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CONCERT INFECTIOUS DISEASE: VECTOR-BORNE AND TROPICAL DISEASES TESTING

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

OVERVIEW

This policy addresses the use of tests for vector-borne diseases, including Lyme disease and Zika virus. These criteria are intended for use in the outpatient setting.

For additional information see the [Background and Rationale](#) section.

The tests, CPT codes, and ICD codes referenced in this policy are not comprehensive, and their inclusion does not represent a guarantee of coverage or non-coverage.

POLICY REFERENCE TABLE

Criteria Sections	Example Tests (Labs)	Support
Lyme Disease (<i>Borrelia burgdorferi</i>) Serum Antibody Tests	Lyme Disease Ab with Reflex to Blot (IgG, IgM) (Quest Diagnostics)	Rationale/References

Lyme Disease (<i>Borrelia burgdorferi</i>) Nucleic Acid/PCR Tests	Lyme Disease, <i>Borrelia burgdorferi</i> , Real-time PCR (LabCorp)	Rationale/References
Other Non-covered Lyme Disease Tests	Lymphocyte Antigen Proliferation (ARUP Laboratories)	Rationale/References
	Lyme Borrelia Nanotrap Urine Antigen Test (Galaxy Diagnostics)	
	Lyme ImmunoBlots IgG (IGeneX Inc.)	
	Lyme ImmunoBlot IgM (IGeneX Inc.)	
Zika Virus Nucleic Acid/PCR Tests	Zika Virus, PCR, Molecular Detection, Serum (Mayo Clinic Laboratories)	Rationale/References
Zika Virus Antibody Tests	Zika Virus, IgM Antibody Capture ELISA, Serum (Mayo Clinic Laboratories)	Rationale/References

CRITERIA

It is the policy of health plans affiliated with Centene Corporation® that the specific tests noted below are **medically necessary** when meeting the related criteria:

LYME DISEASE TESTS

Lyme Disease (*Borrelia burgdorferi*) Serum Antibody Tests

- I. Lyme disease serum antibody testing is considered **medically necessary** when:
 - A. The member/enrollee had a plausible exposure to *Borrelia burgdorferi*, **AND**
 - B. The member/enrollee has at least one of the following:
 1. Skin lesion(s) suggestive of, but atypical for erythema migrans, **OR**
 2. Suspected [Lyme neuroborreliosis](#) involving either the peripheral or central nervous system, **OR**
 3. Suspected [Lyme arthritis](#), **OR**
 4. Acute myocarditis/pericarditis.
- II. Current evidence does not support the use of Lyme disease serum antibody testing for all other indications, including:

- A. Asymptomatic patients following tick bite
- B. Erythema migrans
- C. Typical amyotrophic lateral sclerosis
- D. Relapsing-remitting multiple sclerosis
- E. Parkinson's disease
- F. Dementia/cognitive decline
- G. New-onset seizures
- H. Nonspecific magnetic resonance imaging (MRI) white matter abnormalities confined to the brain
- I. Psychiatric illness
- J. Children presenting with developmental or behavioral disorders
- K. Chronic cardiomyopathy of unknown cause.

Lyme Disease (*Borrelia burgdorferi*) Nucleic Acid/PCR Tests

- I. Lyme disease nucleic acid/PCR testing is considered **medically necessary** when:
 - A. The member/enrollee is seropositive for Lyme disease, **AND**
 - B. The member/enrollee suspected [Lyme arthritis](#), **AND**
 - C. This testing is necessary for making treatment decisions.
- II. Current evidence does not support the use of Lyme disease nucleic acid/PCR testing for all other indications, including:
 - A. For the purpose of diagnosing Lyme disease.

Other Non-covered Lyme Disease Tests

I. Current evidence does not support the use of these specific Lyme disease tests:

- A. Lymphocyte transformation tests
- B. Lyme Borrelia Nanotrap Urine Antigen Test
- C. Lyme ImmunoBlots IgG
- D. Lyme ImmunoBlot IgM

