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INFECTIOUS DISEASE: RESPIRATORY LAB TESTING

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

OVERVIEW

Respiratory illnesses cause significant morbidity and mortality within the United States and around the world. Seasonal influenza, respiratory syncytial virus (RSV), and SARS-CoV-2 infect many individuals each year, and while most will recover with no complications, a significant number will be hospitalized or die. Diagnostic testing for upper respiratory tract infections can be very useful for clinicians, as clinical signs and symptoms of these infections can have significant overlap between pathogens. Accurate and rapid testing techniques may aid clinicians, via identification of a specific pathogen, in selecting the best course of treatment for patients. Optimally, treatment is started within 48-72 hours of diagnosis. Testing methods range from culture and microscopy to immunoassays and advanced molecular diagnostic techniques; technology in this space is evolving rapidly and clinical guidelines can lag as a result.

This policy is intended for use in the outpatient setting.

POLICY REFERENCE TABLE

Criteria Sections	Example Tests (Labs)	References
Syndromic/Multiple x Respiratory Panels with 6 or More Targets	Respiratory Pathogen Panel, Quest Diagnostics	3
	ePlex Respiratory Pathogen Panel (GenMark Diagnostics, Inc)	

	Biofire FilmArray Respiratory Panel 2.1 (Biofire Diagnostics)	
	QIAstat-Dx Respiratory SARS-CoV-2 Panel (QIAGEN Sciences)	
	ePlex Respiratory Pathogen Panel 2 (GenMark Diagnostics, Inc)	
	Respiratory Pathogen with ABR (RPX) (Lab Genomics LLC, Thermofisher Scientific)	
	Respiratory Virus PCR Panel IV (Quest Diagnostics)	
	Respiratory Viral Panel, PCR (Quest Diagnostics)	
SARS-CoV-2, RSV, or Influenza A/B, OR Multiplex Respiratory Viral Panels with 5 or Fewer Targets	Xpert Xpress SARS-CoV-2/Flu/RSV for SARS-CoV-2 and Flu targets only (Cepheid)	3, 6, 7
	Xpert Xpress SARS-CoV-2/Flu/RSV for all targets (Cepheid)	
	Infectious Agent Antigen Detection by Immunoassay	
	Infectious Agent Antigen Detection by Immunoassay, Qualitative or Semiquantitative	

	Infectious Agent Antigen Detection by Immunoassay, Qualitative or Semiquantitative, SARS-CoV-2 and Flu A/B	
	Influenza A and B and RSV RNA, Qualitative, Real-Time RT-PCR (Quest Diagnostics)	
	SARS-CoV-2 RNA (COVID-19), Qualitative NAAT (Quest Diagnostics)	
	SARS-CoV-2 RNA (COVID-19) and Influenza A and B, Qualitative NAAT (Quest Diagnostics)	
	Infectious Agent Antigen Detection by Nucleic Acid (DNA or RNA) SARS-CoV-2/Flu/RSV Multiplex Amplified Probe Technique	
	Infectious Agent Antigen Detection by Immunoassay with Direct Optical Observation	
Bacterial Respiratory Infection/Pneumonia Panels	Infectious Agent: Chlamydia pneumoniae Detection by Nucleic Acid (DNA or RNA), Direct Probe Technique	3
	Chlamydomphila pneumoniae, DNA, Qualitative, Real-Time PCR (Quest Diagnostics)	

	Infectious Agent: Chlamydia pneumoniae Detection by Nucleic Acid (DNA or RNA), Quantification	
	Legionella DNA, Qualitative, Real-Time PCR (Quest Diagnostics)	
	Infectious Agent: Mycoplasma pneumoniae Detection by Nucleic Acid (DNA or RNA), Direct Probe Technique	
	Mycoplasma pneumoniae, DNA PCR (Labcorp)	
	Infectious Agent: Mycoplasma pneumoniae Detection by Nucleic Acid (DNA or RNA), Quantification	
Influenza A and B Antibody Tests	Influenza Type A and Type B Antibody, Serum (Quest Diagnostics)	1
Group A Streptococcus Pharyngitis Tests	Streptococcus Group A Antigen Detection by Immunoassay	2
	Streptococcus Group A Antigen Detection by Nucleic Acid Direct Probe Technique	

