

MOLECULAR DIAGNOSTIC INFECTIOUS DISEASE TESTING

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[Terms and Conditions](#) ⓘ

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- [Molecular Pathology/Molecular Diagnostics/Genetic Testing](#)
- [Screening for Sexually Transmitted Infections \(STIS\) and High-Intensity Behavioral Counseling \(HIBC\) to Prevent STIS \(NCD 210.10\)](#)

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POLICY SUMMARY

See [Purpose](#) ⓘ

Overview

Molecular diagnostic testing, which includes Deoxyribonucleic Acid-(DNA) or Ribonucleic Acid-(RNA) based analysis (with or without amplification/quantification) provides sensitive, specific and timely (i.e., relative to that of traditional culture-based methods) identification of diverse biological entities, including microorganisms and tumors.

A standardized nucleic acid probe reacts directly with nucleic acids in the test sample. This format is termed a Nucleic Acid Test (NAT). If the test sample contains the organism of interest, the reaction (e.g., hybridization) of these elements will create a detectable endpoint.

The NAT amplification format is termed a Nucleic Acid Amplification Test (NAAT). The NAAT format increases diagnostic sensitivity by decreasing the lower limit of detection. Several techniques are available to perform such amplification, but one example is the polymerase chain reaction in which logarithmic copies of baseline nucleic acid material can be replicated via cyclical reactions involving “primer” nucleic acid, enzymes and requisite heating/cooling parameters.

Finally, there may be a need for the above process to quantify rather than simply detect the presence of certain microorganisms. Examples include Human Immunodeficiency Virus (HIV), hepatitis C and Cytomegalovirus (CMV) treatment, which can require such quantitative monitoring to determine if therapy is producing the intended reductions in circulating levels of virus.

Furthermore, other techniques (i.e., nucleic acid sequencing) are utilized to assay antiviral resistance signatures for HIV-1 and hepatitis C. Either genotypic or phenotypic analysis can allow therapy to be directed in response to such observed resistance markers.

Guidelines

Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels

Medicare limits coverage of multiplex PCR respiratory viral panels. Panels of 3-5 pathogens are covered under limited circumstances. Specifically the test must be ordered either in a healthcare setting that is equipped to care for and routinely does care for critically ill patients, or it must be ordered by an infectious disease specialist, unless an infectious disease specialist is not available.

Multiplex PCR respiratory viral panels of 6 or more pathogens are non-covered. 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 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 (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.

Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs)
Medicare provides limited coverage for Gastrointestinal Pathogen (GIP) molecular assays identified by multiplex nucleic acid amplification tests (NAATs).

See Local Coverage Determination (LCD) [References](#) section for coverage details. Coverage varies by LCD.

Based on the Centers for Medicare & Medicaid Services (CMS) Program Integrity Manual (100-08), this policy addresses the circumstances under which the item or service is reasonable and necessary under the Social Security Act, §1862(a)(1)(A). For laboratory services, a service can be reasonable and necessary if the service is safe and effective; and appropriate, including the duration and frequency that is considered appropriate for the item or service, in terms of whether it is furnished in accordance with accepted standards of medical practice for the diagnosis of the patient's condition; furnished in a setting appropriate to the patient's medical needs and condition; ordered and furnished by qualified personnel; one that meets, but does not exceed, the patient's medical need; and is at least as beneficial as an existing and available medically appropriate alternative.

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review. Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states " ...no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis and treatment of illness or injury...". Furthermore, it has been longstanding CMS policy that **"tests that are performed in the absence of signs, symptoms, complaints, or personal history of disease or injury are not covered unless explicitly authorized by statute"**. **Screening services, such as pre-symptomatic genetic tests and services, are those used to detect an undiagnosed disease or disease predisposition, and as such are not a Medicare benefit and not covered by Medicare.** Similarly, Medicare may not reimburse the costs of tests/examinations that assess the risk for and/or of a condition unless the risk assessment clearly and directly effects the management of the patient. However, Medicare does cover a broad range of legislatively mandated preventive services to prevent disease, detect disease early when it is most treatable and curable, and manage disease so that complications can be avoided. These services can be found on the CMS website at <http://www.cms.gov/PrevntionGenInfo/>.