ZIKA TESTS

Zika Virus Nucleic Acid/PCR Tests

I. Zika virus nucleic acid/PCR tests are considered **medically necessary** when:

- A. The member/enrollee has signs and/or symptoms of Zika virus, **AND**
 - 1. Sample collection is performed 7 days or fewer of the onset of symptoms, **AND**
 - 2. The member/enrollee is living in or has recently traveled to an area with an active CDC Zika Travel Health Notice, **OR**
 - a) The member/enrollee is living in or has recently travelled to an area with current or past Zika virus transmission (outside of the United States and its territories), **OR**
- B. The member/enrollee is pregnant, **AND**
 - 1. Is living in or has recently traveled to an area with an active CDC Zika Travel Health Notice, **OR**
 - 2. Is living in or has recently traveled to an area with current or past Zika virus transmission (outside of United States and its territories), **OR**
 - 3. Had sexual relations during the pregnancy with someone living in or has recently traveled to an area with an active CDC Zika Travel Health Notice, **OR**
 - 4. Had sexual relations during the pregnancy with someone living in or has recently traveled to an area with current or past Zika virus transmission (outside of the United States and its territories), **OR**
- C. The member/enrollee is 12 months of age or younger, **AND**

1. The member's/enrollee's mother had laboratory evidence of Zika virus infection during pregnancy, **OR**

II. Current evidence does not support the use of Zika virus nucleic acid/PCR tests for all other indications, including:

- A. Symptomatic, non-pregnant members/enrollees

- B. Routine pre-conception or prenatal screening

Zika Virus Antibody Tests

I. Zika virus antibody tests are considered **medically necessary** when:

A. The member/enrollee has [signs and/or symptoms of Zika virus](#), **AND**

1. Sample collection is performed more than 7 days after the onset of symptoms, **OR**
 - a) Zika virus testing via nucleic acid/PCR methodology was negative, **AND**
2. The member/enrollee is living in or has recently traveled to an area with an active CDC Zika Travel Health Notice, **OR**
3. The member/enrollee is living in or has recently traveled to an area with current or past Zika virus transmission (outside of United States and its territories), **OR**

B. The member/enrollee is pregnant, **AND**

1. Is living or has recently traveled to an area with an active CDC Zika Travel Health Notice, **OR**
2. Had sexual relations during the pregnancy with someone living in or with recent travel to an area with an active CDC Zika Travel Health Notice, **OR**
 - a) The fetus has prenatal ultrasound findings consistent with congenital Zika virus infection, **AND**
 - i. The member/enrollee is living in or traveled during pregnancy to an area with current or past Zika virus transmission (outside of United States and its territories), **OR**
 - ii. The member/enrollee had sexual relations during the

pregnancy with someone living in or has recently traveled to an area with current or past Zika virus transmission (outside of the United States and its territories), **OR**

- C. The member/enrollee is 12 months of age or younger, **AND**
 - 1. The member's/enrollee's biological mother has possible Zika virus exposure during the pregnancy.
- II. Current evidence does not support the use of Zika virus antibody tests for all other indications, including:
 - A. Asymptomatic non-pregnant members/enrollee
 - B. Routine pre-conception or prenatal screening

*Personal symptoms of Zika virus infection such as fever and conjunctivitis.

NOTES AND DEFINITIONS

1. **Lyme neuroborreliosis** is characterized by cranial or peripheral nerve involvement (facial palsy, radiculoneuropathy), or central nervous system involvement (meningitis/encephalitis).
2. **Lyme arthritis** is characterized by obvious swelling of one or more joints and joint pain with movement.
3. **Congenital Zika virus infection** is a syndrome characterized by a combination of severe microcephaly, sometimes with malformation of the craniofacial bones/skull; decreased brain tissue with a specific pattern of brain damage, including subcortical calcifications; damage to the back of the eye, including macular scarring and focal retinal pigmentary mottling; congenital contractures, such as clubfoot or arthrogyrosis; and hypertonias/stiff or rigid posture with restricted movement.

BACKGROUND AND RATIONALE

Lyme Disease (*Borrelia burgdorferi*) Serum Antibody Tests

Infectious Diseases Society of America (IDSA), American Academy of Neurology (AAN), and American College of Rheumatology (ACR)

In the 2020 Guidelines for the Prevention, Diagnosis and Treatment of Lyme Disease, the joint societies make the following recommendations regarding diagnostic testing for Lyme disease. (p. e2-e5)

- Recommend **against** testing in:
 - Asymptomatic patients for exposure to *B. burgdorferi* following an Ixodes spp. tick bite (strong recommendation, moderate-quality evidence),

Patients with potential tick exposure in a Lyme disease endemic area who have 1 or more skin lesions compatible with erythema migrans; we recommend clinical diagnosis rather than laboratory testing (strong recommendation, moderate quality evidence).