	Group A Streptococcus Detection, NAA (Labcorp)	
	Streptococcus Group A Antigen, Adult (Quest Diagnostics)	
Group A Streptococcus Pharyngitis Cultures	Streptococcus Group A Culture (Quest Diagnostics)	2, 4
Group A Streptococcus Antibody Tests	Antistreptolysin O (ASO) Antibodies (Labcorp)	2

CRITERIA

It is the policy of health plans affiliated with Centene Corporation® that the specific tests noted below are **medically necessary** when meeting the related criteria:

RESPIRATORY PATHOGEN PANEL TESTS

Syndromic/Multiplex Respiratory Panels with 6 or More Targets

- I. Syndromic Multiplex Respiratory Panels with 6 or more targets may be considered **medically necessary** when:
 - A. The member/enrollee presents in the outpatient setting with [signs or symptoms of an acute respiratory infection](#), **AND**
 1. The member/enrollee meets at least one of the following criteria:
 - a) Immunocompromised, **OR**
 - b) Has [severe pneumonia](#), **OR**
 - c) Has exacerbations of [airway disease](#), **AND**

- B. Results of the testing will influence the member's/enrollee's clinical management.
- II. Current evidence does not support the use of Syndromic Multiplex Respiratory Panels with 6 or more targets for all other indications.

SARS-CoV-2, RSV, or Influenza A/B, OR Multiplex Respiratory Viral Panels with 5 or Fewer Targets

- I. SARS-CoV-2, RSV, or Influenza A/B, **OR** Multiplex Respiratory Viral Panels with 5 or fewer targets, may be considered **medically necessary** when:
 - A. The member/enrollee presents in the outpatient setting with [signs or symptoms of an acute respiratory infection](#), **AND**
 - B. Results of the testing will influence the member's/enrollee's clinical management.
- II. Current evidence does not support the use of SARS-CoV-2, RSV, or Influenza A/B, **OR** Multiplex Respiratory Viral Panels with 5 or fewer targets, for all other indications.

Bacterial Respiratory Infection/Pneumonia Panels

- I. Bacterial Respiratory Infection/Pneumonia Panels may be considered **medically necessary** when:
 - A. The member/enrollee presents in the outpatient setting with [signs or symptoms of an acute respiratory infection](#), **AND**
 - B. The member/enrollee meets any of the following criteria:
 - 1. New or worsening lung infiltrates, **OR**
 - 2. [Moderate to severe upper respiratory illness](#), **OR**
 - 3. Has received empiric antibiotics before obtaining cultures, **OR**
 - 4. Has possible multidrug-resistant bacteria or polymicrobial infection, **AND**
 - C. Results of the testing will influence the member's clinical management.
- II. Current evidence does not support the use of Bacterial Respiratory Infection/Pneumonia Panels for all other indications.

Influenza A and B Antibody Tests

- I. Current evidence does not support the use of Influenza A and B Antibody Tests for the purpose of diagnosing influenza.

Group A Streptococcus Pharyngitis Tests

- I. Group A Streptococcus Pharyngitis Tests may be considered **medically necessary** when:
 - A. The member/enrollee presents in the outpatient setting with at least one of the following:
 1. Acute pharyngitis, **OR**
 2. Fever, **OR**
 3. Tonsillopharyngeal inflammation, **OR**
 4. Patchy tonsillopharyngeal exudates, **OR**
 5. Palatal petechiae, **OR**
 6. Anterior cervical lymphadenitis, **OR**
 7. Scarletiform rash, **AND**
 - B. The member/enrollee does **NOT** have clinical and epidemiological features that strongly suggest a viral etiology (e.g., cough, rhinorrhea, hoarseness, and oral ulcers), **AND**
 - C. Results of the testing will influence the member's/enrollee's clinical management.
- II. Current evidence does not support the use of Group A Streptococcus Pharyngitis Tests for all other indications.

