AmeriHealth Caritas
District of Columbia

To:	**All AmeriHealth Caritas DC Providers**
Date:	**September 10, 2021**
Subject:	**Seasonal Influenza Testing Policy**
Summary:	**Effective October 15, 2021, seasonal influenza testing is considered medically necessary when certain criteria are met, and is covered under certain circumstances by AmeriHealth Caritas District of Columbia (DC).**

The diagnosis of seasonal influenza by laboratory assay is clinically proven and, therefore, medically necessary when the results of the assay will influence management decisions (e.g., initiating antiviral therapy, prescribing antibiotics, performing other diagnostic tests, or implementing infection control measures), and the following criteria are met (Infectious Diseases Society of America, 2018):

- In the outpatient setting for enrollees who present with either:
  - Signs or symptoms suggestive of uncomplicated influenza (e.g., acute onset of respiratory symptoms with or without fever), and either exacerbation of chronic medical conditions or known complications of influenza (e.g., pneumonia).
  - Atypical signs or symptoms or complications associated with influenza in high-risk* enrollees who present with influenza-like illness, pneumonia, or nonspecific respiratory illness (e.g., cough without fever).
- In the emergency department, for enrollees who present with influenza-like illness, pneumonia, or nonspecific respiratory illness (e.g., cough without a fever), have no increased risk for influenza complications, and will likely be discharged if either:
  - The test results might influence antiviral treatment decisions or reduce use of unnecessary antibiotics, further diagnostic tests, and length of time in the emergency department.
  - The test results might influence antiviral treatment or chemoprophylaxis decisions for high-risk enrollees of the patient's household.
- In hospitalized enrollees with any of the following indications:
  - Acute respiratory illness, including pneumonia, with or without fever.
  - Acute worsening of chronic cardiopulmonary disease.
  - An immunocompromised status or at high risk* of complications, who present with an acute onset of respiratory symptoms, whether febrile or afebrile.
  - Acute onset of respiratory symptoms (with or without fever) or respiratory distress, without a clear alternative diagnosis.

*High risk is defined as either (Infectious Diseases Society of America, 2018):

- Children < 5 years of age.
- Adults ≥ 65 years of age.
- Enrollees with chronic illness.
- Enrollees with known complications of influenza, such as pneumonia.
- The immunosuppressed (e.g., human immunodeficiency virus infection).
- Pregnant or within two weeks postpartum.
- Younger than 19 years of age and receiving long-term aspirin or salicylate-containing therapy.
- American Indians/Alaska Natives.
- Morbidly obese (i.e., body mass index ≥ 40).
- Institutional residence (e.g., nursing homes or long-term care facilities).

Limitations

Respiratory viral panel testing using reverse-transcription polymerase chain reaction assay targets, including influenza virus, are medically necessary for testing performed in an inpatient facility, observation, or emergency setting only.

The following limitations apply to seasonal influenza testing:

- In outpatients:
    - Providers should use rapid molecular assays (nucleic acid amplification tests) rather than rapid influenza diagnostic tests (antigen detection tests) to improve detection of influenza virus infection, preferably within four days of symptom onset (Infectious Diseases Society of America, 2018).
    - To increase influenza virus detection, nasopharyngeal specimens are preferred over other specimens (Infectious Diseases Society of America, 2018). Testing of specimens for influenza from non-respiratory sites such as blood, plasma, serum, cerebrospinal fluid, urine, and stool is not medically necessary, except when ordered by an infectious disease specialist.
- In hospitalized patients (Infectious Diseases Society of America, 2018):
    - Providers should use reverse-transcription polymerase chain reaction or other molecular assays to improve detection of influenza virus infection.
    - In immunocompromised patients, providers should use multiplex reverse-transcription polymerase chain reaction assays to target a panel of respiratory pathogens, including influenza viruses.

  - In inpatients who are not immunocompromised, providers can consider using multiplex reverse-transcription polymerase chain reaction assays to target a panel of respiratory pathogens, including influenza viruses, if it might influence care.
  - Clinicians should not use immunofluorescence assays for influenza virus antigen detection except when more sensitive molecular assays are not available. Follow-up testing with reverse-transcription polymerase chain reaction or other molecular assays should be performed to confirm negative immunofluorescence test results.
  - Clinicians should not use rapid influenza diagnostic tests in hospitalized patients except when more sensitive molecular assays are not available. Follow-up testing with reverse-transcription polymerase chain reaction or other molecular assays should be performed to confirm negative rapid influenza diagnostic test results.
- Clinicians should not use viral culture for initial or primary diagnosis of influenza, but viral culture can be considered to confirm negative test results from rapid influenza diagnostic tests and immunofluorescence assays, such as during an institutional outbreak, and to provide isolates for further characterization.
- Clinicians should not use serologic testing for diagnosis of influenza because results from a single serum specimen cannot be reliably interpreted, and collection of paired (acute/convalescent) sera two to three weeks apart are needed for serological testing.

Alternative covered services

- In-network routine and preventive health services by a primary care or specialty provider.
- Infectious disease consultation.

Questions:

If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at 1-888-656-2383.