Many applications of molecular diagnostic procedures are not covered services by Medicare given lack of benefit category (preventive service) and/or failure to reach the reasonable and necessary threshold for coverage (based on quality of clinical evidence and strength of recommendation). Furthermore, payment of claims in the past (based on stacking codes) or in the future (based on the new code series) is not a statement of coverage since the service was not audited for compliance with program requirements and documentation supporting the reasonable and necessary testing for the member. Certain tests and procedures may be subject to prepayment medical review (records requested) and paid claims must be supportable, if selected, for post payment audit. Tests for diseases or conditions that manifest severe signs or symptoms in newborns and in early childhood or that result in early death (e.g., Canavan disease) could be subject to automatic denials since these tests are not usually relevant to a Medicare member.

Documentation Guidelines

Documentation must be adequate to verify that coverage guidelines listed above have been met. Thus, the medical record must contain documentation that the testing is expected to influence treatment of the condition toward which the testing is directed. The laboratory or billing provider must have on file the physician requisition which sets forth the diagnosis or condition that warrants the test(s).

Examples of documentation requirements of the ordering physician/nonphysician practitioner (NPP) include, but are not limited to, history and physical or exam findings that support the decision making, problems/diagnoses, relevant data (e.g., lab testing, imaging results).

Documentation requirements of the performing laboratory (when requested) include, but are not limited to, lab accreditation, test requisition, test record/procedures, reports (preliminary and final), and quality control record.

Documentation requirements for lab developed tests/protocols (when requested) include diagnostic test/assay, lab/manufacturer, names of comparable assays/services (if relevant), description of assay, analytical validity evidence, clinical validity evidence, and clinical utility.

Providers are required to code to specificity however, if an unlisted CPT code is used the documentation must clearly identify the unique procedure performed. When multiple procedure codes are submitted on a claim (unique and/or unlisted) the documentation supporting each code should be easily identifiable. If on review UnitedHealthcare cannot link a billed code to the documentation, these services will be denied.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under Section 1862(a)(1)(A) of the Social Security Act.

APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
Non-Covered	
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) (Effective 07/01/2019)
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) (Effective 07/01/2019)
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) (Effective 07/01/2019)
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 (Effective 10/01/2019)
0151U	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 (Effective 01/01/2020)
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 (Effective 05/20/2020)

CPT Code	Description
Non-Covered	
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 (Effective 06/25/2020)
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected (Effective 08/10/2020)
87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (e.g., 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 (e.g., 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, 12-25 targets
Provisional Coverage	
0068U	Candida species panel (C. albicans, C. glabrata, C. parapsilosis, C. kruseii, C. tropicalis, and C. auris), amplified probe technique with qualitative report of the presence or absence of each species
0086U	Infectious disease (bacterial and fungal), organism identification, blood culture, using rRNA FISH, 6 or more organism targets, reported as positive or negative with phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility (Effective 07/01/2019)
0096U	Human papillomavirus (HPV), high-risk types (i.e., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), male urine (Effective 07/01/2019)
0097U	Gastrointestinal pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 22 targets (Campylobacter [C. jejuni/C. coli/C. upsaliensis], Clostridium difficile [C. difficile] toxin A/B, Plesiomonas shigelloides, Salmonella, Vibrio [V. parahaemolyticus/V. vulnificus/V. cholerae], including specific identification of Vibrio cholerae, Yersinia enterocolitica, Enterococci, Enteropathogenic Escherichia coli [EPEC], Enterotoxigenic Escherichia coli [ETEC] lt/st, Shiga-like toxin-producing Escherichia coli [STEC] stx1/stx2 [including specific identification of the E. coli O157 serogroup within STEC], Shigella/Enteroinvasive Escherichia coli [EIEC], Cryptosporidium, Cyclospora cayentanensis, Entamoeba histolytica, Giardia lamblia [also known as G. intestinalis and G. duodenalis], adenovirus F 40/41, astrovirus, norovirus GI/GII, rotavirus A, sapovirus [Genogroups I, II, IV, and V]) (Effective 07/01/2019)
0107U	Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method (Effective 10/01/2019)
81596	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver (Effective 01/01/2019)
87471	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique
87472	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, quantification
87475	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, direct probe technique
87476	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique

CPT Code	Description
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe
87481	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe

