

Medical Policy



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Title: Influenza Virus Diagnostic Testing and Treatment in the Outpatient Setting

Professional

Original Effective Date: March 7, 2011
Revision Date(s): March 28, 2012;
July 17, 2012; August 20, 2013;
March 4, 2016; November 22, 2016;
February 15, 2018; January 16, 2019
Current Effective Date: March 4, 2016

Institutional

Original Effective Date: April 27, 2012
Revision Date(s): July 17, 2012;
August 20, 2013; March 4, 2016;
November 22, 2016; February 15, 2018;
January 16, 2019
Current Effective Date: March 4, 2016

State and Federal mandates and health plan member contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. To verify a member's benefits, contact [Blue Cross and Blue Shield of Kansas Customer Service](#).

The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.

The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.

If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.

DESCRIPTION

The clinical presentation of patients with uncomplicated influenza virus infection includes: abrupt onset of fever, cough, sore throat, myalgias, arthralgias, chills, headache, and fatigue.

Most patients with a clinical illness consistent with uncomplicated influenza do not require influenza diagnostic testing or treatment with antiviral drugs.

Rapid influenza diagnostic tests have limited sensitivity and false negative results are common. Thus, negative results from rapid influenza diagnostic tests should not be used to guide decisions regarding treatment with influenza antiviral medications. In addition, false positive tests can occur and are more likely when influenza is rare in the community. When laboratory confirmation is desired, testing by RT-PCR and/or viral culture is recommended. If most circulating influenza viruses have similar antiviral susceptibilities, information on influenza A subtypes may not be needed to inform clinical care.

POLICY

The medical necessity of influenza virus testing and treatment are based on the Centers for Disease Control and Prevention (CDC) recommendations located at: <http://www.cdc.gov/flu/>. Components of the policy language were taken from <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>.

As noted above, most patients with a clinical illness consistent with uncomplicated influenza do not require influenza diagnostic testing. Healthy persons with uncomplicated influenza generally do not require treatment with antiviral drugs.

1. Testing and treatment for influenza may be considered **medically necessary** for persons at high risk of influenza complications which include:
 - a. children aged younger than 2 years
 - b. adults aged 65 years and older
 - c. persons with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease), metabolic disorders (including diabetes mellitus) or neurologic and neurodevelopment conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability [mental retardation], moderate to severe developmental delay, muscular dystrophy, or spinal cord injury)
 - d. persons with immunosuppression, including that caused by medications or by HIV infection
 - e. individuals who are pregnant or postpartum (within 2 weeks after delivery)
 - f. persons aged younger than 19 years who are receiving long-term aspirin therapy

- g. American Indians / Alaska Natives
 - h. persons who are morbidly obese (ie, BMI is 40 or greater)
 - i. residents of nursing homes and other chronic care facilities
2. Chemoprophylaxis with antiviral drugs is not recommended for healthy persons exposed to influenza. It may be considered **medically necessary** for:
- a. Prevention of influenza in persons at high risk of influenza complications during the first two weeks following vaccination after exposure to an infectious person.
 - b. Prevention for people with severe immune deficiencies or others who might not respond to influenza vaccination, such as persons receiving immunosuppressive medications, after exposure to an infectious person.
 - c. Prevention for people at high risk for complications from influenza who cannot receive influenza vaccine due to a contraindication after exposure to an infectious person.
 - d. Prevention of influenza among residents of institutions, such as long-term care facilities, during influenza outbreaks in the institution.

NOTE: When indicated, chemoprophylaxis should be started within 48 hours of exposure to the disease.

RATIONALE

See CDC Website on Influenza (Flu), Information for Health Professionals, located at: <http://www.cdc.gov/flu/professionals/index.htm> .

CODING

The following codes for treatment and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CPT/HCPCS

- 87501 Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype

- 87502 Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types
- 87503 Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in addition to code for primary procedure)
- 87804 Infectious agent antigen detection by immunoassay with direct optical observation; Influenza

ICD-10 Diagnoses

- J02.8 Acute pharyngitis due to other specified organisms
- J02.9 Acute pharyngitis, unspecified
- J10.00 Influenza due to other identified influenza virus with unspecified type of pneumonia
- J10.08 Influenza due to other identified influenza virus with other specified pneumonia
- J11.00 Influenza due to unidentified influenza virus with unspecified type of pneumonia
- J11.08 Influenza due to unidentified influenza virus with specified pneumonia
- J12.9 Viral pneumonia, unspecified
- J10.01 Influenza due to other identified influenza virus with the same other identified influenza virus pneumonia
- J10.1 Influenza due to other identified influenza virus with other respiratory manifestations
- J11.1 Influenza due to unidentified influenza virus with other respiratory manifestations
- J10.2 Influenza due to other identified influenza virus with gastrointestinal manifestations
- J10.81 Influenza due to other identified influenza virus with encephalopathy
- J10.82 Influenza due to other identified influenza virus with myocarditis
- J10.83 Influenza due to other identified influenza virus with otitis media
- J10.89 Influenza due to other identified influenza virus with other manifestations
- J11.2 Influenza due to unidentified influenza virus with gastrointestinal manifestations
- J11.81 Influenza due to unidentified influenza virus with encephalopathy
- J11.82 Influenza due to unidentified influenza virus with myocarditis
- J11.83 Influenza due to unidentified influenza virus with otitis media
- J11.89 Influenza due to unidentified influenza virus with other manifestations
- M79.1 Myalgia
- R50.9 Fever, unspecified
- R51 Headache
- R05 Cough

