Article - Billing and Coding: Respiratory Pathogen Panel Testing (A58741)

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Article Information

General Information

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CMS National Coverage Policy

IOM Citations:

- CMS IOM Publication 100-02, Medicare Benefit Policy Manual,
 - Chapter 15, Section 80.1 Clinical Laboratory Services
- CMS IOM Publication 100-04, Medicare Claims Processing Manual,
 - Chapter 16 Laboratory Services
 - Chapter 23, Section 10 Reporting ICD Diagnosis and Procedure Codes, Section 20.9 National Correct
 Coding Initiative (NCCI), Section 40 Clinical Diagnostic Laboratory Fee Schedule
- CMS IOM Publication 100-08, Medicare Program Integrity Manual,
 - Chapter 3, Section 3.4.1.3 Diagnosis Code Requirements

Social Security Act (Title XVIII) Standard References:

• Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider of services or other person under this part unless there has been furnished such information as may be necessary in order to determine the amounts due such provider or other person under this part for the period with respect to which the amounts are being paid or for any prior period.

National Correct Coding Initiative:

- NCCI Policy Manual for Medicare Services
 - Chapter 10, Pathology and Laboratory Services (CPT Codes 80000-89999), Section K Microbiology

Article Guidance

Article Text

This Billing and Coding Article provides billing and coding guidance for Local Coverage Determination (LCD) L39027, Respiratory Pathogen Panel Testing. Please refer to the LCD for reasonable and necessary requirements.

Coding Guidance

Notice: It is not appropriate to bill Medicare for services that are not covered (as described by the entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

A respiratory pathogen panel test is a single service with a single unit of service (UOS=1). A respiratory pathogen panel test **must not be unbundled and billed as individual components** regardless of the fact that the panel reports multiple individual pathogens and/or targets.

The term "panel" refers to all respiratory pathogens tested in the outpatient setting on a single date of service from a single biologic specimen, not ordered as a reflex test.

Please note: The services addressed in this article and related LCD are not applicable to providers submitting claims on institutional claim forms.

Documentation Requirements

- 1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
- 2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
- 3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
- 4. The medical record MUST support that the test was completed in a Part B setting that is equipped to deliver timely results AND for patients where the test demonstrates that clinical management can result in an improved health outcome.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

Note: Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

Group 1 Codes: (6 Codes)

CODE	DESCRIPTION	
87428	Sarscov & inf vir a&b ag ia	
87631	Resp virus 3-5 targets	
87636	Sarscov2 & inf a&b amp prb	
87637	Sarscov2&inf a&b&rsv amp prb	
0240U	Nfct ds vir resp rna 3 trgt	
0241U	Nfct ds vir resp rna 4 trgt	

Group 2 Paragraph:

These codes are non-covered.

Group 2 Codes: (6 Codes)

CODE	DESCRIPTION	
87632	Resp virus 6-11 targets	
87633	Resp virus 12-25 targets	
0115U	Respir iadna 18 viral&2 bact	
0202U	Nfct ds 22 trgt sars-cov-2	
0223U	Nfct ds 22 trgt sars-cov-2	
0225U	Nfct ds dna&rna 21 sarscov2	

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The following ICD-10-CM codes support medical necessity and provide coverage for CPT codes: 87428, 87631,

87636, 87637, 0240U, 0241U when used in the outpatient setting as outlined in the related LCD.

Group 1 Codes: (192 Codes)

CODE	DESCRIPTION	
B97.29	Other coronavirus as the cause of diseases classified elsewhere	
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 immunodeficiencies with predominantly antibody defects	
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	
D81.31	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	
D81.89	Other combined immunodeficiencies	
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	

CODE	DESCRIPTION	
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	
D84.0	Lymphocyte function antigen-1 [LFA-1] defect	
D84.1	Defects in the complement system	
D89.0	Polyclonal hypergammaglobulinemia	
D89.1	Cryoglobulinemia	
D89.2	Hypergammaglobulinemia, unspecified	
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	
D89.49	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	
D89.82	Autoimmune lymphoproliferative syndrome [ALPS]	
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified	
E84.0	Cystic fibrosis with pulmonary manifestations	
E84.19	Cystic fibrosis with other intestinal manifestations	
E84.8	Cystic fibrosis with other manifestations	
I27.0	Primary pulmonary hypertension	
I27.21	Secondary pulmonary arterial hypertension	
I27.22	Pulmonary hypertension due to left heart disease	
I27.23	Pulmonary hypertension due to lung diseases and hypoxia	
I27.24	Chronic thromboembolic pulmonary hypertension	
I27.29	Other secondary pulmonary hypertension	
I27.81	Cor pulmonale (chronic)	
I27.82	Chronic pulmonary embolism	

CODE	DESCRIPTION	
I27.83	Eisenmenger's syndrome	
I27.89	Other specified pulmonary heart diseases	
I50.21	Acute systolic (congestive) heart failure	
I50.22	Chronic systolic (congestive) heart failure	
I50.23	Acute on chronic systolic (congestive) heart failure	
I50.31	Acute diastolic (congestive) heart failure	
I50.32	Chronic diastolic (congestive) heart failure	
I50.33	Acute on chronic diastolic (congestive) heart failure	
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure	
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure	
150.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure	
I50.811	Acute right heart failure	
I50.812	Chronic right heart failure	
I50.813	Acute on chronic right heart failure	
I50.814	Right heart failure due to left heart failure	
I50.82	Biventricular heart failure	
I50.83	High output heart failure	
I50.84	End stage heart failure	
I50.89	Other heart failure	
J00	Acute nasopharyngitis [common cold]	
J02.9	Acute pharyngitis, unspecified	
J04.0	Acute laryngitis	
J04.10	Acute tracheitis without obstruction	
J04.11	Acute tracheitis with obstruction	
J04.2	Acute laryngotracheitis	
J04.30	Supraglottitis, unspecified, without obstruction	
J04.31	Supraglottitis, unspecified, with obstruction	
J05.0	Acute obstructive laryngitis [croup]	
J05.10	Acute epiglottitis without obstruction	
J05.11	Acute epiglottitis with obstruction	
J06.0	Acute laryngopharyngitis	

