  - Runny or stuffy nose

**Procedure Codes**

<b>Codes</b>
87804, 87400, 87501, 87502, 87503, 86710, 87275, 87276, 87631, 87632, 87633, 87254

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### Policy Update History:

11/1/2022	New policy
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