



Reimbursement Policy

Policy Number: RPLAB033

Policy Title: Diagnostic Testing of Influenza

Approval Date: Sept. 25, 2025

Effective Date: Jan. 1, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement Policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. If a conflict arises between a reimbursement policy 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's 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. Blue Cross and Blue Shield of Illinois 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 submitting 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 approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology (CPT®) Assistant, Healthcare Common Procedure Coding System, ICD-10-CM and ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Description

The plan 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. For symptomatic individuals (See **NOTE 1**) **one** (see **Note 2**), but **not both**, of the following **may be reimbursable**:
 - a. One single rapid flu test (**either** a point-of-care rapid nucleic acid amplification test (NAAT) **or** a rapid antigen test;
 - b. One single traditional NAAT.
2. Viral culture testing for influenza **is not reimbursable**.
3. For asymptomatic individuals, influenza testing (e.g., rapid antigen flu tests, rapid NAAT or RT-PCR tests, traditional RT-PCR tests, viral culture testing) **is not reimbursable**.
4. Serology testing for influenza **is not reimbursable**.

Note 1: Typical Influenza Signs and Symptoms (3)

- Fever or feeling feverish/chills
- Cough;
- Sore throat;
- Headaches
- Muscle or body aches
- Fatigue;
- Runny or stuffy nose;
- Vomiting and/or diarrhea (more common in children than adults)

Note 2: One influenza test may detect influenza A and/or influenza B. When both influenza A and influenza B are detected by a test represented by CPT code 87400, 87501, or 87804, up to two units may be billed at a single visit.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
86710, 87254, 87275, 87276, 87400, 87501, 87502, 87503, 87804

References

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Policy History

Approval Date	Effective Date; Summary of Changes
09/25/2025	01/01/2026: New policy.