Group A Streptococcus Pharyngitis Cultures

- I. Group A Streptococcus Pharyngitis Culture may be considered **medically necessary** when:
 - A. The member/enrollee is between the ages of 3 years and 14 years, **AND**
 - B. The member/enrollee had a negative group A Streptococcus rapid antigen detection test (RADT), **AND**

- C. The member/enrollee presents in the outpatient setting with at least one of the following:
 - 1. Acute pharyngitis, **OR**
 - 2. Fever, **OR**
 - 3. Tonsillopharyngeal inflammation, **OR**
 - 4. Patchy tonsillopharyngeal exudates, **OR**
 - 5. Palatal petechiae, **OR**
 - 6. Anterior cervical lymphadenitis, **OR**
 - 7. Scarletiform rash, **AND**
 - D. The member/enrollee does **NOT** have clinical and epidemiological features that strongly suggest a viral etiology (e.g., cough, rhinorrhea, hoarseness, and oral ulcers), **AND**
 - E. Results of the testing will influence the member's/enrollee's clinical management.
- II. Current evidence does not support the use of Group A Streptococcus Pharyngitis Culture for all other indications.

Group A Streptococcus Antibody Tests

- I. Current evidence does not support the use of Group A Streptococcus Antibody Tests for the purpose of evaluating a member/enrollee with acute pharyngitis for a possible group A streptococcus infection.

NOTES AND DEFINITIONS

- 1. **Moderate to severe upper upper respiratory illness** includes one or more clinical findings of lower respiratory illness (e.g., pneumonia, severe cough/bronchitis, shortness of breath, difficulty breathing).
- 2. **Severe pneumonia** is defined by the Infectious Diseases Society of America/American Thoracic Society Criteria as: the presence of one major criterion or at least three minor criteria.

Minor criteria: respiratory rate ≥ 30 breaths/min, PaO₂/FiO₂ ratio ≤ 250 , multilobar infiltrates, confusion/disorientation, uremia (blood urea nitrogen level ≥ 20 mg/dl),

leukopenia (white blood cell count < 4,000 cells/ μ l), thrombocytopenia (platelet count < 100,000/ μ l), hypothermia (core temperature < 36°C), and hypotension requiring aggressive fluid resuscitation.

Major criteria: septic shock with need for vasopressors and respiratory failure requiring mechanical ventilation.

3. **Airway disease** is a nonspecific clinical term for a heterogeneous group of conditions including chronic obstructive pulmonary disease (COPD), emphysema, cystic fibrosis, asthma, and bronchiectasis.
4. **Signs and symptoms of acute respiratory infection** include upper or lower respiratory tract symptoms (cough, runny nose, sore throat, bronchitis, pneumonia, bronchiolitis), with or without fever, influenza-like illness (ILI) (fever and either cough or sore throat), and respiratory distress (difficulty in breathing; often characterized by increased respiratory rate and use of accessory muscles of breathing).

BACKGROUND AND RATIONALE

Syndromic/Multiplex Respiratory Panels with 6 or More Targets

Infectious Diseases Society of America

The IDSA published clinical and diagnostic recommendations in 2020 regarding molecular testing for acute respiratory tract infections (RTIs). These recommendations state the following:

“Multiplex viral NAAT [nucleic acid amplification tests] (potentially combined with bacterial NAAT) also make clinical sense for immunocompromised and critically ill patients with pneumonia as well as for those with exacerbations of airway disease.” (p. 2748).