REVISIONS

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| 03-28-2012 | Effective for Institutional providers 30 days after the Professional Revision Date. Policy added to the bcbsks.com web site. |
| 07-17-2012 | In Policy section: ▪ Added a Policy Guidelines section with the following information: |

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| | "Young Children is not defined by the CDC, but according to the CDC's web page on Children, the Flu, and the Flu Vaccine may be considered those children 6 months through 8 years of age (http://www.cdc.gov/flu/protect/children.htm)." |
| 08-20-2013 | In Description section: <ul style="list-style-type: none"> ▪ Added 2013 information pertaining to H3N2v recommendations. |
| | In Coding section: <ul style="list-style-type: none"> ▪ Added CPT code: 87503 ▪ ICD-10 Diagnoses added |
| | References updated |
| 03-04-2016 | Updated Description section: <ul style="list-style-type: none"> ▪ Removed 2013 Kansas Department of Health and Environment (KDHE) information on H3N2v. |
| | In Policy section: <ul style="list-style-type: none"> ▪ In Item 1, removed "progressive, severe, or complicated illness regardless of previous health status" ▪ In Item 1 a, removed "young children" to read "Children aged younger than 2 years" ▪ In Item 1 b, added "adults" to read "adults aged 65 years and older" ▪ In Item 1 c, removed "health conditions such as asthma, diabetes, neurologic and neurodevelopmental disorders, heart disease" to read "persons with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease), metabolic disorders (including diabetes mellitus) or neurologic and neurodevelopment conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability [mental retardation], moderate to severe developmental delay, muscular dystrophy, or spinal cord injury)" ▪ In Item 1 d, removed "conditions or", added "persons with" and "including that caused by" and "or by HIV infection" to read "persons with immunosuppression, including that caused by medications or by HIV infection" ▪ In Item 1 e, removed "women," "those," and "post partum," and added "women who are," "postpartum," and "within," to read "women who are pregnant or postpartum (within 2 weeks after delivery)" ▪ In Item 1 f, removed "children less" and "old," and added "persons aged younger" and "who are" to read "persons aged younger than 19 years who are receiving long-term aspirin therapy" ▪ In Item 1 g, removed "persons of" and "heritage" to read "American Indians / Alaska Natives" ▪ In Item 1 h, removed "patients" and ">39" and added "persons who are" and "is 40 or greater" to read "persons who are morbidly obese (i.e., BMI is 40 or greater)" ▪ In Item 1 I, added "nursing homes and other" to read "residents of nursing homes and other chronic care facilities" ▪ In Item 2 a, added "Prevention of influenza in persons at high risk of influenza complications during the first two weeks following vaccination after exposure to an infectious person." ▪ In Item 2 b, removed "unvaccinated persons at high risk of complications of the disease" to read "Prevention for people with severe immune deficiencies or others who might not respond to influenza vaccination, such as persons receiving immunosuppressive medications, after exposure to an infectious person." ▪ In Item 2 c, removed "unvaccinated healthcare workers who come into close contact with a person with influenza during the infectious period (24 hours before onset of fever to 24 hours after its resolution)" to read "Prevention for people at high risk for |

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| | <p>complications from influenza who cannot receive influenza vaccine due to a contraindication after exposure to an infectious person."</p> <ul style="list-style-type: none"> ▪ In Item 2 d, removed "to help control outbreaks in nursing homes" to read "Prevention of influenza among residents of institutions, such as long-term care facilities, during influenza outbreaks in the institution." ▪ Removed Policy Guidelines section, which stated "Young Children is not defined by the CDC, but may be considered children 6 months through 8 years of age according to the CDC's web page on Children, the Flu, and the Flu Vaccine (http://www.cdc.gov/flu/protect/children.htm)" |
| | Updated Rationale section. |
| | In Coding section: <ul style="list-style-type: none"> ▪ Revised nomenclature for CPT Codes: 87501, 87502, 87503 |
| | Updated References section. |
| 11-22-2016 | In Policy section: <ul style="list-style-type: none"> ▪ In Item 1 e, removed "women" and added "individuals" to read, "individuals who are pregnant or postpartum (within 2 weeks after delivery)" |
| 02-15-2018 | In Coding section: <ul style="list-style-type: none"> ▪ Removed ICD-9 codes. |
| | Updated References section. |
| | Remainder of policy reviewed; no other revisions made. |
| 01-16-2019 | Updated References section. |
| | Remainder of policy reviewed; no other revisions made. |

REFERENCES

1. CDC web page on Influenza (Flu). Accessed January 2019 at <http://www.cdc.gov/flu/> .
2. CDC web page on Influenza (Flu) – Information for Health Professionals. Accessed January 2019 at <http://www.cdc.gov/flu/professionals/index.htm> .
3. CDC web page on Influenza (Flu) – Guidance for Clinicians on the Use of Rapid Influenza diagnostic Tests. Accessed January 2019 at http://www.cdc.gov/flu/professionals/diagnosis/clinician_guidance_ridt.htm
4. CDC web page on Influenza (Flu) – Influenza Antiviral Medications: Summary for Clinicians. Accessed January 2019 at <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

Other References

1. Blue Cross and Blue Shield of Kansas Internal Medicine Liaison Committee, August 2015.