December 20, 2024

**VIA Electronic Mail**

Ellen Buettner, Chief Executive Officer
Traylor Rains, State Medicaid Director
Dr. Paula Root, Chief Medical Officer
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

**RE: Molecular Diagnostic Testing for Infectious Disease**

Dear Ms. Buettner, Mr. Rains and Dr. Root:

Pursuant to Title 75 of the Oklahoma Statutes § 305, and on behalf of the undersigned organizations, we are requesting that the Oklahoma Health Care Authority ("OHCA") amend the above-captioned guideline, which is incorporated by reference into Oklahoma Administrative Code 317:30-5-20.2(b)(2).

As communicated previously, we are concerned about the significant restrictions imposed by OHCA on the availability of point-of-care ("POC") molecular testing (hereinafter "POC Tests") for certain respiratory diseases for symptomatic Oklahoma Medicaid beneficiaries. Specifically:

- Molecular tests for influenza (CPT code 87502), respiratory syncytial virus (RSV) (87634), COVID/influenza A/influenza B (87636), and COVID/influenza A/influenza B/RSV (87637) are only available in POC settings, and molecular tests for influenza A/influenza B/RSV (87631) are only available in outpatient hospital settings, to symptomatic individuals who are immunocompromised, those with chronic respiratory illness, influenza complicated by pneumonia, or pregnant; and
- Molecular testing for Group A Strep (87651) is not available in the POC setting to any patients.

For the reasons outlined previously – and summarized below – **we respectfully request that OHCA revise the guideline to identify the POC Tests as covered for symptomatic individuals when performed by a clinic lab (e.g., physician office labs, labs at urgent care centers), hospital lab, or independent lab, without any additional qualifications or requirements**.

Primary care clinics, medical practices, urgent care centers, and hospitals across Oklahoma have invested in equipment to provide on-site POC molecular diagnostic testing to give clinicians the ability to diagnose patients at the time of treatment. Access to the POC Tests helps ensure patients receive the right therapy at the right time, and may facilitate the implementation of public health measures to prevent further spread of infectious diseases, like Flu A/B, RSV and Strep A.

Use of the POC Tests for symptomatic patients is consistent with guidance from the Infectious Diseases Society of America, the Centers for Disease Control and Prevention, the American Academy of Pediatrics, and the American Society for Microbiology.

Access to POC molecular tests may also lead to meaningful cost savings and more efficient resource utilization. In a prospective study assessing the impact of rapid RT-PCR influenza testing on physician decision-making in the emergency department (ED), Hansen *et al*. estimated that "[o]verall costs savings associated with access to RT-PCR testing in the ED resulted in $200.40/patient/ED visit. Projections over an extended influenza season (2000 ED visits) including estimated cost of providing testing resulted in net cost savings of $578,627 to $678,627."[1]

By definition, OK Medicaid covers the state's most vulnerable patients. However, the guideline leaves these patients without access to the POC Tests, even though their neighbors with commercial insurance may have such access. BlueCross BlueShield of Oklahoma, for example, covers the POC Tests without imposing any limitations on the site of service.[2] OK Medicaid beneficiaries are similarly disadvantaged as compared to Medicaid patients in nearby states, as Texas Medicaid identifies all POC Test codes as covered without limitations on place of service.[3]

**We respectfully ask that the OHCA leadership re-evaluate its restrictions on the POC Test codes and allow a public discussion of this issue during the January 9 meeting of the Medical Advisory Committee.**

Please feel free to contact us with any additional questions. Thank you for your consideration.

Sincerely,

Infectious Diseases Society of America
Point of Care Testing Association
Urgent Care Association

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[1] Hansen GT, Moore J, Herding E, *et al*. Clinical decision making in the emergency department setting using rapid PCR: Results of the CLADE study group. *J Clin Virol* 2018;102:42-49.

[2] *See* cpcplab033-diagnostic-testing-of-influenza-09-01-22.pdf (bcbsok.com) (covering "one single traditional NAAT in the outpatient setting for a patient in a single visit, may be reimbursable for diagnosis of patients who present with signs and symptoms consistent with influenza disease); cpcplab063-identification-of-microorganisms-using-nucleic-acid-probes-09-01-22.pdf (bcbsok.com) (assigning CPT code 87634 "may be reimbursable" status); cpcplab053-beta-hemolytic-streptococcus-testing-09-01-22.pdf (bcbsok.com) (noting that "simultaneous coding for BOTH amplification and direct probes is not reimbursable", which suggests amplified probe alone would be covered; https://www.bcbsok.com/docs/provider/ok/standards/cpcp/avalon/cpcplab045-pathogen-panel-testing-09-01-22.pdf (identifying "[m]ultiplex PCR-based panel testing of up to 5 respiratory pathogens" as reimbursable for patients displaying signs and symptoms of a respiratory tract infection" if certain conditions are met).

[3] 2_17_Radiology_and_Lab_Srvs.fm (identifying 87502, 87634, and 87651 as covered codes); COVID-19 Testing Procedure Codes 87636, 87637, and 87811 Are Now Benefits | TMHP (identifying 8766/87637 as covered codes).