Medical Policy:
Lyme Disease Intravenous Treatment

POLICY NUMBER	EFFECTIVE DATE	APPROVED BY
MG.MM.ME.57	5/8/2026	MPC (Medical Policy Committee)

IMPORTANT NOTE ABOUT THIS MEDICAL POLICY:

Property of ConnectiCare, Inc. All rights reserved. The treating physician or primary care provider must submit to ConnectiCare, Inc. the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, ConnectiCare will not be able to properly review the request for prior authorization. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. The clinical review criteria expressed below reflects how ConnectiCare determines whether certain services or supplies are medically necessary. ConnectiCare established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). ConnectiCare, Inc. expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Each benefit plan defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by ConnectiCare, as some plans exclude coverage for services or supplies that ConnectiCare considers medically necessary. If there is a discrepancy between this guideline and a member's benefits plan, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of the State of CT and/or the Federal Government. Coverage may also differ for our Medicare members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including including National Coverage Determinations (NCD), Local Coverage Determinations (LCD) and/or Local Medical Review Policies (LMRP). All coding and web site links are accurate at time of publication.

Guideline

I. Members with a confirmed Lyme disease diagnosis are eligible for an initial 2–4-week course of intravenous (IV) antibiotic therapy when the following criteria are met; **any**:

- A. Lyme arthritis that persists after failing to respond to a 4-week course of appropriate oral antibiotic therapy
- B. Lyme carditis —moderate to severe cardiac involvement as evidenced by any of the following:
  1. 1st-degree heart block with P-R interval ≥ 300 milliseconds
  2. Myopericarditis
  3. 2nd- or higher degree atrio-ventricular block
- C. Neurologic involvement of Lyme disease (neuroborreliosis) as evidenced by any of the following:
  1. Encephalomyelitis, based on MRI imaging, CSF pleocytosis, and no other cause found
  2. Meningitis confirmed by CSF analysis showing a lymphocytic pleocytosis
  3. Sensory/motor radiculoneuropathy or peripheral neuropathy (weakness and/or pain in the extremities or chest)
- D. All cases of Lyme disease in pregnant women who exhibit symptoms and signs of any of the following:
  1. Stage II Lyme disease with early dissemination documented by organ-specific manifestations of infection (arthritic, cardiac, or neurologic)

2. Stage III late Lyme disease documented by findings of arthritis and/or neurologic complications, such as encephalomyelitis and subacute encephalitis

II. The following antibiotics constitute medically necessary IV therapy:

A. Ceftriaxone (Rocephin®)
B. Cefotaxime (Claforan®)
C. Penicillin G
D. Azithromycin (Zithromax®) or Doxycycline — for members intolerant to b-lactam antibiotics

Limitations/Exclusions

I. Intravenous therapy with the following drugs is not considered medically necessary due to insufficient evidence of therapeutic value; **any**:

A. Carbapenems (e.g., doripenem, ertapenem, imipenem, meropenem)
B. First-generation cephalosporins (e.g., cefazolin)
C. Azole antifungals
D. Fluoroquinolones (e.g., levofloxacin, moxifloxacin)

II. Repeat 2–4-weeks of outpatient IV therapy is considered medically necessary when the following criteria are met; **all**:

A. The member has met the criteria for an initial course of intravenous antibiotic therapy, using lab results obtained within the past 3 months
B. The member has completed an initial course of appropriate intravenous antibiotic therapy
C. The member has objective evidence of either relapse of infection, progression of Lyme disease organ damage, and/or the finding of a new focus or type of organ damage

III. Intravenous therapy for the following indications is not considered medically necessary due to insufficient evidence of therapeutic value; **any**:

A. Early Lyme disease (i.e., erythema migrans without any systemic manifestations)
B. Flu-like syndrome (fatigue, fever, headache, mildly stiff neck, arthralgias, and myalgias)
C. Initial treatment of Lyme arthritis
D. Non-specific subjective symptoms, such as persistent, chronically debilitating fatigue (chronic fatigue syndrome), difficulty in concentrating, musculoskeletal pain (fibromyalgia), and headache
E. Pregnant woman presenting with localized Lyme disease manifested as a single lesion of erythema migrans without any other symptoms suggestive of disseminated disease
F. Treatment of "post-Lyme disease" syndrome (i.e., persistent fatigue)
G. Treatment of individuals with systemic symptoms without serologic or cerebrospinal fluid (CSF) studies confirming Lyme disease
H. Prophylactic treatment of asymptomatic members when the sole evidence of Lyme disease is a positive immunologic test (ELISA, IFA, or Western blot)

Proprietary information of ConnectiCare. © 2026 ConnectiCare, Inc. & Affiliates

I. Treatment of persistent Lyme-associated arthritis after 2 prior courses of antibiotic therapy

J. Mild cardiac involvement of Lyme disease as evidenced by any of the following:
- Transient ST-T depression
- T-wave changes

IV. Repeat or prolonged courses of IV antibiotics (> 8 weeks) has not been shown to improve net health outcomes and are not considered medically necessary

