If a conflict arises between a Clinical Payment and Coding Policy 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. Blue Cross and Blue Shield of Oklahoma may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK 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 approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative 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.

Lyme Disease Testing

Policy Number: CPCPLAB044

Version 1.0

Approval Date: Feb. 18, 2026

Plan Effective Date: April 1, 2026

Description

The Plan 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. For individuals with symptoms of Lyme disease and a history of travel to a region endemic for Lyme (with or without a history of a tick bite), serologic testing (2-tier testing strategy using a sensitive enzyme immunoassay/EIA or immunofluorescence assay, followed by a western immunoblot assay or FDA-cleared second EIA assay) **may be reimbursable.**

2. For individuals with a history of travel to a region endemic for Lyme, serologic testing (2-tier testing strategy using a sensitive enzyme immunoassay/EIA or immunofluorescence assay, followed by a western immunoblot assay or FDA-cleared second EIA assay) **may be reimbursable** in **any** of the following situations:
    a. For individuals with acute myocarditis/pericarditis of unknown cause;
    b. For individuals with meningitis, encephalitis, or myelitis;
    c. For individuals with painful radiculoneuritis;
    d. For individuals with mononeuropathy multiplex including confluent mononeuropathy multiplex;
    e. For individuals with acute cranial neuropathy.

3. Serologic testing **is not reimbursable** in **any of** the following situations:
    a. For individuals with an erythema migrans/EM rash. (Patients with skin rashes consistent with EM who reside in or who have recently traveled to an endemic area should be treated for Lyme disease);
    b. To screen asymptomatic patients living in endemic areas;
    c. For individuals with non-specific symptoms only (e.g., fatigue, myalgias/arthralgias);
    d. For individuals with amyotrophic lateral sclerosis;
    e. For individuals with relapsing-remitting multiple sclerosis;
    f. For individuals with Parkinson's disease;
    g. For individuals with dementia or cognitive decline, or new-onset seizures;
    h. For individuals with psychiatric illness.

4. Polymerase chain reaction/PCR -based direct detection of B. burgdorferi in CSF samples **may be reimbursable** and may replace serologic documentation of infection in patients with a short duration of neurologic symptoms (<14 days) during the window between exposure and production of detectable antibodies.

5. For individuals who have previously tested positive for Lyme disease, repeat serologic testing **is not reimbursable**.

6. All other testing for *Borrelia burgdorferi* not described above **is not reimbursable**.

7. For the diagnosis of Lyme disease, testing of the individual tick **is not reimbursable.**

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee that it is a covered service or eligible for reimbursement.

Codes
86617, 86618, 87475, 87476, 0041U, 0042U, 0316U, 0580U, 0615U

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Policy Update History:

Approval Date	Effective Date; Summary of Revisions
02/18/2026	04/01/2026: Added code 0615U effective 04/01/2026.
08/01/2025	10/01/2025; Added code 0580U effective 10/1/2025.
04/29/2024	01/15/2025: Document updated with literature review. Reimbursement information unchanged. References revised.
11/01/2023	11/01/2023: Document updated with literature review. Reimbursement information revised for clarity. References revised; some added, others removed.
11/1/2022	11/01/2022: New policy