

**ND**

Medical Policies

**Print**

Policy Number: L-9001

Policy Name: Covid-19 Antibody Testing

Policy Type: Medical

Policy Subtype: Laboratory

Effective Date: 09-15-2025

End Date: 11-02-2025

Description

COVID-19 Antibodies:

COVID-19 antibody testing is a blood test. The test can provide information about how your body reacted to infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). SARS-CoV-2 is the name of the virus that causes coronavirus disease 2019 (COVID-19). It also can show how your body reacted to COVID-19 vaccines. Antibody testing also is known as serology testing. A negative serology test means no antibodies were detected in your blood.

Antibody tests can detect the presence of these antibodies in serum within days to weeks following acute infection or vaccination. Antibody tests are not used for diagnosing a current case of COVID-19.

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

Antibody or serology COVID-19 testing to look for antibodies in your blood is considered a non-covered service

Non-Covered Procedure Codes

0224U	86328	86408	86413	86769
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Professional Statements and Societal Positions Guidelines

Not Applicable

Diagnosis Codes

Not Applicable

CURRENT CODING

CPT:

0224U	ANTIBODY SARS-COV-2 TITER(S)	Commercial
86328	IA INFECTIOUS AGT ANTIBODY SARS-COV-2 COVID-19	Commercial
86408	NEUTRALIZING ANTIBODY SARS-COV-2 SCREEN	Commercial
86413	SEV AQT RESPIR SYND CORONAVIRUS 2 ANTIBODY QUAN	Commercial
86769	ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	Commercial
0224U	ANTIBODY SARS-COV-2 TITER(S)	Medicaid Expansion
86328	IA INFECTIOUS AGT ANTIBODY SARS-COV-2 COVID-19	Medicaid Expansion
86408	NEUTRALIZING ANTIBODY SARS-COV-2 SCREEN	Medicaid Expansion
86413	SEV AQT RESPIR SYND CORONAVIRUS 2 ANTIBODY QUAN	Medicaid Expansion
86769	ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	Medicaid Expansion

ND Committee Review

Internal Medical Policy Committee 3-23-2023 New Policy - ***Effective May 15, 2023***

Internal Medical Policy Committee 5-14-2024 Annual Review, no changes in criteria ***Effective July 1, 2024***

- *Added Policy Application*

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.