CODE	DESCRIPTION	
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	
J12.0	Adenoviral 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	
J15.8	Pneumonia due to other specified bacteria	
CODE	DESCRIPTION	
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	
J20.8	Acute bronchitis due to other specified organisms	
J22	Unspecified acute lower respiratory infection	
J41.0	Simple chronic bronchitis	
J41.1	Mucopurulent chronic bronchitis	
J41.8	Mixed simple and mucopurulent chronic bronchitis	
J43.0	Unilateral pulmonary emphysema [MacLeod's syndrome]	
J43.1	Panlobular emphysema	
J43.2	Centrilobular emphysema	
J43.8	Other emphysema	
J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection	
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation	

CODE	DESCRIPTION		
J45.21	Mild intermittent asthma with (acute) exacerbation		
J45.22	Mild intermittent asthma with status asthmaticus		
J45.30	Mild persistent asthma, uncomplicated		
J45.31	Mild persistent asthma with (acute) exacerbation		
J45.32	Mild persistent asthma with status asthmaticus		
J45.40	Moderate persistent asthma, uncomplicated		
J45.41	Moderate persistent asthma with (acute) exacerbation		
J45.42	Moderate persistent asthma with status asthmaticus		
J45.50	Severe persistent asthma, uncomplicated		
J45.51	Severe persistent asthma with (acute) exacerbation		
J45.52	Severe persistent asthma with status asthmaticus		
J45.991	Cough variant asthma		
J45.998	Other asthma		
J47.0	Bronchiectasis with acute lower respiratory infection		
J47.1	Bronchiectasis with (acute) exacerbation		
J47.9	Bronchiectasis, uncomplicated		
J60	Coalworker's pneumoconiosis		
J61	Pneumoconiosis due to asbestos and other mineral fibers		
J62.0	Pneumoconiosis due to talc dust		
J62.8	Pneumoconiosis due to other dust containing silica		
J63.0	Aluminosis (of lung)		
J63.1	Bauxite fibrosis (of lung)		
J63.2	Berylliosis		
J63.3	Graphite fibrosis (of lung)		
J63.4	Siderosis		
J63.5	Stannosis		
J63.6	Pneumoconiosis due to other specified inorganic dusts		
J65	Pneumoconiosis associated with tuberculosis		
J66.0	Byssinosis		
J66.1	Flax-dressers' disease		
J66.2	Cannabinosis		
J66.8	Airway disease due to other specific organic dusts		

CODE	DESCRIPTION	
J70.1	Chronic and other pulmonary manifestations due to radiation	
J70.3	Chronic drug-induced interstitial lung disorders	
J81.1	Chronic pulmonary edema	
J84.10	Pulmonary fibrosis, unspecified	
J84.111	Idiopathic interstitial pneumonia, not otherwise specified	
J84.112	Idiopathic pulmonary fibrosis	
J84.113	Idiopathic non-specific interstitial pneumonitis	
J84.114	Acute interstitial pneumonitis	
J84.115	Respiratory bronchiolitis interstitial lung disease	
J84.116	Cryptogenic organizing pneumonia	
J84.117	Desquamative interstitial pneumonia	
J84.170	Interstitial lung disease with progressive fibrotic phenotype in diseases classified elsewhere	
J84.178	Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere	
J84.2	Lymphoid interstitial pneumonia	
J84.81	Lymphangioleiomyomatosis	
J84.82	Adult pulmonary Langerhans cell histiocytosis	
J84.89	Other specified interstitial pulmonary diseases	
J84.9	Interstitial pulmonary disease, unspecified	
R04.2	Hemoptysis	
R05.1	Acute cough	
R05.2	Subacute cough	
R06.02	Shortness of breath	
R06.03	Acute respiratory distress	
R06.1	Stridor	
R06.2	Wheezing	
R06.82	Tachypnea, not elsewhere classified	
R07.1	Chest pain on breathing	
R07.81	Pleurodynia	
R09.02	Hypoxemia	
R09.1	Pleurisy	
R43.0	Anosmia	

CODE	DESCRIPTION		
R43.9	Unspecified disturbances of smell and taste		
R50.81	Fever presenting with conditions classified elsewhere		
R50.9	Fever, unspecified		
R53.1	Weakness		
R55	Syncope and collapse		
R68.83	Chills (without fever)		
R79.81	Abnormal blood-gas level		
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		

Group 1 Medical Necessity ICD-10-CM Codes Asterisk Explanation:

*J12.82 must be reported with U07.1

ICD-10-CM Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

All those not listed under the "ICD-10 Codes that Support Medical Necessity" section of this article.

Group 1 Codes: (1 Code)

CODE	DESCRIPTION	
XX000	Not Applicable	

ICD-10-PCS Codes

N/A

Additional ICD-10 Information

N/A

Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service.

Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
04/01/2022	R2	Due to the Quarterly updates, 0151U has been deleted from Group 2: Codes in the CPT/HCPCS Codes section.
01/01/2022	R1	Due to the annual CPT/HCPCS code updates the long code description for 87428 has been changed.

Associated Documents

Related Local Coverage Documents

LCDs

L39027 - Respiratory Pathogen Panel Testing

Related National Coverage Documents

N/A

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Statutory Requirements URLs

N/A

Rules and Regulations URLs

N/A

CMS Manual Explanations URLs

N/A

Other URLs

N/A

Public Versions

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