- [X.2] Patients with typical amyotrophic lateral sclerosis, relapsing-remitting multiple sclerosis, Parkinson's disease, dementia or cognitive decline, or new-onset seizures (strong recommendation, low-quality evidence).
 - Patients presenting with nonspecific magnetic resonance imaging (MRI) white matter abnormalities confined to the brain in the absence of a history of other clinical or epidemiologic support for the diagnosis of Lyme disease (weak recommendation, low-quality evidence).
 - Patients with psychiatric illness (strong recommendation, low-quality evidence)
 - Children presenting with developmental, behavioral or psychiatric disorders (weak recommendation, low-quality evidence).
 - Patients with neurological syndromes other than those listed in recommendation X.1 or X.2 , in the absence of a history of other clinical or epidemiologic support for the diagnosis of Lyme disease (strong recommendation, low-quality evidence).
 - Patients with chronic cardiomyopathy of unknown cause (weak recommendation, low-quality evidence).
- Recommend **serum antibody** testing in:
 - Patients with 1 or more skin lesions suggestive of, but atypical for erythema migrans (weak recommendation, low-quality evidence).
 - Patients with possible Lyme neuroborreliosis involving either the peripheral nervous system (PNS) or central nervous system (CNS).
 - [X.1] Patients presenting with 1 or more of the following acute disorders: meningitis, painful radiculoneuritis, mononeuropathy multiplex including confluent mononeuropathy multiplex, acute cranial neuropathies (particularly VII, VIII, less commonly III, V, VI and others), or in patients with evidence of spinal cord (or rarely brain) inflammation, the former particularly in association with painful radiculitis involving related spinal cord segments, and with epidemiologically plausible exposure to ticks infected with *B burgdorferi* (strong recommendation, moderate-quality evidence).
 - Patients with possible Lyme arthritis (strong recommendation, moderate quality of

- evidence).
- Patients with acute myocarditis/pericarditis of unknown cause in an appropriate epidemiologic setting, we recommend testing for Lyme disease (strong recommendation, low quality evidence).

Lantos PM, Rumbaugh J, Bockenstedt LK, et al. Clinical Practice Guidelines by the Infectious Diseases Society of America, American Academy of Neurology, and American College of Rheumatology: 2020 Guidelines for the Prevention, Diagnosis, and Treatment of Lyme Disease. *Neurology*. 2021 Feb 9;96(6):262-273. doi:10.1212/WNL.0000000000011151. Epub 2020 Nov 30. Erratum in: *Neurology*. 2021 Feb 9;96(6):296. PMID: 33257476.

Lyme Disease (*Borrelia burgdorferi*) Nucleic Acid/PCR Tests

Infectious Diseases Society of America (IDSA), American Academy of Neurology (AAN), and American College of Rheumatology (ACR)

In the 2020 Guidelines for the Prevention, Diagnosis and Treatment of Lyme Disease, the joint societies recommend serum antibody testing over PCR or culture methods in most clinical scenarios (V.1, IX.1, p. e2-e5).

“...numerous nonserologic methods have been proposed or developed, including nucleic acid amplification tests, culture methods, and antigen detection assays, among others. At present, few nonserologic testing methods are useful or practical for clinical diagnosis, and those that are—primarily nucleic acid amplification tests—are mostly beneficial as adjunctive tests in select clinical scenarios when 2-tiered serologic testing is positive.”

The joint societies only explicitly recommend PCR testing for Lyme disease in one clinical scenario:

“In seropositive patients for whom the diagnosis of Lyme arthritis is being considered but treatment decisions require more definitive information, we recommend PCR applied to synovial fluid or tissue rather than *Borrelia* culture of those samples (strong recommendation, moderate-quality evidence).” (p. e5)

Lantos PM, Rumbaugh J, Bockenstedt LK, et al. Clinical Practice Guidelines by the Infectious Diseases Society of America, American Academy of Neurology, and American College of Rheumatology: 2020 Guidelines for the Prevention, Diagnosis, and Treatment of Lyme Disease. *Neurology*. 2021 Feb 9;96(6):262-273. doi:10.1212/WNL.0000000000011151. Epub 2020 Nov 30. Erratum in: *Neurology*. 2021 Feb 9;96(6):296. PMID: 33257476.

