

Respiratory Pathogen Panel

Reimbursement Policy ID: RPC.0096.72KF

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Keystone First Community HealthChoices reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. Keystone First Community HealthChoices may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy 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 federal, state, or contractual requirements 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.

Policy Overview

This policy addresses requirements for reimbursement of respiratory pathogen lab panels.

Exceptions

N/A

Reimbursement Guidelines

Respiratory pathogen panels are reimbursable when specific criteria are met.

Respiratory pathogen panel testing for five pathogens or fewer are considered reimbursable when meeting both of the following criteria:

The member has one of the following clinical indications for infectious disease testing:

- The member is immunocompetent, and the clinical indication includes a presumption of active infection or infection-associated complications (which may include exacerbation of underlying disease) that require the identification of a causative organism for appropriate management.
- The member is immunocompromised (i.e., those with weakened immune systems including those with human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS), those who are taking immunosuppressive medications (i.e., chemotherapy, biologics, transplant-related immunosuppressive drugs, high-dose systemic corticosteroids) and those with inherited diseases that affect the immune system (i.e., congenital immunoglobulin deficiencies).

Refer to the “Respiratory Pathogen Panel Clinical Indicator Codes” below for clinical indicator codes.

Respiratory pathogen testing for six pathogens, or more is considered reimbursable when meeting the following:

- Both of the criteria above are met, and any one of the following:
 - Place of service – 21 (Inpatient hospital), 22 (Observation) or 23 (Emergency room)
 - Member is immunocompromised, as specified above.
 - Member is immunocompetent with a severe and established underlying respiratory pathology (i.e., severe asthma, chronic obstructive pulmonary disease (COPD), cystic fibrosis, pulmonary fibrosis, radiation therapy to the lung). Treatment with antibiotics may be indicated according to established guidelines.

Respiratory Virus Panel Clinical Indicator Codes

Table 1: CPT code without a specific diagnosis code requirement.

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.
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique.

87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique.
O240U	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.
O241U	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

Table 2: CPT codes that support medical necessity when billed with place of service codes in table 3 and a diagnosis code in both table 4 and table 5, or a diagnosis code in table 6.

CPT Codes	Description
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 (SARSCoV-2), 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 (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
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Table 3: Place of Service Codes Required for Codes in Table 2

Place of Service Code	Description
19	Off Campus Outpatient Hospital
21	Inpatient Hospital
22	Outpatient Hospital (Observation)
23	Emergency Room

Table 4: ICD-10 Diagnosis Codes that Support Medical Necessity for CPT Codes in Table 2 when Billed with a Diagnosis Code in Table 5

ICD-10-CM Code	Description
A37.00	Whooping cough due to Bordetella pertussis without pneumonia
A37.01	Whooping cough due to Bordetella pertussis with pneumonia
A37.10	Whooping cough due to Bordetella parapertussis without pneumonia
A37.11	Whooping cough due to Bordetella parapertussis with pneumonia
A37.80	Whooping cough due to other Bordetella species without pneumonia
A37.81	Whooping cough due to other Bordetella species with pneumonia
A37.90	Whooping cough, unspecified species without pneumonia
A37.91	Whooping cough, unspecified species with pneumonia
A41.81	Sepsis due to Enterococcus
A41.9	Sepsis, unspecified organism
A48.1	Legionnaires' disease
A48.2	Nonpneumonic Legionnaires' disease (Pontiac fever)
B25.0	Cytomegaloviral pneumonitis
B33.23	Viral pericarditis
B33.24	Viral cardiomyopathy
B59	Pneumocystosis
B97.21	SARS-associated coronavirus as the cause of diseases classified elsewhere
B97.29	Other coronavirus as the cause of diseases classified elsewhere
J05.0	Acute obstructive laryngitis (croup)
J06.9	Acute upper respiratory infection, unspecified
J09.X1	Influenza due to identified novel influenza A virus with pneumonia
J09.X2	Influenza due to identified novel influenza A virus with other respiratory manifestations
J09.X3	Influenza due to identified novel influenza A virus with gastrointestinal manifestations
J09.X9	Influenza due to identified novel influenza A virus with other manifestations

