

Clinical Policy: Polymerase Chain Reaction Respiratory Viral Panel Testing

Reference Number: PA.CP.MP.181

Effective Date: 12/1/2020

Last Review Date: NEW Policy

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Description

Medical necessity criteria for multiplex respiratory polymerase chain reaction (PCR) testing. This policy does not refer to rapid antigen or antibody testing that require no prior authorization and are appropriate to perform in urgent care or outpatient setting. This policy is regarding PCR testing that takes hours to 24 hours to obtain results.

Note: For PCR testing for COVID-19, refer to [PA.CP.MP.183 2019-Novel Coronavirus Testing](#).

Policy/Criteria

- I. It is the policy of PA Health & Wellness® that respiratory viral panels (RVPs) testing for five pathogens or less are considered **medically necessary** when meeting one of the following:
 - A. Performed in the outpatient setting, will influence the plan of care, and any of the following:
 1. To assess for infection by other pathogens when COVID-19 is suspected and a COVID-19-specific test result will not be available soon enough to influence the plan of care;
 2. The member is immunocompromised;
 3. The test is ordered by an infectious disease specialist, or an infectious disease specialist is not available;
 - B. Performed in a healthcare setting that cares for critically ill patients, such as the emergency department or inpatient hospital, including those in observation status.
- II. It is the policy of PA Health & Wellness that respiratory viral panels (RVPs) testing for six pathogens or more are considered **medically necessary** in a healthcare setting that cares for critically ill patients, such as the emergency department or inpatient hospital, including those in observation status.
- III. It is the policy of PA Health & Wellness that RVPs are considered **not medically necessary** for all other indications.

Background

Polymerase chain reaction (PCR) respiratory viral panels (RVP) may detect the RNA or DNA of multiple types of respiratory viruses as a single test, often through a nasal, nasopharyngeal, or oropharyngeal swab. Viral pathogens are the most common cause of respiratory tract infections. PCR testing is effective for confirming respiratory viral infections with very high sensitivity and specificity. Rhinovirus, parainfluenza virus, coronavirus, adenovirus, respiratory syncytial virus, Coxsackie virus, human metapneumovirus, and influenza virus account for most cases of viral respiratory infections.

Multiplex PCR testing can detect numerous respiratory viruses; that number varies with the type and brand of testing being performed. However, the diagnostic role and importance of these multi-pathogen panels in identifying specific viruses in the setting of a respiratory infection is quite limited because the care and management of the patient is not altered based upon the

pathogen identified, if any. For example, the child with a URI, cough, and wheezing who might be positive for RSV would not be managed any differently than the child with parainfluenza virus, adenovirus, rhinovirus, human metapneumovirus, enterovirus, Coxsackie virus, or coronavirus.

Infectious Disease Society of America (IDSA)

The IDSA recommends that “clinicians should use multiplex RT-PCR assays targeting a panel of respiratory pathogens, including influenza viruses, in hospitalized immunocompromised patients.” Further, “clinicians can consider using multiplex RT-PCR assays targeting a panel of respiratory pathogens, including influenza viruses, in hospitalized patients who are not immunocompromised if it might influence care (e.g., aid in cohorting decisions, reduce testing, or decrease antibiotic use).”

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 2020, 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.

Table 1: CPT codes that support medical necessity in any place of service

CPT Codes®	Description
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.

Table 2: CPT codes that support medical necessity when billed with place of service codes in table 3

CPT Codes®	Description
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, Chlamydomonas pneumoniae, Mycoplasma pneumoniae)

CPT Codes®	Description
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, Chlamydia pneumoniae, Mycoplasma pneumoniae)
0100U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 21 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus NL63, coronavirus OC43, human metapneumovirus, human rhinovirus/enterovirus, influenza A, including subtypes H1, H1-2009, and H3, influenza B, parainfluenza virus 1, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, respiratory syncytial virus, Bordetella parapertussis [IS1001], Bordetella pertussis [ptxP], Chlamydia pneumoniae, Mycoplasma pneumoniae)
0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected
87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets

Table 3: Place of service codes supporting medical necessity for codes in table 2

Place of Service Code	Place of Service Name	Place of Service Description
21	Inpatient Hospital	A facility other than psychiatric which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22*	Outpatient Hospital (Observation)	A portion of a hospital which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.

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Place of Service Code	Place of Service Name	Place of Service Description
21	Inpatient Hospital	A facility other than psychiatric which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
23	Emergency Room – Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.

**NOTE: PCR testing in an outpatient place of service is reimbursable only when performed as part of the diagnostic work-up for a patient admitted for Observation.*

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	12/19	01/20
Added a note to refer to PA.CP.MP.183 for 2019-novel coronavirus testing.	03/20	
Split medical necessity statements to address panels of 5 pathogens or less and panels of 6 or more separately. Added criteria for panels of 5 or fewer pathogens in the outpatient setting: specified that the test will influence the plan of care, and added the following as indications: testing for other pathogens when COVID-19 suspected and COVID-19 testing is not available soon enough to influence the plan of care, when immunocompromised, or when ordered by an ID or when an ID is not available. Moved codes 87632 and 87633 to a table of medically necessary codes when billed with POS codes in Table 3. Added codes 0098U, 0099U, 0100U, and 0115U as medically necessary when billed with POS codes in Table 3. References reviewed and updated.	08/20	08/20
New PHW policy	11/09/2020	

References

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Per Local Coverage Determination (LCD): MolDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels (L37315): <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=37315&ver=11&articleId=57340&NCDId=315&ncdver=1&Cntretr=All&UpdatePeriod=488&bc=AQAABAAAEAAA&>. Accessed both January 28, 2021 and March 12, 2021.

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