

REIMBURSEMENT POLICY STATEMENT

Wisconsin Marketplace

Policy Name & Number	Date Effective
Influenza Testing-WI MP-PY-1553	02/01/2025-04/30/2025
Policy Type	
REIMBURSEMENT	

Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject
Influenza Testing

B. Background

Influenza (flu) is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. Rapid influenza diagnostic tests (RIDTs) are immunoassays that can identify the presence of influenza A and B viral nucleoprotein antigens in respiratory specimens and display the result in a qualitative way (positive vs. negative). Influenza can cause mild to severe illness, and at times can lead to death. Flu symptoms usually come on suddenly. The best way to reduce the risk of flu and its potentially serious complications is by getting vaccinated each year.

Having clinical signs and symptoms consistent with influenza increases the reliability of a positive RIDT result. A positive result is most likely a true positive result if the respiratory specimen was collected within 3-4 days of illness during periods of high influenza activity (eg, winter). A negative result does not exclude influenza virus infection, and influenza should still be considered in a patient if clinical suspicion is high based upon history, signs, symptoms, and clinical examination.

C. Definitions

- **Influenza (Flu) Season** – Typically, flu activity begins to increase in October and peaks between December and February, although significant activity can last as late as May and begins to increase in October.
- **Rapid Influenza Diagnostic Tests (RIDTs)** – Immunoassays which detect the parts of the virus (antigens) that stimulate an immune response, resulting in a positive or negative result. These tests can provide results within approximately 10-15 minutes.

D. Policy

- I. Common Ground Healthcare Cooperative (CGHC) considers conventional testing, such as rapid influenza diagnostic tests (RIDTs), as lowest cost and should be utilized before any further testing or higher cost tests are performed.
- II. RIDTs are medically necessary for members (when influenza activity has been documented in the community or geographic area) who present with signs and symptoms of influenza, which may include the following:
 - fever of 100.4° or higher
 - feeling feverish/chills
 - cough
 - sore throat
 - runny or stuffy nose
 - muscle or body aches
 - headaches
 - fatigue (tiredness)

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.

- some people may have vomiting and diarrhea, though this is more common in children than adults.

III. The lowest cost CPT code for testing must be utilized first to confirm influenza in a patient presenting symptoms:

87804 - Infectious agent antigen detection by immunoassay with direct optical observation; influenza

IV. If conventional testing is

- A. Positive – no further testing is medically necessary.
- B. Negative – if the member's presenting symptoms support the diagnosis, then molecular diagnostic test (MDT) by polymerase chain reaction (PCR) testing may be medically necessary to confirm the diagnosis.

V. Limitations/Exclusions

- A. Only 1 test per member per day is reimbursable.
- B. Duplicate tests will not be reimbursed.

E. Conditions of Coverage
NA

F. Related Policies/Rules
NA

G. Review/Revision History

DATE		ACTION
Date Issued	10/23/2024	New policy. Approved at Committee.
Date Revised		
Date Effective	02/01/2025	
Date Archived	04/30/2025	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Diagnosing flu. Centers for Disease Control. October 3, 2022. Accessed August 26, 2024. www.cdc.gov
2. Flu season. Centers for Disease Control. September 20, 2022. Accessed August 26, 2024. www.cdc.gov
3. Rapid influenza diagnostic tests. Centers for Disease Control. October 25, 2016. Accessed August 26, 2024. www.cdc.gov

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