

## Medical Coverage Policy | Lyme Disease Diagnosis and Treatment Mandate



**EFFECTIVE DATE:** 12 | 01 | 2023

**POLICY LAST UPDATED:** 11 | 30 | 2023

### OVERVIEW

This policy documents the state-mandated coverage guidelines for certain Lyme disease treatments (Rhode Island General Law 27-20-48).

### MEDICAL CRITERIA

Not applicable

### PRIOR AUTHORIZATION

Not applicable

### POLICY STATEMENT

#### Medicare Advantage Plans and Commercial Products

In accordance with Rhode Island General Law § 27-20-48, coverage is provided for diagnostic testing and long-term antibiotic treatment of chronic Lyme disease.

**To qualify for payment, services must be ordered by a physician or other qualified healthcare professional after evaluation of symptoms, diagnostic test results, and response to treatment.** Benefit payment for Lyme disease treatment will not be denied solely because such treatment may be characterized as unproven, experimental, or investigational.

### COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable benefits/coverage.

Although Rhode Island-mandated benefits generally do not apply to Plan 65, FEHBP, and Medicare Advantage Plans, Blue Cross & Blue Shield of Rhode Island follows this mandate for all products. Self-funded groups may or may not choose to follow state mandates.

### BACKGROUND

This policy documents the Rhode Island General Law (RIGL) 27-20-48 for certain Lyme disease treatments.

*§ 27-20-48 Mandatory coverage for certain lyme disease treatments. – Every individual or group hospital or medical expense insurance policy or individual or group hospital or medical services plan contract delivered, issued for delivery, or renewed in this state on or after January 1, 2004 shall provide coverage for diagnostic testing and long-term antibiotic treatment of chronic lyme disease when determined to be medically necessary and ordered by a physician acting in accordance with chapter 37.5 of title 5 entitled "lyme disease diagnosis and treatment" after making a thorough evaluation of the patient's symptoms, diagnostic test results and response to treatment. Treatment otherwise eligible for benefits pursuant to this section shall not be denied solely because such treatment may be characterized as unproven, experimental, or investigational in nature.*

Lyme disease is the most common vector-borne disease in the United States. Lyme disease is caused by the bacterium *Borrelia burgdorferi* and rarely *Borrelia mayonii*. It is transmitted to humans through the bite of infected blacklegged ticks. Typical symptoms include fever, headache, fatigue, and a characteristic skin rash called

erythema migrans. If left untreated, infection can spread to joints, the heart, and the nervous system. Lyme disease is diagnosed based on symptoms, physical findings (e.g., rash), and the possibility of exposure to infected ticks. Laboratory testing is helpful if used correctly and performed with validated methods. Most cases of Lyme disease can be treated successfully with a few weeks of antibiotics. Steps to prevent Lyme disease include using insect repellent, removing ticks promptly, applying pesticides, and reducing tick habitat. The ticks that transmit Lyme disease can occasionally transmit other tick-borne diseases as well.

## CODING

### Medicare Advantage Plans and Commercial Products

The following CPT code(s) are used for testing for Lyme disease:

- 86617** Antibody; *Borrelia burgdorferi* (Lyme disease) confirmatory test (eg, Western Blot or immunoblot)
- 86618** Antibody; *Borrelia burgdorferi* (Lyme disease)
- 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
- 0301U** Infectious agent detection by nucleic acid (DNA or RNA), *Bartonella henselae* and *Bartonella quintana*, droplet digital PCR (ddPCR)
- 0302U** Infectious agent detection by nucleic acid (DNA or RNA), *Bartonella henselae* and *Bartonella quintana*, droplet digital PCR (ddPCR); following liquid enhancement
- 0316U** *Borrelia burgdorferi* (Lyme disease), OspA protein evaluation, urine

## RELATED POLICIES

Proprietary Laboratory Analyses (PLA)

## PUBLISHED

Provider Update, October 2023  
Provider Update, September 2023  
Provider Update, May 2022  
Provider Update, January 2022  
Provider Update, May 2019  
Provider Update, April 2018

## REFERENCES

1. Rhode Island General Law (RIGL). 27-20-48 Mandatory coverage for certain lyme disease treatments. <http://webserver.rilin.state.ri.us/Statutes/TITLE27/27-20/27-20-48.HTM>
2. Centers for Disease Control and Prevention (CDC). Lyme Disease. <http://www.cdc.gov/lyme/>

**CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

