

Local Coverage Article: Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels (A57338)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

Article Information

General Information

Article ID

A57338

Original Effective Date

10/01/2019

Article Title

Billing and Coding: MolDX: Multiplex Nucleic Acid
Amplified Tests for Respiratory Viral Panels

Revision Effective Date

10/01/2019

Article Type

Billing and Coding

Revision Ending Date

N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

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Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e). Prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

CMS On-Line Manual, Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, §§80.0, 80.1.1, 80.2. Clinical Laboratory services.

CMS Internet-Only Manuals, Publication 100-04, *Medicare Claims Processing Manual*, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, 60.1.2 Independent Laboratory Specimen Drawing, 60.2. Travel Allowance.

CMS Internet Online Manual Pub. 100-04 (*Medicare Claims Processing Manual*), Chapter 23 (Section 10) Reporting ICD Diagnosis and Procedure Codes

Article Guidance

Article Text:

The following coding and billing guidance is to be used with its associated Local Coverage determination.

To report a multiplex PCR respiratory viral panel service, please submit the following claim information:

- If the panel being used does not have its own proprietary CPT® code, use CPT® code 87631, 87632 or 87633.
- For dates of service on or after 7/1/2019, laboratories billing for services using BioFire® FilmArray® Respiratory Panel (RP) EZ, BioFire® Diagnostics should report 0098U; laboratories billing for services using BioFire® FilmArray® Respiratory Panel (RP), BioFire® Diagnostics should report 0099U; laboratories billing for services using BioFire® FilmArray® Respiratory Panel 2 (RP2), BioFire® Diagnostics should report 0100U. While each of these panels are able to report results for a specific number of pathogens, this contractor will interpret the use of 0098U, 0099U, and 100U to represent the use of a specific testing platform regardless of the number of pathogens reported by the
- For dates of service on or after 10/1/2019, laboratories billing for services using GenMark® ePlex Respiratory Pathogen (RP) Panel should report 0115U. While this panel is able to report results for a specific number of pathogens, this contractor will interpret the use of 0115U to represent the use of a specific testing platform regardless of the number of pathogens reported by the laboratory
- Enter 1 unit of service (UOS)
- Select the appropriate ICD-10-CM code

A DEX Z-Code™ identifier is not required for multiplex PCR respiratory viral panel testing. If submitting a DEX Z-Code™ identifier, please submit following the below instructions:

- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part B claim field/types:
 - Loop 2400 or SV101-7 for the 5010A1 837P
 - Box 19 for paper claim
- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part A claim field/types:
 - Line SV202-7 for 837I electronic claim
 - Block 80 for the UB04 claim form

Coding Information

CPT/HCPCS Codes**Group 1 Paragraph:**

These codes are covered under limited circumstances. They may be billed in places of service 20, 21, or 23 (Urgent care, Inpatient hospital, or Emergency room respectively) by a provider of any medical specialty for whom the ordering of this test is within the provider's scope of practice and institutional privileges.

Outside of one of these places of service, the test must be ordered by an infectious disease specialist who is diagnosing and treating the beneficiary. An exception may be made in geographic locations where no infectious disease specialist can be reasonably reached by the beneficiary and the ordering provider is located closer to the beneficiary's place of residence than the nearest infectious disease specialist. We would generally expect that beneficiaries for whom the test is ordered under this exception to be living in rural locations, islands, or some other location where access to care is limited.

Group 1 Codes:

CODE	DESCRIPTION
87631	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
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, CHLAMYDOPHILA PNEUMONIAE, MYCOPLASMA PNEUMONIAE)
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, CHLAMYDOPHILA PNEUMONIA, MYCOPLASMA PNEUMONIAE)
0100U	RESPIRATORY PATHOGEN, MULTIPLEX REVERSE TRANSCRIPTION AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 210 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,

CODE	DESCRIPTION
	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

Group 2 Paragraph:

These codes are non-covered.

Group 2 Codes:

CODE	DESCRIPTION
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

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

These are the diagnosis codes corresponding to coverage of 87631, 0098U, 0099U, 0100U and 0115U. One of these codes must be on the claim in addition to the sign or symptom for which there is suspicion of respiratory illness.

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
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
D81.30	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
D81.819	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

ICD-10 CODE	DESCRIPTION
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
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 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 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 policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy 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 policy, 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 policy 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
10/01/2019	R1	10/01/2019: Under Article Text added the third bullet point verbiage "For dates of service on or after 10/1/2019, laboratories billing for services using GenMark®" ePlex Respiratory Pathogen (RP) Panel should report 0115U. While this panel is able to report results for a specific number of pathogens, this contractor will interpret the use of 0115U to represent the use of a specific testing platform regardless of the number of pathogens reported by the laboratory". Under CPT/HCPCS Codes Group 1: Codes added 0115U. Under ICD-10 Codes that Support Medical Necessity Group 1: Paragraph added the verbiage "and 0115U".

Associated Documents

Related Local Coverage Document(s)

Article(s)

A56251 - Response to Comments: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels

LCD(s)

L37301 - MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels

DL37301

- (MCD Archive Site)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

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