

Molecular Diagnostic Panel Testing for Pathogens Contractor Advisory Committee Meeting Key Questions

Meeting Date: January 11, 2021

Contractor Advisory Committee (CAC) Members were to rate each key question using the following rating system:

1 Low Confidence — 2 — 3 Intermediate — 4 — 5 High Confidence

Key Questions
1. Multiplex testing has advantages over a la carte tests when evaluating for upper respiratory viral infections.
2. Syndromic testing (e.g. >7 organisms per panel not including subtypes) is reasonable and necessary in the inpatient setting.
3. Syndromic testing is reasonable and necessary for immunocompromised patients.
4. Cultures have an advantage over molecular diagnostic testing for gram-negative bacterial infections because of the need for antibiotic sensitivity analysis.
5. Molecular diagnostic testing is reasonable and necessary to diagnose and treat suspected infection in skin/nails.
6. Molecular diagnostic panels are useful in determining antibiotic resistance in gram positive organisms (e.g. methicillin resistance).
7. Antibiotic stewardship is necessary for achieving optimal outcomes in multiple panel testing in an outpatient setting.
8. When respiratory viral infection is suspected, molecular diagnostic testing is the standard of care in an outpatient setting (e.g. ER, urgent care, clinic).
9. Molecular diagnostic testing is the diagnostic test of choice for suspected infections involving the CNS.
10. Syndromic panel testing (>7 organisms/panel) is not reasonable or necessary in immunocompetent patients in the outpatient setting.
11. Improved coverage of molecular diagnostic testing in the outpatient setting improves access to Medicare beneficiaries to rapid diagnosis and treatment of infections.