

CLINICAL PAYMENT AND CODING POLICY

If a conflict arises between a Clinical Payment and Coding Policy (CPCP) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP 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 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. BCBSTX may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of 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 (HIPAA) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (UB) Editor, American Medical Association (AMA), Current Procedural Terminology (CPT®), CPT® Assistant, Healthcare Common Procedure Coding System (HCPCS), ICD-10 CM and PCS, National Drug Codes (NDC), Diagnosis Related Group (DRG) guidelines, Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) Policy Manual, CCI table edits and other CMS guidelines.

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

ZIKA Virus Risk Assessment

Policy Number: CPCPLAB042

Version 1.0

Enterprise Medical Policy Committee Approval Date: 1/25/2022

Plan Effective Date: May 1, 2022

Description

BCBSTX 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. Zika virus urine, serum, and CSF RNA NAT testing and IgM testing in infants **may be reimbursable** in the following situations:

- a. infants with clinical findings consistent with congenital Zika syndrome and possible maternal Zika virus exposure during pregnancy, regardless of maternal testing results
 - b. infants without clinical findings consistent with congenital Zika syndrome born to mothers with laboratory evidence of possible Zika virus infection during pregnancy
2. Zika virus RNA NAT testing of amniocentesis, placental and fetal tissues **may be reimbursable** in pregnant women with possible exposure to Zika virus and who have a fetus with prenatal ultrasound findings consistent with congenital Zika virus infection and undergoing amniocentesis.
3. Zika virus urine and serum RNA NAT testing and Zika virus serum IgM testing **is not reimbursable** for the following:
 - a. Symptomatic, nonpregnant individuals;
 - b. Asymptomatic individuals, including asymptomatic pregnant individuals; OR
 - c. For preconception screening
4. Zika virus urine and serum RNA NAT testing **is not reimbursable** in all symptomatic non-pregnant individuals presenting with ≥ 14 days after symptoms onset.
5. Zika virus serum IgM testing **is not reimbursable** in symptomatic pregnant women.
6. All other tests for diagnosing Zika virus not mentioned above in all other situations and testing of samples other than serum, urine, CSF, amniocentesis, placental and fetal tissues at this time **is not reimbursable**.

Procedure Codes

Codes
86794, 87662

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Policy Update History:

5/1/2022	New policy
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