CPT Code	Description
Provisional Coverage	

87482	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification
87483	Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (e.g., Neisseria meningitidis, Streptococcus pneumoniae, Listeria, Haemophilus influenzae, E. coli, Streptococcus agalactiae, enterovirus, human parechovirus, herpes simplex virus type 1 and 2, human herpesvirus 6, cytomegalovirus, varicella zoster virus, Cryptococcus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets
87485	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique
87486	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique
87487	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe [See the Medicare Advantage Policy Guideline titled Screening for Sexually Transmitted Infections (STIS) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIS (NCD 210.10)]
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe [See the Medicare Advantage Policy Guideline titled Screening for Sexually Transmitted Infections (STIS) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIS (NCD 210.10)]
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification
87493	Infectious agent detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique
87495	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique
87496	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique
87497	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification
87498	Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique, includes reverse transcription when performed
87500	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (e.g., enterococcus species van A, van B), amplified probe technique
87501	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype
87502	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types
87503	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in addition to code for primary procedure)

CPT Code	Description
Provisional Coverage	
87505	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (e.g., Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets
87506	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (e.g., Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets
87507	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (e.g., Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe
87511	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique
87512	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification
87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique
87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification
87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed
87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed
87525	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, direct probe technique
87526	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, amplified probe technique
87527	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, quantification
87528	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique
87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique
87530	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification
87531	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique
87532	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique
87533	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique

CPT Code	Description
Provisional Coverage	
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed
87540	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique
87541	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique
87542	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, quantification
87550	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique
87551	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique
87552	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification
87555	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique
87556	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique
87557	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, quantification
87560	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique
87561	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, amplified probe technique
87562	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, quantification
87580	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique
87581	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique
87582	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe [See the Medicare Advantage Policy Guideline titled Screening for Sexually Transmitted Infections (STIS) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIS (NCD 210.10)]
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe [See the Medicare Advantage Policy Guideline titled Screening for Sexually Transmitted Infections (STIS) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIS (NCD 210.10)]
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification
87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (e.g., 6, 11, 42, 43, 44)
87624	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)
87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed

CPT Code	Description
Provisional Coverage	
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (e.g., 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
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique
87640	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique
87641	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique
87650	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique
87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique
87652	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification
87653	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique
87662	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism
87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique [See the Medicare Advantage Policy Guideline titled Screening for Sexually Transmitted Infections (STIS) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIS (NCD 210.10)]
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique
87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions
87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus
87903	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested
87904	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; each additional drug tested (List separately in addition to code for primary procedure)
87906	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (e.g., integrase, fusion)
87910	Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus
87912	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus
87999	Unlisted microbiology procedure

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This list of diagnosis codes is divided into the following sections:

- [For CPT Code 87631](#)
- [Facility Only](#) for CPT codes 0097U*, 87505, and 87506
- [Facility Only](#) for CPT code 87507
- [Diagnosis Codes that are Never Covered When Given as the Primary Reason for a Test](#)

ICD-10 Diagnosis Code	Description
For CPT Code 87631	
B97.29	Other coronavirus as the cause of diseases classified elsewhere (Effective 02/20/2020)
D80.0	Hereditary hypogammaglobulinemia
D80.1	Nonfamilial hypogammaglobulinemia
D80.2	Selective deficiency of immunoglobulin A [IgA]
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses
D80.4	Selective deficiency of immunoglobulin M [IgM]
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
D80.7	Transient hypogammaglobulinemia of infancy
D80.8	Other immunodeficiencies with predominantly antibody defects
D80.9	Immunodeficiency with predominantly antibody defects, unspecified
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis
D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D81.3	Adenosine deaminase [ADA] deficiency (Deleted 09/30/2019)
D81.30	Adenosine deaminase deficiency, unspecified (Effective 10/01/2019)
D81.31	Severe combined immunodeficiency due to adenosine deaminase deficiency (Effective 10/01/2019)
D81.32	Adenosine deaminase 2 deficiency (Effective 10/01/2019)
D81.39	Other adenosine deaminase deficiency (Effective 10/01/2019)
D81.4	Nezelof's syndrome
D81.5	Purine nucleoside phosphorylase [PNP] deficiency
D81.6	Major histocompatibility complex class I deficiency
D81.7	Major histocompatibility complex class II deficiency
D81.810	Biotinidase deficiency
D81.818	Other biotin-dependent carboxylase deficiency
D81.819	Biotin-dependent carboxylase deficiency, unspecified
D81.89	Other combined immunodeficiencies
D81.9	Combined immunodeficiency, unspecified
D82.0	Wiskott-Aldrich syndrome
D82.1	Di George's syndrome
D82.2	Immunodeficiency with short-limbed stature
D82.3	Immunodeficiency following hereditary defective response to Epstein-Barr virus
D82.4	Hyperimmunoglobulin E [IgE] syndrome
D82.8	Immunodeficiency associated with other specified major defects
D82.9	Immunodeficiency associated with major defect, unspecified
D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function
D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells

