Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Laboratory: Coronavirus Testing in the Outpatient Setting

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Human coronaviruses, first characterized in the 1960s, are named based on the spiked proteins located on their surface. As of 2020, seven coronaviruses are known to infect humans. Four, of which—229E, NL63, OC43, and HKU1—are associated with the common cold. MERS-CoV is the coronavirus that causes Middle East Respiratory Syndrome, or MERS. SARS-CoV is the causative agent of Severe Acute Respiratory Syndrome (SARS), and SARS-CoV-2 is the virus that causes coronavirus disease 2019, or COVID-19. As of June 1, 2024, the United States had reported that nearly 1.2 million people have died of COVID-19. Testing for a possible coronavirus infection can include molecular tests, such as nucleic acid-based testing like reverse transcription polymerase chain reaction (RT-PCR); host antibody testing; and antigen testing.

Indications and/or Limitations of Coverage

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request. 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) **MEETS COVERAGE CRITERIA** 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 SARS and who have traveled to endemic areas or who have been exposed to persons with SARS, targeted nucleic acid testing (e.g., RT-PCR) for the detection of severe acute respiratory syndrome (SARS) coronavirus RNA **MEETS COVERAGE CRITERIA**.
3. For individuals with signs or symptoms of Middle East respiratory syndrome (MERS) and who have traveled to endemic areas or who have been exposed to persons with MERS, targeted nucleic acid testing (e.g., RT-PCR) for the detection of MERS coronavirus RNA **MEETS COVERAGE CRITERIA**.
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 antibody serology testing **MEET COVERAGE CRITERIA**.
5. For symptomatic individuals, antigen-detecting diagnostic tests for SARS-CoV-2 (e.g., antigen rapid tests) once every 48 hours **MEET COVERAGE CRITERIA**.
6. For the diagnosis of SARS-CoV-2 reinfection, whole genome sequencing of paired specimens from distinct lineages (as defined in Nextstrain or GISAID) **DOES NOT MEET COVERAGE CRITERIA**.
7. For all other situations not described above, host antibody serology testing **DOES NOT MEET COVERAGE CRITERIA**.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

8. In the outpatient setting, SARS-CoV-2 genotyping **DOES NOT MEET COVERAGE CRITERIA**.
9. For all situations, neutralization antibody testing for SARS-CoV-2 **DOES NOT MEET COVERAGE CRITERIA**.
10. Testing for other endemic coronaviruses, such as 229E, NL63, OC43, and HKU1, **DOES NOT MEET COVERAGE CRITERIA**.

NOTES:
Note 1: Signs and symptoms associated with a possible COVID-19 infection can include fever, cough, fatigue, shortness of breath or difficulty breathing, congestion or runny nose, chills, muscle or body aches, headache, sore throat, new loss of taste or smell, nausea, vomiting, and diarrhea.3

Note 2: According the CDC,4 MIS-C is defined as an illness that is found in a person less than 21 years of age when **all** of 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,4 MIS-A is defined as an illness that is found in a person 21 years of age or older when all of 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, exacerbation 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).

Reimbursement

1. AMA standard practice for COVID-19 testing states not to include both the HCPCS and AMA code for the same procedure on the same DOS and that only one code should be used, therefore only one code per date of service will be reimbursed.
2. Specimen collection codes for coronavirus testing are considered incidental and will not be reimbursed.

Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

Coding

Code	Description
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID19]); screen
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID19]); titer
86413	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
87426	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19])
87635	Infectious agent detection by nucleic acid (DNA or RNA);severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism
87811	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
87913	Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s)
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed Proprietary test: COVID-19 Antibody Test Lab/Manufacturer: Mount Sinai Laboratory/Mt Sinai
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum Proprietary test: Tru-Immune™ Lab/Manufacturer: Ethos Laboratories/GenScript® USA Inc
U0001	CDC Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel
U0002	Non-CDC laboratory test for 2019-nCoV (COVID-19), any method

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Publication History

11/01/2026: Annual policy review; administrative edits
09/01/2025: Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.