SARS-CoV-2, RSV, or Influenza A/B, OR Multiplex Respiratory Viral Panels with 5 or Fewer Targets

Infectious Diseases Society of America

The IDSA published clinical and diagnostic recommendations in 2020 regarding molecular testing for acute respiratory tract infections (RTIs). These recommendations state the following:

“Molecular testing for multiple respiratory viruses simultaneously may also be more cost-effective than traditional antigen- or culture-based methods from a laboratory perspective, especially given certain thresholds of disease prevalence. ” (p. 2744)

Centers for Disease Control and Prevention

The CDC states the following on their website discussing RSV: “Healthcare providers should consider RSV in patients with respiratory illness, particularly during the RSV season.”

The CDC states the following on their website discussing COVID-19: “Key times to get tested: if you have symptoms, test immediately.”

Bacterial Respiratory Infection/Pneumonia Panels

Infectious Diseases Society of America

The IDSA published clinical and diagnostic recommendations in 2020 regarding molecular testing for acute respiratory tract infections (RTIs). These recommendations state the following:

“...bacterial NAAT may prove most useful in situations where patients have new or worsening lung infiltrates, are moderately to severely ill, have received empiric antibiotics before obtaining cultures, and/or there is concern for multidrug-resistant bacteria or a polymicrobial infection.” (p. 2747)

Influenza A and B Antibody Tests

Infectious Diseases Society of America

The IDSA published clinical practice guidelines in 2018 which addressed testing criteria for seasonal influenza A and B viruses. These guidelines state that serologic testing for the diagnosis of influenza should not be used by clinicians, because the results from a single serum specimen cannot be reliably interpreted. (p. 898)

Group A Streptococcus Pharyngitis Tests

Infectious Diseases Society of America

The IDSA published clinical practice guidelines in 2012 which addressed testing criteria for group A Streptococcal pharyngitis.

“Swabbing the throat and testing for GAS [group A Streptococcus] pharyngitis by rapid antigen detection test (RADT) and/or culture should be performed because the clinical features alone do not reliably discriminate between GAS and viral pharyngitis except when overt viral features like rhinorrhea, cough, oral ulcers, and/or hoarseness are present.” (p. e87)

“Patients with GAS pharyngitis commonly present with sore throat (generally of sudden onset), pain on swallowing, and fever. Headache, nausea, vomiting, and abdominal pain may also be present, especially in children. On examination, patients have tonsillopharyngeal erythema, with or without exudates, often with tender, enlarged anterior cervical lymph nodes (lymphadenitis). Other findings may include a beefy, red, swollen uvula; petechiae on the palate; excoriated nares (especially in infants); and a scarlatiniform rash.” (p. e91)

Group A Streptococcus Pharyngitis Culture

Infectious Diseases Society of America

The IDSA published clinical practice guidelines in 2012 which addressed testing criteria for group A Streptococcal pharyngitis.

“In children and adolescents, negative RADT [rapid antigen detection test] tests should be backed up by a throat culture...Routine use of back-up throat cultures for those with a negative RADT is not necessary for adults in usual circumstances, because of the low incidence of GAS [group A Streptococcus] pharyngitis in adults and because the risk of subsequent acute rheumatic fever is generally exceptionally low in adults with acute pharyngitis.” (p. e87)

“Swabbing the throat and testing for GAS [group A Streptococcus] pharyngitis by rapid antigen detection test (RADT) and/or culture should be performed because the clinical features alone do not reliably discriminate between GAS and viral pharyngitis except when overt viral features like rhinorrhea, cough, oral ulcers, and/or hoarseness are present.” (p. e87)

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American Academy of Family Physicians

The American Academy of Family Physicians (AAFP) published guidelines for the diagnosis and treatment of streptococcal pharyngitis. This guideline defines the age range between 3 and 14 years as a suggestive criterion for the diagnosis of Streptococcal infection compared to other ages. (p. 385)

Group A Streptococcus Antibody Tests

Infectious Diseases Society of America

The IDSA published clinical practice guidelines in 2012 which addressed testing criteria for group A Streptococcal pharyngitis.