ICD-10 Diagnosis Code	Description
For CPT Code 87631	
D83.8	Other common variable immunodeficiencies
D83.9	Common variable immunodeficiency, unspecified
D84.0	Lymphocyte function antigen-1 [LFA-1] defect
D84.1	Defects in the complement system
J06.9	Acute upper respiratory infection, unspecified (Effective 10/31/2019)
J09.X1	Influenza due to identified novel influenza A virus with pneumonia (Effective 02/20/2020)
J09.X2	Influenza due to identified novel influenza A virus with other respiratory manifestations (Effective 02/20/2020)
J09.X3	Influenza due to identified novel influenza A virus with gastrointestinal manifestations (Effective 02/20/2020)
J09.X9	Influenza due to identified novel influenza A virus with other manifestations (Effective 02/20/2020)
J12.0	Adenoviral pneumonia (Effective 02/20/2020)
J12.1	Respiratory syncytial virus pneumonia (Effective 02/20/2020)
J12.3	Human metapneumovirus pneumonia (Effective 02/20/2020)
J12.81	Pneumonia due to SARS-associated coronavirus (Effective 02/20/2020)
J12.89	Other viral pneumonia (Effective 02/20/2020)
J12.9	Viral pneumonia, unspecified (Effective 02/20/2020)
J15.8	Pneumonia due to other specified bacteria (Effective 02/20/2020)
J16.8	Pneumonia due to other specified infectious organisms (Effective 02/20/2020)
J18.0	Bronchopneumonia, unspecified organism (Effective 02/20/2020)
J18.1	Lobar pneumonia, unspecified organism (Effective 02/20/2020)
J18.2	Hypostatic pneumonia, unspecified organism (Effective 02/20/2020)
J18.8	Other pneumonia, unspecified organism (Effective 02/20/2020)
J18.9	Pneumonia, unspecified organism (Effective 02/20/2020)
J20.8	Acute bronchitis due to other specified organisms (Effective 02/20/2020)
J22	Unspecified acute lower respiratory infection (Effective 10/31/2019)
R05	Cough (Effective 02/20/2020)
R06.2	Wheezing (Effective 02/20/2020)
R50.9	Fever, unspecified (Effective 02/20/2020)
U07.1	COVID-19 (Effective 04/01/2020)
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out (Effective 02/20/2020)
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases (Effective 02/20/2020)
Z94.0	Kidney transplant status
Z94.1	Heart transplant status
Z94.2	Lung transplant status
Z94.3	Heart and lungs transplant status
Z94.4	Liver transplant status
Z94.5	Skin transplant status
Z94.6	Bone transplant status
Z94.81	Bone marrow transplant status
Z94.82	Intestine transplant status
Z94.83	Pancreas transplant status
Z94.84	Stem cells transplant status