V. The following treatments are not considered medically necessary treatment for Lyme disease due to insufficient evidence of therapeutic value:

A. Chelation
B. Hyperbaric oxygen therapy
C. Singlet oxygen therapy
D. Intravenous ascorbic acid
E. Intravenous magnesium

Procedure Codes

96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)
96370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96371	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)
93676	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)
99601	Home infusion/specialty drug administration, per visit (up to 2 hours);

Proprietary information of ConnectiCare. © 2026 ConnectiCare, Inc. & Affiliates

99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)

References

1. Lantos PM, Rumbaugh J, Bockenstedt LK, Falck-Ytter YT, Aguero-Rosenfeld ME, Auwaerter PG, Baldwin K, Bannuru RR, Belani KK, Bowie WR, Branda JA, Clifford DB, DiMario FJ Jr, Halperin JJ, Krause PJ, Lavergne V, Liang MH, Cody Meissner H, Nigrovic LE, Nocton JJJ, Osani MC, Pruitt AA, Rips J, Rosenfeld LE, Savoy ML, Sood SK, Steere AC, Strle F, Sundel R, Tsao J, Vaysbrot EE, Wormser GP, Zemel LS. Clinical Practice Guidelines by the Infectious Diseases Society of America (IDSA), American Academy of Neurology (AAN), and American College of Rheumatology (ACR): 2020 Guidelines for the Prevention, Diagnosis, and Treatment of Lyme Disease. Arthritis Care Res (Hoboken). 2021 Jan;73(1):1-9. doi: 10.1002/acr.24495. Epub 2020 Nov 29. PMID: 33251700.
2. Lyme disease: diagnosis and management. National Guideline Centre (UK). Source London: National Institute for Health and Care Excellence (UK); 2018 Apr. National Institute for Health and Care Excellence: Clinical Guidelines.
3. Lyme disease: diagnosis and management. Ross Russell AL, Dryden MS, Pinto AA, Lovett JK. Pract Neurol. 2018 Dec;18(6):455-464. doi: 10.1136/practneurol-2018-001998. Epub 2018 Oct 3.
4. Neuroborreliosis and Neurosyphilis. Halperin JJ. Continuum (Minneap Minn). 2018 Oct;24(5, Neuroinfectious Disease):1439-1458. doi: 10.1212/CON.0000000000000645.
5. Clin Microbiol Infect. 2018 Feb;24(2):118-124. doi: 10.1016/j.cmi.2017.08.025. Epub 2017 Sep 5. To test or not to test? Laboratory support for the diagnosis of Lyme borreliosis: a position paper of ESGBOR, the ESCMID study group for Lyme borreliosis. Dessau RB, van Dam AP, Fingerle V, Gray J, Hovius JW, Hunfeld KP, Jaulhac B, Kahl O, Kristoferitsch W, Lindgren PE, Markowicz M, Mavin S, Ornstein K, Rupprecht T, Stanek G, Strle F.
6. Clinical Manifestations and Treatment of Lyme Disease. Sanchez JL. Clin Lab Med. 2015 Dec;35(4):765-78. doi: 10.1016/j.cll.2015.08.004. Epub 2015 Sep 26. Review.
7. Infect Dis Clin North Am. 2015 Jun;29(2):269-80. doi: 10.1016/j.idc.2015.02.004. Diagnosis and treatment of Lyme arthritis. Arvikar SL, Steere AC.
8. Mead P, Petersen J, Hinckley A. Updated CDC Recommendation for Serologic Diagnosis of Lyme Disease. MMWR Morb Mortal Wkly Rep 2019;68:703. DOI: http://dx.doi.org/10.15585/mmwr.mm6832a4external icon.
9. Specialty matched clinical peer review.

Revision History

DATE	REVISION
May 8, 2026	Doxycycline added as medically necessary for members intolerant to b-lactam antibiotics
Jun. 9, 2023	Changed policy title from "Lyme Disease Diagnosis and Treatment" to "Lyme Disease Intravenous Treatment" Added hyperlink for lab test component to Lyme Disease Testing Reimbursement Policy Clarified that repeat or prolonged courses of IV antibiotics > 8 weeks (previously 4 weeks) is not considered medically necessary

Proprietary information of ConnectiCare. © 2026 ConnectiCare, Inc. & Affiliates

Jan. 8, 2021	Expanded definition section regarding I scapularis and Borrelia miyamotoi Added link to the 2020 Clinical Practice Guidelines by the Infectious Diseases Society of America (IDSA), American Academy of Neurology (AAN), and American College of Rheumatology (ACR) Guidelines for the Prevention, Diagnosis and Treatment of Lyme Disease to diagnostic testing Modified initial/repeat IV therapy treatment course from greater than four weeks to two-four weeks Clarified that early Lyme disease refers to erythema migrans without any systemic manifestations Added that diagnostic testing is not considered medically necessary unless recommended within the IDSA/AAN/ACR Clinical Practice Guidelines

Proprietary information of ConnectiCare. © 2026 ConnectiCare, Inc. & Affiliates