Per these guidelines, it is not recommended that individuals undergo anti-streptococcal antibody titers for the purpose of routine diagnosis of acute pharyngitis, as these results indicate a past infection and therefore do not aid in the diagnosis of the present illness. (p. e87)

“Measurement of anti-streptococcal antibody titers is often useful for diagnosis of the nonsuppurative sequelae of GAS pharyngitis, such as acute rheumatic fever and acute glomerulonephritis. However, such testing is not useful in the diagnosis of acute pharyngitis because antibody titers of the 2 most commonly used tests, antistreptolysin O (ASO) and antiDNase B, may not reach maximum levels until 3–8 weeks after acute GAS pharyngeal infection and may remain elevated for months even without active GAS infection.” (p. e93-94)

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2023, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
86060	Agglutinins, febrile (eg, Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen
86328	Antistreptolysin O; titer
86408	Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); screen
86413	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); titer
86710	Hepatitis A antibody (HAAb), IgM antibody
86769	Antibody; Salmonella
87040	Concentration (any type), for infectious agents
87070	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate

CPT® Codes	Description
87071	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates
87073	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool
87075	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool
87076	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates
87077	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate
87081	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
87084	Culture, presumptive, pathogenic organisms, screening only;
87101	Culture, bacterial; with isolation and presumptive identification of each isolate, urine
87102	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail
87103	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)
87106	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; blood
87107	Culture, fungi, definitive identification, each organism; yeast
87109	Culture, fungi, definitive identification, each organism; mold
87116	Culture, chlamydia, any source
87118	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates
87140	Culture, mycobacterial, definitive identification, each isolate
87143	Culture, typing; immunofluorescent method, each antiserum
87147	Culture, typing; gas liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method
87158	Culture, typing; identification of blood pathogen and resistance typing, when performed, by nucleic acid (DNA or RNA) probe, multiplexed amplified probe technique including multiplex reverse transcription, when performed, per culture or isolate, 6 or more targets
87275	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1
87276	Infectious agent antigen detection by immunofluorescent technique; influenza B virus

CPT® Codes	Description
87400	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; HIV-2
87420	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Influenza, A or B, each
87426	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; rotavirus
87428	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Shiga-like toxin
87430	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B
87480	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia miyamotoi, amplified probe technique
87481	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique
87482	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique
87485	Infectious agent detection by nucleic acid (DNA or RNA); Ehrlichia chaffeensis, amplified probe technique
87486	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique
87487	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique
87498	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification
87500	Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique, includes reverse transcription when performed
87501	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (eg, enterococcus species van A, van B), amplified probe technique

CPT® Codes	Description
87502	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype
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, first 2 types or sub-types
87540	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed
87541	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique
87542	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique
87550	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, quantification
87551	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique
87552	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique
87555	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification
87556	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique
87560	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, quantification
87561	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique
87580	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique
87581	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique
87582	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique
87631	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed
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, 3-5 targets

CPT® Codes	Description
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 performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets
87634	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, 12-25 targets
87635	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), 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]) and influenza virus types A and B, multiplex amplified probe technique
87640	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
87641	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique
87650	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique
87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique
87652	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique
87653	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification
87797	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism
87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism
87800	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism

CPT® Codes	Description
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
87804	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Clostridium difficile toxin A
87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Chlamydia trachomatis
87880	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Neisseria gonorrhoeae
87913	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus
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
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 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected
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
0373U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 17 bacterial, 8 fungal, 13 viral organisms, and 16 associated antibiotic resistance

CPT® Codes	Description
	genes, test evaluates a respiratory specimen using a multiplex amplified probe technique
U0001	CDC Test
U0002	Non-CDC Viral identification test, amplified probe
U0003	High throughput Viral identification test, amplified probe
U0004	High throughput Viral identification test, other than amplified probe
U0005	Add-on Payment for COVID-19 Diagnostic Testing Run on High Throughput Technology

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy developed. Reviewed by external specialist.	11/23	02/24
Added “Lab” to policy title. Removed CPT and ICD-10 codes from policy reference table. Added CPT code table and moved the “coding implications” section.	02/24	

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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