ICD-10 Diagnosis Code	Description
Facility Only for CPT Codes 0097U*, 87505, and 87506 (*Effective 07/01/2019)	
This list contains ICD-10 diagnosis codes that are covered for facility only .	
A01.00	Typhoid fever, unspecified
A02.0	Salmonella enteritis
A02.9	Salmonella infection, unspecified
A03.0	Shigellosis due to Shigella dysenteriae
A03.1	Shigellosis due to Shigella flexneri
A03.2	Shigellosis due to Shigella boydii
A03.3	Shigellosis due to Shigella sonnei
A03.8	Other shigellosis
A04.0	Enteropathogenic Escherichia coli infection
A04.1	Enterotoxigenic Escherichia coli infection
A04.2	Enteroinvasive Escherichia coli infection
A04.3	Enterohemorrhagic Escherichia coli infection
A04.5	Campylobacter enteritis
A04.6	Enteritis due to Yersinia enterocolitica
A04.71	Enterocolitis due to Clostridium difficile, recurrent
A04.72	Enterocolitis due to Clostridium difficile, not specified as recurrent
A04.8	Other specified bacterial intestinal infections
A04.9	Bacterial intestinal infection, unspecified (Effective 05/23/2019)
A05.0	Foodborne staphylococcal intoxication
A05.1	Botulism food poisoning
A05.2	Foodborne Clostridium perfringens [Clostridium welchii] intoxication
A05.3	Foodborne Vibrio parahaemolyticus intoxication
A09	Infectious gastroenteritis and colitis, unspecified (Effective 05/23/2019)
B20	Human immunodeficiency virus [HIV] disease
D80.0	Hereditary hypogammaglobulinemia
D80.1	Nonfamilial hypogammaglobulinemia
D80.2	Selective deficiency of immunoglobulin A [IgA]
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses
D80.4	Selective deficiency of immunoglobulin M [IgM]
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
D80.7	Transient hypogammaglobulinemia of infancy
D80.8	Other immunodeficiencies with predominantly antibody defects
D80.9	Immunodeficiency with predominantly antibody defects, unspecified
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis
D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D81.3	Adenosine deaminase [ADA] deficiency (Deleted 09/30/2019)
D81.30	Adenosine deaminase deficiency, unspecified (Effective 10/01/2019)
D81.31	Severe combined immunodeficiency due to adenosine deaminase deficiency (Effective 10/01/2019)
D81.32	Adenosine deaminase 2 deficiency (Effective 10/01/2019)
D81.39	Other adenosine deaminase deficiency (Effective 10/01/2019)
D81.4	Nezelof's syndrome
D81.5	Purine nucleoside phosphorylase [PNP] deficiency

ICD-10 Diagnosis Code	Description
Facility Only for CPT Codes 0097U*, 87505, and 87506 (*Effective 07/01/2019)	
This list contains ICD-10 diagnosis codes that are covered for facility only .	
D81.6	Major histocompatibility complex class I deficiency
D81.7	Major histocompatibility complex class II deficiency
D81.810	Biotinidase deficiency
D81.818	Other biotin-dependent carboxylase deficiency
D81.819	Biotin-dependent carboxylase deficiency, unspecified
D81.89	Other combined immunodeficiencies
D81.9	Combined immunodeficiency, unspecified
D82.0	Wiskott-Aldrich syndrome
D82.1	Di George's syndrome
D82.2	Immunodeficiency with short-limbed stature
D82.3	Immunodeficiency following hereditary defective response to Epstein-Barr virus
D82.4	Hyperimmunoglobulin E [IgE] syndrome
D82.8	Immunodeficiency associated with other specified major defects
D82.9	Immunodeficiency associated with major defect, unspecified
D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function
D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells
D83.8	Other common variable immunodeficiencies
D83.9	Common variable immunodeficiency, unspecified
D84.0	Lymphocyte function antigen-1 [LFA-1] defect
D84.1	Defects in the complement system
D84.8	Other specified immunodeficiencies (Deleted 09/30/2020)
D84.89	Other immunodeficiencies (Effective 10/01/2020)
D84.9	Immunodeficiency, unspecified
D89.0	Polyclonal hypergammaglobulinemia
D89.1	Cryoglobulinemia
D89.2	Hypergammaglobulinemia, unspecified
D89.3	Immune reconstitution syndrome
D89.40	Mast cell activation, unspecified
D89.41	Monoclonal mast cell activation syndrome
D89.42	Idiopathic mast cell activation syndrome
D89.43	Secondary mast cell activation
D89.49	Other mast cell activation disorder
D89.810	Acute graft-versus-host disease
D89.811	Chronic graft-versus-host disease
D89.812	Acute on chronic graft-versus-host disease
D89.813	Graft-versus-host disease, unspecified
D89.82	Autoimmune lymphoproliferative syndrome [ALPS]
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified
D89.831	Cytokine release syndrome, grade 1 (Effective 10/01/2020)
D89.832	Cytokine release syndrome, grade 2 (Effective 10/01/2020)
D89.833	Cytokine release syndrome, grade 3 (Effective 10/01/2020)
D89.834	Cytokine release syndrome, grade 4 (Effective 10/01/2020)
D89.835	Cytokine release syndrome, grade 5 (Effective 10/01/2020)