Other Non-covered Lyme Disease Tests

Infectious Diseases Society of America (IDSA), American Academy of Neurology (AAN), and American College of Rheumatology (ACR)

In the 2020 Guidelines for the Prevention, Diagnosis and Treatment of Lyme Disease (reaffirmed in 2023), the joint societies state the following: “Some commercially available laboratory testing methods, including nonstandard serology interpretation, urine antigen, DNA testing, the use of a lymphocyte transformation test, or quantitative CD57 lymphocyte assay should be avoided for clinical use due to lack of systematic, independent, reproducible validation studies.” (p. e10)

Lantos PM, Rumbaugh J, Bockenstedt LK, et al. Clinical Practice Guidelines by the Infectious Diseases Society of America, American Academy of Neurology, and American College of Rheumatology: 2020 Guidelines for the Prevention, Diagnosis, and Treatment of Lyme Disease. *Neurology*. 2021 Feb 9;96(6):262-273. doi:10.1212/WNL.00000000000011151. Epub 2020 Nov 30. Erratum in: *Neurology*. 2021 Feb 9;96(6):296. PMID: 33257476.

Zika Virus Nucleic Acid/PCR Tests

Centers for Disease Control and Prevention (CDC)

The CDC guidance called “Clinical Testing and Diagnosis for Zika Virus Disease” recommends Zika virus nucleic acid tests in the following clinical situations:

For asymptomatic pregnant patients:

- Traveled to an area with an active CDC Zika Travel Health Notice during pregnancy
- Traveled to an area with current or past Zika virus transmission (outside of the United States and its territories) during the pregnancy

For symptomatic pregnancy patients:

- Lived in or traveled to an area with an active CDC Zika Travel Health Notice during pregnancy
- Had sex during the pregnancy with someone living in or with recent travel to an area with an active CDC Zika Health Travel Notice
- Lived in or traveled to an area with current or past Zika virus transmission during pregnancy.
- Had sex during the pregnancy with someone living in or with recent travel to an area with current or past Zika virus transmission

For pregnant patients with a fetus with prenatal ultrasound findings consistent with congenital Zika virus infection:

- Lived in or traveled to an area with an active CDC Zika Travel Health Notice or current or past Zika virus transmission
- Had sex during pregnancy with someone living in or with recent travel to an area with an active CDC Zika Travel Health Notice or current or past Zika virus transmission

For symptomatic non-pregnant patients:

- Living in or with recent travel to an area with an active CDC Zika Travel Health Notice or current or past Zika virus transmission outside the United states and its territories.
 - Zika virus nucleic acid testing should be performed on serum collected 7 days or fewer after the onset of symptoms.

For infants with a possible Zika virus exposure during pregnancy:

- With a mother with possible Zika virus exposure during pregnancy

Zika virus testing is not recommended for asymptomatic non-pregnant patients.

Centers for Disease Control and Prevention. Clinical testing and diagnosis for Zika virus disease. Zika Virus. Published February 12, 2025. <https://www.cdc.gov/zika/hcp/diagnosis-testing/index.html>

Zika Virus Antibody Tests

Centers for Disease Control and Prevention (CDC)

The CDC guidelines called “Clinical Testing and Diagnosis for Zika Virus Disease” recommends Zika virus nucleic acid tests in the following clinical situations:

For symptomatic pregnant patients:

Lived in or traveled to an area with an active CDC Zika Travel Health Notice during pregnancy

- Had sex during the pregnancy with someone living in or with recent travel to an area with an active CDC Zika Travel Health Notice

For pregnant patients with a fetus with prenatal ultrasound findings consistent with congenital Zika virus infection:

- Lived in or traveled to an area with an active CDC Zika Travel Health Notice or current or past Zika virus transmission
- Had sex during pregnancy with someone living in or with recent travel to an area with an active CDC Zika Travel health Notice or current or past Zika virus transmission

Zika antibody tests are not recommended for asymptomatic pregnant patients.

For symptomatic non-pregnant patients:

- Living in or with recent travel to an area with an active CDC Zika Travel Health

Notice or current or past Zika virus transmission outside the United States and its territories

- Zika virus IgM antibody testing should be performed on NAAT-negative samples and on samples collected greater than 7 days after the onset of symptoms.

For infants with a possible Zia virus exposure during pregnancy:

- With a mother with possible Zika virus exposure during pregnancy

Zika virus testing is not recommended for asymptomatic non-pregnant patients.

