


<b>MEDICAL POLICY</b>	<b>Respiratory Viral Panels (All Lines of Business Except Medicare)</b>
<b>Effective Date: 4/1/2022</b>   <div style="text-align: right;">4/1/2022</div>	Medical Policy Number: 256
	Medical Policy Committee Approved Date: 9/2020; 09/2021; 3/2022
Medical Officer	Date

**See Policy CPT/HCPCS CODE section below for any prior authorization requirements**

**SCOPE:**

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

**APPLIES TO:**

All lines of business except Medicare

**BENEFIT APPLICATION**

Medicaid Members

*Oregon:* Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

<p><b>POLICY CRITERIA</b></p> <ol style="list-style-type: none"> <li>I. Respiratory viral panels of <u>3-5 pathogens</u> (CPTs: 87631, 87636, 87637, 0240U, and 0241U) may be considered <b>medically necessary</b> under limited circumstances. See Billing Guidelines.</li> <li>II. Respiratory viral panels of <u>3-5 pathogens</u> (CPTs: 87631, 87636, 87637, 0240U, and 0241U) are considered <b>not medically necessary and not covered</b> when requested with a diagnosis codes that is not on medically necessary list in Billing Guidelines.</li> <li>III. Multiplex PCR respiratory viral panels of <u>6 or more pathogens</u> (CPT codes: 87632, 87633, 0098U, 0099U, 0100U, 0115U, 0202U, and 0223U) are <b>not medically necessary and not covered</b>. The pathogen targets that compose the panels are determined by the manufacturers that make them, and do not represent specific pathogens that cause a common syndrome, or</li> </ol>
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the organisms that commonly are found in a specific sample type or patient population or reflect seasonal variations. The fixed nature of these multiplex panels includes pathogens that cause infections different enough that simultaneous testing for these pathogens should be rare. Examples include Chlamydia pneumoniae or Bordetella pertussis in combination with rhinovirus, influenza viruses, and respiratory syncytial virus (RSV). The multiplex PCR respiratory viral panels are effectively a “one size fits all” diagnostic approach, and do not meet Medicare’s “reasonable and necessary” criteria. Non-coverage of these multiplex PCR respiratory viral panels does not deny patient access because appropriate clinician directed testing is available.

**POLICY GUIDELINES**

The following policy may be based on the following Centers for Medicare & Medicaid Services (CMS) guidances:

- Local Coverage Determination (LCD): MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels (L37315)
- Local Coverage Article (LCA): Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels (A57340).<sup>1,2</sup>

**BILLING GUIDELINES**

CPTs 87631, 87636, 87637, 0240U, and 0241U are only covered when supported by medical necessity by billing with one of the of the following ICD-10 codes:

- |         |          |         |
|---------|----------|---------|
| • B9729 | • D8132  | • D828  |
| • D800  | • D8139  | • D829  |
| • D801  | • D814   | • D830  |
| • D802  | • D815   | • D831  |
| • D803  | • D816   | • D832  |
| • D804  | • D817   | • D838  |
| • D805  | • D81810 | • D839  |
| • D806  | • D81818 | • D840  |
| • D807  | • D81819 | • D841  |
| • D808  | • D8189  | • J069  |
| • D809  | • D819   | • J1281 |
| • D810  | • D820   | • J1282 |
| • D811  | • D821   | • J1289 |
| • D812  | • D822   | • J129  |
| • D8130 | • D823   | • J158  |
| • D8131 | • D824   | • J168  |

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|--------|----------|---------|
| • J180 | • R509   | • Z944  |
| • J181 | • U071   | • Z945  |
| • J182 | • Z03818 | • Z946  |
| • J188 | • Z20822 | • Z8616 |
| • J189 | • Z20828 | • Z9481 |
| • J208 | • Z940   | • Z9482 |
| • J22  | • Z941   | • Z9483 |
| • R05  | • Z942   | • Z9484 |
| • R062 | • Z943   |         |

**CPT/HCPCS CODES**

All Lines of Business Except Medicare	
No Prior Authorization Required	
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique
0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected
0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected
Not Covered	
87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when

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	performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets
0098U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 14 targets (adenovirus, coronavirus, human metapneumovirus, influenza A, influenza A subtype H1, influenza A subtype H3, influenza A subtype H1-2009, influenza B, parainfluenza virus, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydomphila pneumoniae, Mycoplasma pneumoniae)
0099U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus, coronavirus OC43, human metapneumovirus, influenza A, influenza A subtype, influenza A subtype H3, influenza A subtype H1-2009, influenza, parainfluenza virus, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydomphila pneumonia, Mycoplasma pneumoniae)
0100U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 21 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus NL63, coronavirus OC43, human metapneumovirus, human rhinovirus/enterovirus, influenza A, including subtypes H1, H1-2009, and H3, influenza B, parainfluenza virus 1, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, respiratory syncytial virus, Bordetella parapertussis [IS1001], Bordetella pertussis [ptxP], Chlamydia pneumoniae, Mycoplasma pneumoniae)
0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected
<del>0151U</del>	<del><b>TERMED 3/31/2022</b> Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 33 targets, real-time semi-quantitative PCR, bronchoalveolar lavage, sputum, or endotracheal aspirate, detection of 33 organismal and antibiotic resistance genes with limited semi-quantitative results</del>
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARSCoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected

## INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

## REGULATORY STATUS

### Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

## REFERENCES

1. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD): MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels (L37315). Revision Effective Date: For services performed on or after 10/01/2019. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=37315>. Accessed 08/30/2021.
2. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article: Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels (A57340). Revision Effective Date: 01/01/2021. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=57340>. Accessed 08/30/2021.