J10.01	Influenza due to other identified influenza virus with the same other identified influenza virus pneumonia
J10.08	Influenza due to other identified influenza virus with other specified pneumonia
J10.1	Influenza due to other identified influenza virus with other respiratory manifestation
J10.2	Influenza due to other identified influenza virus with gastrointestinal manifestations
J10.81	Influenza due to other identified influenza virus with encephalopathy
J10.82	Influenza due to other identified influenza virus with myocarditis
J10.83	Influenza due to other identified influenza virus with otitis media
J10.89	Influenza due to other identified influenza virus with other manifestation
J11.08	Influenza due to unidentified influenza virus with specified pneumonia
J11.1	Influenza due to unidentified influenza virus with other respiratory manifestations
J11.2	Influenza due to unidentified influenza virus with gastrointestinal manifestations
J11.81	Influenza due to unidentified influenza virus with encephalopathy
J11.82	Influenza due to unidentified influenza virus with myocarditis
J11.83	Influenza due to unidentified influenza virus with otitis media
J11.89	Influenza due to unidentified influenza virus with other manifestations
J12.0	Adenoviral pneumonia
J12.1	Respiratory syncytial virus pneumonia
J12.2	Parainfluenza virus pneumonia
J12.3	Human metapneumovirus pneumonia
J12.81	Pneumonia due to SARS-associated coronavirus
J12.82	Pneumonia due to coronavirus disease 2019
J12.89	Other viral pneumonia
J12.9	Viral pneumonia, unspecified
J13	Pneumonia due to Streptococcus pneumoniae
J15.0	Pneumonia due to Klebsiella pneumoniae
J15.1	Pneumonia due to Pseudomonas
J15.20	Pneumonia due to staphylococcus, unspecified
J15.211	Pneumonia due to Methicillin susceptible Staphylococcus aureus
J15.212	Pneumonia due to Methicillin resistant Staphylococcus aureus
J15.29	Pneumonia due to other staphylococcus aureus
J15.3	Pneumonia due to streptococcus, group B
J15.4	Pneumonia due to other streptococcus
J15.7	Pneumonia due to Mycoplasma pneumoniae
J15.8	Pneumonia due to other specified bacteria
J15.9	Pneumonia due to bacterial pneumonia
J16.0	Chlamydial pneumonia
J16.8	Pneumonia due to other specified infectious organisms
J18.0	Bronchopneumonia, unspecified organism
J18.1	Lobar pneumonia, unspecified organism
J18.2	Hypostatic pneumonia, unspecified organism
J18.8	Other pneumonia, unspecified organism
J18.9	Pneumonia, unspecified organism

J20.0	Acute bronchitis due to Mycoplasma pneumoniae
J20.1	Acute bronchitis due to Hemophilus influenzae
J20.2	Acute bronchitis due to streptococcus
J20.3	Acute bronchitis due to coxsackievirus
J20.4	Acute bronchitis due to parainfluenza virus
J20.5	Acute bronchitis due to respiratory syncytial virus
J20.6	Acute bronchitis due to rhino virus
J20.8	Acute bronchitis due to other specified organisms
J20.9	Acute bronchitis, unspecified
J21.9	Acute bronchiolitis, unspecified
J22	Unspecified acute lower respiratory infection
J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection
J44.1	Chronic obstructive pulmonary disease with acute exacerbation
J45.31	Mild persistent asthma with (acute) exacerbation
J45.32	Mild persistent asthma with status asthmaticus
J45.41	Moderate persistent asthma with (acute) exacerbation
J45.42	Moderate persistent asthma with status asthmaticus
J45.51	Severe persistent asthma with (acute) exacerbation
J45.52	Severe persistent asthma with status asthmaticus
J45.901	Unspecified asthma with (acute) exacerbation
J45.902	Unspecified asthma with status asthmaticus
J84.116	Cryptogenic organizing pneumonia
J84.117	Desquamative interstitial pneumonia
J84.2	Lymphoid interstitial pneumonia
J85.0	Gangrene and necrosis of lung
J85.1	Abscess of lung with pneumonia
J85.2	Abscess of lung without pneumonia
J85.3	Abscess of mediastinum
R05.1	Acute cough
R05.2	Subacute cough
R05.3	Chronic cough
R05.8	Other specified cough
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R06.2	Wheezing
R50.9	Fever, unspecified
R65.20	Severe sepsis without septic shock
R65.21	Severe sepsis with septic shock
R78.81	Bacteremia
T86.33	Heart-lung transplant infection
T86.812	Lung transplant infection
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Z20.822	Contact with and (suspected) exposure to COVID-19
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases

U07.1	COVID-19
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Table 5: ICD-10 Diagnosis Codes that Support Medical Necessity for CPT codes in Table 2 when Billed with a Diagnosis Code in Table 4

