

Medical Policy



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
Current Effective Date: March 28, 2012

Institutional

Original Effective Date: April 27, 2012
Revision Date(s): July 17, 2012;
August 20, 2013
Current Effective Date: April 27, 2012

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.

As stated in the Kansas Department of Health and Environment's communication on July 8, 2013:

Contact the Kansas Department of Health and Environment (KDHE) immediately at 877-427-7317 if your facility identifies a patient with suspected H3N2v. KDHE will coordinate laboratory testing through the Kansas Health and Environmental Laboratories (KHEL) and CDC.

<http://www.kdheks.gov/flu/index.html>

<http://www.cdc.gov/flu/>

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/> .

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. progressive, severe, or complicated illness regardless of previous health status
 - b. age 65 years and older
 - c. young children
 - d. children less than 19 years old receiving long term aspirin therapy
 - e. morbidly obese patients (BMI >39)
 - f. persons of American Indian / Alaska Native heritage
 - g. pregnant women or those <2 weeks post partum
 - h. health conditions such as asthma, diabetes, neurologic and neurodevelopmental disorders, heart disease
 - i. immunosuppressive conditions or medications
 - j. residents of 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. unvaccinated persons at high risk of complications of the disease
 - b. 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)
 - c. to help control outbreaks in nursing homes

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

Policy Guidelines

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>).

RATIONALE

See CDC Website on Seasonal 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, reverse transcription 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, multiplex reverse transcription and 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, multiplex reverse transcription and 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-9 Diagnoses

- | | |
|-------------|-----------------------------------|
| 462 | Acute pharyngitis |
| 487.0-487.8 | Influenza (code range) |
| 729.1 | Myalgia and myositis, unspecified |
| 780.60 | Fever, unspecified |
| 784.0 | Headache |
| 786.2 | Cough |

ICD-10 Diagnoses (Effective October 1, 2014)

- | | |
|--------|--------------------------------------------------------------------------------------|
| 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

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: <ul style="list-style-type: none"> ▪ Added a Policy Guidelines section with the following information: "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

REFERENCES

1. CDC web page on Seasonal Influenza (Flu). Accessed May 2013 at <http://www.cdc.gov/flu/> .
2. CDC web page on Seasonal Influenza (Flu) – Information for Health Professionals. Accessed May 2013 at <http://www.cdc.gov/flu/professionals/index.htm> .
3. Antiviral drugs for influenza. The Medical Letter; Jan 9, 2012, Vol 54, Issue 1381.