BlueCross BlueShield of Illinois

Reimbursement Policy

Policy Number: RPLAB057	**Policy Title:** Coronavirus Testing in the Outpatient Setting
Approval Date: Aug. 6, 2026	**Effective Date:** Dec. 4, 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

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.

1. Targeted nucleic acid testing, (e.g., RT-PCR, rapid molecular tests), for COVID-19 (SARS-CoV-2) **may be reimbursable** in any of the following situations:
    a. For individuals displaying signs and symptoms of possible COVID-19 infection (See **NOTE 1**).
    b. 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.

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

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

4. 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 serology testing **may be reimbursable**.

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

6. For all other situations not described above, host antibody serology testing **is not reimbursable**.

7. For all situations, neutralization antibody testing for SARS-CoV-2 **is not reimbursable.**

8. Testing for other endemic coronaviruses, such as 229E, NL63, OC43, and HKU1, **is not reimbursable**.

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 or body aches, sore throat, new loss of taste or smell, nausea, vomiting, and diarrhea. (2)

Note 2: According to the CDC, (3) MIS-C is defined as an illness that is found in a person less than 21 years of age when **all** the following conditions are met:

- Subjective or documented fever of at least 38°C;
- Clinical severity requiring hospitalization;
- Evidence of systemic inflammation indicated by C-reactive protein (CRP) ≥3.0 mg/dL (30 mg/L);
- 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/μL.
        - Absolute lymphocyte count (ALC) <1,000 cells/μL.

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

- Hospitalization for 24 hours or more;
- Subjective or documented fever of at least 38°C for one of the following:
    - 24 or more hours prior to hospitalization;
    - Within the first 3 days of hospitalization.
- No alternative diagnosis (e.g., bacterial sepsis, exacerbations of a chronic medical condition).
- 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 individual 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 (platelet count <150,000/µL).
- Evidence of SARS CoV-2 infection;
- Evidence of systemic inflammation (elevated CRP, ferritin, interleukin-6, erythrocyte sedimentation rate, or procalcitonin).

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.

Code	Description
86328	IA NFCT AB SARSCOV2 COVID19
86408	NEUTRLZG ANTB SARSCOV2 SCR
86409	NEUTRLZG ANTB SARSCOV2 TITER
86413	SARS-COV-2 ANTB QUANTITATIVE
86769	SARS-COV-2 COVID-19 ANTIBODY
87426	SARSCOV CORONAVIRUS AG IA
87635	SARS-COV-2 COVID-19 AMP PRB
87798	DETECT AGENT NOS DNA AMP
87811	SARS-COV-2 COVID19 W/OPTIC
0224U	ANTIBODY SARS-COV-2 TITER(S)
0226U	SVNT SARSCOV2 ELISA PLSM SRM
0408U	IAAD BLK AC WV BSNSR SARSCV2
U0001	2019-ncov diagnostic p
U0002	Covid-19 lab test non-cdc

Centers for Medicare & Medicaid Services. (2026). Healthcare Common Procedure Coding System (HCPCS) Level II.

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Policy History

Approval Date	Description
08/06/2026	12/4/2026; Document updated. The following changes were made to Reimbursement Information: revised Notes 1, 2, 3 to align with updated CDC definitions for Covid-19, MIS-C and MIS-A. References revised.
07/25/2025	01/01/2026; New policy.