ICD-10 Diagnosis Code	Description
Facility Only for CPT Codes 0097U*, 87505, and 87506 (*Effective 07/01/2019)	
This list contains ICD-10 diagnosis codes that are covered for facility only .	
D89.839	Cytokine release syndrome, grade unspecified (Effective 10/01/2020)
D89.9	Disorder involving the immune mechanism, unspecified
K56.0	Paralytic ileus (Effective 12/30/2019)
R10.84	Generalized abdominal pain (Effective 12/30/2019)
R11.2	Nausea with vomiting, unspecified (Effective 12/30/2019)
R19.7	Diarrhea, unspecified (Effective 05/23/2019)
Y92.239	Unspecified place in hospital as the place of occurrence of the external cause
Z94.0	Kidney transplant status
Z94.1	Heart transplant status
Z94.2	Lung transplant status
Z94.3	Heart and lungs transplant status
Z94.4	Liver transplant status
Z94.5	Skin transplant status
Z94.6	Bone transplant status
Z94.81	Bone marrow transplant status
Z94.82	Intestine transplant status
Z94.83	Pancreas transplant status
Z94.84	Stem cells transplant status

ICD-10 Diagnosis Code	Description
Facility Only: CPT Code 87507	
This list contains ICD-10 diagnosis codes that are covered for facility only .	
B20	Human immunodeficiency virus [HIV] disease
D80.0	Hereditary hypogammaglobulinemia
D80.1	Nonfamilial hypogammaglobulinemia
D80.2	Selective deficiency of immunoglobulin A [IgA]
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses
D80.4	Selective deficiency of immunoglobulin M [IgM]
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
D80.7	Transient hypogammaglobulinemia of infancy
D80.8	Other immunodeficiencies with predominantly antibody defects
D80.9	Immunodeficiency with predominantly antibody defects, unspecified
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis
D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D81.3	Adenosine deaminase [ADA] deficiency (Deleted 09/30/2019)
D81.30	Adenosine deaminase deficiency, unspecified (Effective 10/01/2019)
D81.31	Severe combined immunodeficiency due to adenosine deaminase deficiency (Effective 10/01/2019)
D81.32	Adenosine deaminase 2 deficiency (Effective 10/01/2019)
D81.39	Other adenosine deaminase deficiency (Effective 10/01/2019)
D81.4	Nezelof's syndrome
D81.5	Purine nucleoside phosphorylase [PNP] deficiency
D81.6	Major histocompatibility complex class I deficiency
D81.7	Major histocompatibility complex class II deficiency

ICD-10 Diagnosis Code	Description
Facility Only: CPT Code 87507	
This list contains ICD-10 diagnosis codes that are covered for facility only .	
D81.810	Biotinidase deficiency
D81.818	Other biotin-dependent carboxylase deficiency
D81.819	Biotin-dependent carboxylase deficiency, unspecified
D81.89	Other combined immunodeficiencies
D81.9	Combined immunodeficiency, unspecified
D82.0	Wiskott-Aldrich syndrome
D82.1	Di George's syndrome
D82.2	Immunodeficiency with short-limbed stature
D82.3	Immunodeficiency following hereditary defective response to Epstein-Barr virus
D82.4	Hyperimmunoglobulin E [IgE] syndrome
D82.8	Immunodeficiency associated with other specified major defects
D82.9	Immunodeficiency associated with major defect, unspecified
D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function
D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells
D83.8	Other common variable immunodeficiencies
D83.9	Common variable immunodeficiency, unspecified
D84.0	Lymphocyte function antigen-1 [LFA-1] defect
D84.1	Defects in the complement system
D84.8	Other specified immunodeficiencies (Deleted 09/30/2020)
D84.89	Other immunodeficiencies (Effective 10/01/2020)
D84.9	Immunodeficiency, unspecified
D89.0	Polyclonal hypergammaglobulinemia
D89.1	Cryoglobulinemia
D89.2	Hypergammaglobulinemia, unspecified
D89.3	Immune reconstitution syndrome
D89.40	Mast cell activation, unspecified
D89.41	Monoclonal mast cell activation syndrome
D89.42	Idiopathic mast cell activation syndrome
D89.43	Secondary mast cell activation
D89.49	Other mast cell activation disorder
D89.810	Acute graft-versus-host disease
D89.811	Chronic graft-versus-host disease
D89.812	Acute on chronic graft-versus-host disease
D89.813	Graft-versus-host disease, unspecified
D89.82	Autoimmune lymphoproliferative syndrome [ALPS]
D89.831	Cytokine release syndrome, grade 1 (Effective 10/01/2020)
D89.832	Cytokine release syndrome, grade 2 (Effective 10/01/2020)
D89.833	Cytokine release syndrome, grade 3 (Effective 10/01/2020)
D89.834	Cytokine release syndrome, grade 4 (Effective 10/01/2020)
D89.835	Cytokine release syndrome, grade 5 (Effective 10/01/2020)
D89.839	Cytokine release syndrome, grade unspecified (Effective 10/01/2020)
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified
D89.9	Disorder involving the immune mechanism, unspecified