ICD-10-CM Code	Description
B20	Human immunodeficiency virus (HIV) disease
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
D57.01	Hb-SS disease with acute chest syndrome
D61.09	Other constitutional aplastic anemia
D61.1	Drug-induced aplastic anemia
D61.2	Aplastic anemia due to other external agents
D61.3	Idiopathic aplastic anemia
D61.810	Antineoplastic chemotherapy induced pancytopenia
D61.811	Other drug-induced pancytopenia
D61.818	Other pancytopenia
D61.82	Myelophthisis
D61.89	Other specified aplastic anemias & other bone marrow failure syndrome
D61.9	Aplastic anemia, unspecified
D64.81	Anemia due to antineoplastic chemotherapy
D64.89	Other specified anemias
D70.0	Congenital agranulocytosis
D70.1	Agranulocytosis secondary to cancer chemotherapy
D70.2	Other drug-induced agranulocytosis
D70.3	Neutropenia due to infection
D70.4	Cyclic neutropenia
D70.9	Neutropenia, unspecified
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
D80.8	Other immunodeficiency with predominantly antibody defects, unspecified
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-cells
D81.30	Adenosine deaminase deficiency, unspecified
D81.31	Severe combined immunodeficiency due to adenosine deaminase deficiency
D81.32	Adenosine deaminase 2 deficiency
D81.39	Other adenosine deaminase deficiency
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
D81.82	Activated Phosphoinositide 3-kinase Delta Syndrome (APDS)
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
D83.0	Common variable immunodeficiency with predominant abnormalities to B-cell numbers & 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
D84.821	Immunodeficiency due to drugs
D84.822	Immunodeficiency due to external causes
D84.9	Immunodeficiency, unspecified
D89.0	Polyclonal hypergammaglobulinemia
D89.1	Cryoglobulinemia
D89.3	Immune reconstitution syndrome
D89.41	Monoclonal mast cell activation syndrome
D89.42	Idiopathic mast cell activation syndrome
D89.43	Secondary mast cell activation
D89.44	Hereditary alpha tryptasemia
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
D89.82	Autoimmune lymphoproliferative syndrome (ALPS)
D89.89	Other specified disorders involving the immune mechanism, not otherwise classified
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
E84.0	Cystic fibrosis with pulmonary manifestations
J44.9	Chronic obstructive pulmonary disease, unspecified
J45.991	Cough variant asthma
J70.1	Chronic and other pulmonary manifestations due to radiation
J84.01	Alveolar proteinosis
J84.02	Pulmonary alveolar microlithiasis
J84.03	Idiopathic pulmonary hemosiderosis
J84.10	Pulmonary fibrosis, unspecified
J84.112	Idiopathic pulmonary fibrosis
J84.114	Acute interstitial pneumonitis
J84.170	Interstitial lung disease with progressive fibrotic phenotype is diseases classified elsewhere
J84.178	Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere
J84.81	Lymphangioleiomyomatosis
J84.82	Adult pulmonary Langerhans cell histiocytosis
J84.89	Other specified interstitial pulmonary diseases
O98.711	Human immunodeficiency virus (HIV) disease complicating pregnancy, first trimester
O98.712	Human immunodeficiency virus (HIV) disease complicating pregnancy, second trimester
O98.713	Human immunodeficiency virus (HIV) disease complicating pregnancy, third trimester
T80.82XS	Complication of immune effector cellular therapy, sequela
Z51.11	Encounter for antineoplastic chemotherapy
Z92.850	Personal history of Chimeric Antigen Receptor T-cell therapy
Z92.858	Personal history of other cellular therapy
Z92.86	Personal history of gene therapy
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
Z94.89	Other transplanted organ and tissue status

Table 6: ICD-10 Diagnosis Codes that Support Medical Necessity for CPT codes in Table 2

ICD-10-CM Code	Description
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
Z94.89	Other transplanted organ and tissue status

Definitions

N/A

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. The National Correct Coding Initiative (NCCI).
- V. Applicable Pennsylvania Medicaid Fee Schedule(s).
- VI. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=38916>
- VII. CMS LCD A58575

Attachments

N/A

Associated Policies

N/A

Policy History

06/2025	Minor updates to formatting and syntax
05/2025	Reimbursement Policy Committee Approval
04/2025	Revised preamble

04/2024	Revised preamble
08/2023	Removal of policy implemented by Keystone First Community HealthChoices from Policy History section
01/2023	Template Revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section