Centers for Disease Control and Prevention. Clinical testing and diagnosis for Zika virus disease. Zika Virus. Published February 12, 2025. <https://www.cdc.gov/zika/hcp/diagnosis-testing/index.html>

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
0041U	Borrelia burgdorferi, antibody detection of 5 recombinant protein groups, by immunoblot, IgM
0042U	Borrelia burgdorferi, antibody detection of 12 recombinant protein groups, by immunoblot, IgG
0043U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgM
0044U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgG
0316U	Borrelia burgdorferi (Lyme disease), OspA protein evaluation, urine
0580U	Borrelia burgdorferi, antibody detection of 24 recombinant protein groups, by immunoassay, IgG
0595U	Infectious disease (tropical fever pathogens), vector-borne and zoonotic pathogens, including 2 viruses (Chikungunya virus and Dengue virus serotypes 1, 2, 3, and 4), 1 bacterium (Leptospira species), and 1 parasite with species differentiation (Plasmodium species, Plasmodium falciparum, and Plasmodium vivax/ovale), real-time RT-PCR, whole blood, each pathogen reported as detected or not detected

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86000	Agglutinins, febrile (eg, Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen
86611	Antibody; Bartonella
86617	Antibody; Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western Blot or immunoblot)
86618	Antibody; Borrelia burgdorferi (Lyme disease)
86619	Antibody; Borrelia (relapsing fever)
86622	Antibody; Brucella
86628	Antibody; Candida
86635	Antibody; Coccidioides
86638	Antibody; Coxiella burnetii (Q fever)
86666	Antibody; Ehrlichia
86682	Antibody; helminth, not elsewhere specified
86720	Antibody; Leptospira
86727	Antibody; lymphocytic choriomeningitis
86735	Antibody; mumps
86738	Antibody; mycoplasma
86750	Antibody; Plasmodium (malaria)
86762	Antibody; rubella
86765	Antibody; rubeola
86788	Antibody; West Nile virus, IgM
86789	Antibody; West Nile virus
86790	Antibody; virus, not elsewhere specified
86794	Antibody; Zika virus, IgM
87015	Concentration (any type), for infectious agents
87040	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates
87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
87081	Culture, presumptive, pathogenic organisms, screening only;
87102	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)

87116	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates
87149	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed
87168	Macroscopic examination; arthropod
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)
87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87206	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)
87430	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Streptococcus, group A
87449	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; not otherwise specified, each organism
87468	Infectious agent detection by nucleic acid (DNA or RNA); Anaplasma phagocytophilum, amplified probe technique
87469	Infectious agent detection by nucleic acid (DNA or RNA); Babesia microti, amplified probe technique
87471	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique
87476	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique
87478	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia miyamotoi, amplified probe technique
87484	Infectious agent detection by nucleic acid (DNA or RNA); Ehrlichia chaffeensis, amplified probe technique
87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique
87662	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique

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87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism
87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique
87899	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; not otherwise specified

HCPCS® Codes	Description
Q0113	Pinworm examinations

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy developed. External specialist reviewed.	11/23	2/24
Added “lab” to policy title. Removed CPT and ICD-10 codes from policy reference table. Added CPT code table and moved the “coding implications” section.	2/24	
Corrected CPT code descriptions and removed 86353.	3/24	
Annual review. Corrected 03/24 revision log to note that 86353 was removed from the CPT table. Added policy number to header. Minor rewording and formatting with no clinical significance. Reworded policy statements from “may be considered medically necessary” to “are considered medically necessary” for the following criteria sections: Lyme Disease (Borrelia burgdorferi) Serum Antibody Tests, Lyme Disease (Borrelia burgdorferi) Nucleic Acid/PCR Tests, Zika Virus Antibody Tests, and Zika Virus Nucleic Acid/PCR Tests. References updated.	11/24	2/25
Annual review. Updated revision and copyright dates. Updated policy title from “CONCERT INFECTIOUS DISEASE: VECTOR-BORNE AND TROPICAL DISEASES TESTING.” Added CPT codes 86000, 86611, 86619, 86622, 86628, 86635, 86638, 86666, 86682, 86720, 86727, 86735, 86738, 86750, 86762, 86765, 86788, 86789, 86790, 87015, 87040, 87070, 87075, 87077, 87081, 87102, 87116, 87149, 87168, 87181, 87186, 87205, 87206, 87207, 87430, 87449, 87468, 87469, 87471, 87478, 87484, 87651, 87798, 87799, 87801, 87899, 0043U, 0044U, 0580U, 0595U, Q0113. Deleted CPT code 87475. Removed References section. Added References to applicable sections throughout policy. Deleted Ref column on Coding Implications table.	1/26	1/26

Added criteria I.A.1.2 to Zika Virus Nucleic Acid/PCR Tests section. Added criteria I.B.3 and I.B.4 to Zika Virus Nucleic Acid/PCR Tests. Updated criteria for Zika Virus Nucleic Acid/PCR Tests for member/enrollee 12 months old or younger to require laboratory evidence of infection during pregnancy.		
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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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