ICD-10 Diagnosis Code	Description
Facility Only: CPT Code 87507	
This list contains ICD-10 diagnosis codes that are covered for facility only .	
K56.0	Paralytic ileus (Effective 12/30/2019)
R10.84	Generalized abdominal pain (Effective 12/30/2019)
R11.2	Nausea with vomiting, unspecified (Effective 12/30/2019)
R19.7	Diarrhea, unspecified (Effective 12/30/2019)
Y92.239	Unspecified place in hospital as the place of occurrence of the external cause
Z94.0	Kidney transplant status
Z94.1	Heart transplant status
Z94.2	Lung transplant status
Z94.3	Heart and lungs transplant status
Z94.4	Liver transplant status
Z94.5	Skin transplant status
Z94.6	Bone transplant status
Z94.81	Bone marrow transplant status
Z94.82	Intestine transplant status
Z94.83	Pancreas transplant status
Z94.84	Stem cells transplant status

Coding Clarifications

The following coding clarifications apply to the Non-Covered ICD-10 Diagnosis Code List below:

- ICD-10 diagnosis code **Z11.3** is excluded from Non-Coverage for CPT codes **87480, 87510, 87660, and 87661**.
- ICD-10 diagnosis code **Z36.89** is excluded from Non-Coverage for CPT codes **87662, 87798, 87801, and 87999** when reported for Zika Virus Testing by PCR.

Non-Covered ICD-10 Diagnosis Codes

[Non-Covered ICD-10 Diagnosis Codes List](#)

This list contains ICD-10 diagnosis codes that are **never covered when given as the primary reason for the test**. If a code from this section is given as the reason for the test and you know or have reason to believe the service may not be covered, call UnitedHealthcare to issue an Integrated Denial Notice (IDN) to the member and you. The IDN informs the member of their liability for the non-covered service or item and appeal rights. You must make sure the member has received the IDN prior to rendering or referring for non-covered services or items in order to collect payment.

QUESTIONS AND ANSWERS

1	Q:	Why are some respiratory viral panels non-covered?
	A:	The majority of Medicare jurisdictions consider Multiplex PCR respiratory viral panels of 6 or more pathogens to be non-covered. Therefore, UHC Medicare Advantage does not cover Multiplex PCR respiratory viral panels of 6 or more pathogens.
2	Q:	Which respiratory viral panel codes are non-covered?
	A:	CPT codes 0098U, 0099U, 0100U, 0115U, 0151U, 0202U, 0223U, 0225U, 87632, and 87633 are non-covered.
3	Q:	Did coverage for some of the respiratory viral panel codes change recently?
	A:	Yes, LCDs for respiratory viral panels were revised and PLA codes 0098U, 0099U, 0100U, 0115U, 0151U, 0202U, and 0223U were added (effective for dates of service on or after 07/30/2020) and 0225U (effective for dates of service on or after 08/10/2020) to the non-covered code group in the related coding and billing articles. This policy guideline was updated to include those revisions.

PURPOSE

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or

- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as LCDs, NCDs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

REFERENCES

CMS National Coverage Determinations (NCDs)

[NCD 190.13 Human Immunodeficiency Virus \(HIV\) Testing \(Prognosis Including Monitoring\)](#)

[NCD 190.14 Human Immunodeficiency Virus \(HIV\) Testing \(Diagnosis\)](#)

[NCD 210.10 Screening for Sexually Transmitted Infections \(STIs\) and High-Intensity Behavioral Counseling \(HIBC\) to Prevent STIs](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
Gastrointestinal Panels				
L37364 (Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification Tests (NAATs))	A56596 (Billing and Coding: Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs))	CGS	KY, OH	KY, OH
L38227 (Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs)) Effective 12/30/2019	A56638 (Billing and Coding: Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs))	First Coast	FL, PR, VI	FL, PR, VI
L37350 (Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification Tests (NAATs))	A56706 (Billing and Coding: Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs))	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L37368 (Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification Tests (NAATs))	A56711 (Billing and Coding: Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs))	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L38229 (Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs)) Effective 12/30/2019	A56642 (Billing and Coding: Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs))	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L37709 (Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs))	A56593 (Billing and Coding: Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs))	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L37766 (Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification Tests (NAATs))	A56637 (Billing and Coding: Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification Tests (NAATs))	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN,	IA, IN, KS, MI, MO, NE

LCD	Article	Contractor	Medicare Part A	Medicare Part B
			TX, UT, VA, VT, WA, WI, WV, WY	
Respiratory Viral Panels				
L37348 (MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels)	A56974 (Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels)	CGS	KY, OH	KY, OH
Respiratory Viral Panels				
L37301 (MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels)	A57338 (Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels)	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L37315 (MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels)	A57340 (Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels)	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L37713 (MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels)	A56851 (Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels)	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L37764 (MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels)	A57579 (Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels)	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE
Genitourinary Infectious Disease Testing				
L35015 (Molecular Diagnostics: Genitourinary Infectious Disease Testing) Retired 08/13/2020	A56791 (Billing and Coding: Molecular Diagnostics: Genitourinary Infectious Disease Testing) Retired 08/13/2020	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
General Molecular Diagnostic Tests				
L36021 (Molecular Diagnostic Tests (MDT))	A56973 (Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT))	CGS	KY, OH	KY, OH
L35160 (MoIDX: Molecular Diagnostic Tests (MDT))	A57526 (Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT))	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L36256 (MoIDX: Molecular Diagnostic Tests (MDT))	A57527 (Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT))	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L35025 (MoIDX: Molecular Diagnostic Tests (MDT))	A56853 (Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT))	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L36807 (MoIDX: Molecular Diagnostic Tests (MDT))	A57772 (Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT))	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO,	IA, IN, KS, MI, MO, NE

LCD	Article	Contractor	Medicare Part A	Medicare Part B
			MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	
HPV Testing				
L34089 (Human Papillomavirus (HPV) Testing)	A56466 (Billing and Coding: Human Papillomavirus (HPV) Testing)	CGS	KY, OH	KY, OH
Noncovered Services				
L33777 (Noncovered Services) Retired 07/01/2020	A57743 (Billing and Coding: Noncovered Services) Retired 07/01/2020	First Coast	FL, PR, VI	FL, PR, VI
Influenza Diagnostic Tests				
N/A	A54769 (Billing and Coding: Influenza Diagnostic Tests)	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
CPT Code 87641 Medical Policy Article				
N/A	A52379 (CPT Code 87641 (Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique)-Medical Policy Article)	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
Zika Virus Testing				
N/A	A55326 (Zika Virus Testing by PCR and ELISA Methods)	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
N/A	A55327 (Zika Virus Testing by PCR and ELISA Methods)	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY

CMS Benefit Policy Manual

[Chapter 15; § 80.1-80.1.3 Clinical Laboratory Services](#)

CMS Claims Processing Manual

[Chapter 12; § 60 Payment for Pathology Services](#)

[Chapter 16; § 10.2 General Explanation of Payment; § 20 Calculation of Payment Rates-Clinical Laboratory Test Fee Schedules; § 40 Billing for Clinical Laboratory Tests](#)

[Chapter 18; § 170-170.5 Screening for Sexually Transmitted Infections \(STIs\) and High Intensity Behavioral Counseling \(HIBC\) to Prevent STIs](#)

MLN Matters

[Article MM7610, Screening for Sexually Transmitted Infections \(STIs\) and High Intensity Behavioral Counseling \(HIBC\) to Prevent STIs](#)

UnitedHealthcare Commercial Medical Policies

[Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing for Infectious Diarrhea](#)

[Genitourinary Pathogen Nucleic Acid Detection Panel Testing](#)

[Hepatitis Screening](#)

[Preventive Care Services](#)

Others

[CMS Lab NCDs - ICD-10; CMS.gov](#)

[Noridian website; Respiratory Viral Panel Policy - Did You Know](#)

[Palmetto GBA MoIDx Website](#)

GUIDELINE HISTORY/REVISION INFORMATION

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Action/Description
12/09/2020	<p>Applicable Codes</p> <p>Non-Covered</p> <ul style="list-style-type: none">Added CPT code 0225U <p>Questions and Answers</p> <ul style="list-style-type: none">Updated Q&A #2 pertaining to non-covered respiratory viral panel codes; added CPT code 0225U <p>Supporting Information</p> <ul style="list-style-type: none">Archived previous policy version MPG373.09

TERMS AND CONDITIONS

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication, and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).