

Local Coverage Article: Billing and Coding: Influenza Diagnostic Tests (A54769)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Palmetto GBA	A and B MAC	10111 - MAC A	J - J	Alabama
Palmetto GBA	A and B MAC	10112 - MAC B	J - J	Alabama
Palmetto GBA	A and B MAC	10211 - MAC A	J - J	Georgia
Palmetto GBA	A and B MAC	10212 - MAC B	J - J	Georgia
Palmetto GBA	A and B MAC	10311 - MAC A	J - J	Tennessee
Palmetto GBA	A and B MAC	10312 - MAC B	J - J	Tennessee
Palmetto GBA	A and B and HHH MAC	11201 - MAC A	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11202 - MAC B	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11301 - MAC A	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11302 - MAC B	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11401 - MAC A	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11402 - MAC B	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11501 - MAC A	J - M	North Carolina
Palmetto GBA	A and B and HHH MAC	11502 - MAC B	J - M	North Carolina

Article Information

General Information

Article ID

A54769

Original Effective Date

12/10/2015

Article Title

Billing and Coding: Influenza Diagnostic Tests

Revision Effective Date

10/24/2019

Article Type

Billing and Coding

Revision Ending Date

N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

CPT codes, descriptions and other data only are

Retirement Date

N/A

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CMS National Coverage Policy

N/A

Article Guidance

Article Text:

To avoid the overuse of antibiotics and the potential risk of antibiotic resistance, point of care providers should test patients prior to prescribing treatment for a bacterial or influenza infection. The following summary provides a list of the main available types of diagnostics tests:

Rapid Antigen Tests:

- Available at the point of care
- Yields a Flu A and Flu B result in < 30 minutes
- Less sensitive (50-70%) and specific (90-95%) compared to other methods and may require confirmation with another method

- CDC recommendation:
 - During early winter months, providers should confirm negative rapid flu test results with a more sensitive method, such as viral culture or a nucleic acid amplification test (NAAT).
 - Outside of flu season, providers should consider confirming positive rapid flu test results.

Targeted Molecular Methods:

- Uses transcriptase-polymerase chain reaction (RT-PCR) or isothermal amplification methods to detect viral nucleic acids
- Results available in < 24 hours
- Detects from 1-2 to up to 20 respiratory pathogens from one specimen

Viral Culture:

- Confirms present active infection
- Results available in 3-10 days
- Misses opportunity for Tamiflu treatment for positive patients

CPT® Coding Guidance for Diagnostic Tests:

Test	CPT® Code	CPT® code Descriptor	Billing Guidelines
Rapid antigen tests – flu	87804	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza	1 unit of service for influenza A and B
Rapid antigen tests – RSV	87807	Infectious agent antigen detection by immunoassay with direct optical observation; Respiratory Syncytial virus	1 unit of service
PCR tests for influenza A or B only	87501	Influenza virus, includes reverse transcription, when performed and amplified probe technique, each type or subtype	1 unit of service for two targets, use
PCR tests for influenza (two targets)	87502	Influenza virus, for multiple types or subtypes, includes multiplex reverse transcription and multiplex amplified probe technique, first 2 types or	1 unit of service for example, could be influenza A and B detection, or influenza and one subtype. than two targets

PCR tests for influenza (additional subtypes)	87503	sub-types Influenza virus, for multiple types or sub-types, includes multiplex reverse transcription and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2 (list separately in addition to code for primary procedure)	influenza, add 87502+87503. Add on code to 87502. For example, a PCR test for Influenza A, B and C subtype H1N1 would be reported as 87502+87503.
Mixed respiratory virus panel, 3-5 targets	87631	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	Use when multiple influenza types (e.g., A and B) are combined with another virus, such as RSV.
Mixed respiratory virus panel, 6-11	87632	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	Use when other respiratory viruses are suspected based on exposure or medical history
Mixed respiratory virus panel, 12-25	87633	Respiratory virus (e.g., adenovirus, influenza virus, coronavirus, metapneumovirus,	Use when more than one respiratory virus is medically appropriate (e.g., patient exposure to multiple respiratory viruses)

		parainfluenza virus, critically ill, etc.) respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets
Viral Culture	87252	Virus Isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect
Viral Culture	87253	Virus Isolation; tissue culture, additional studies or definitive identification (e.g., hemabsorption, neutralization, immunofluorescence stain), each isolate
Viral Culture	87254	Virus Isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus

- If a rapid antigen test is performed and then confirmed using PCR, the second test may require the -59 modifier.
- If a CLIA-waived test is performed, the -QW modifier should be reported for the waived test.

Reference: CDC. "Rapid Diagnostic Testing for Influenza: Information for Health Care Professionals". Available at: <http://www.cdc.gov/flu/professionals/diagnosis/rapidclin.htm>. Accessed October 16, 2019.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
87252	VIRUS ISOLATION; TISSUE CULTURE INOCULATION, OBSERVATION, AND PRESUMPTIVE IDENTIFICATION BY CYTOPATHIC EFFECT
87253	VIRUS ISOLATION; TISSUE CULTURE, ADDITIONAL STUDIES OR DEFINITIVE IDENTIFICATION (EG, HEMABSORPTION, NEUTRALIZATION, IMMUNOFLUORESCENCE STAIN), EACH ISOLATE
87254	VIRUS ISOLATION; CENTRIFUGE ENHANCED (SHELL VIAL) TECHNIQUE, INCLUDES IDENTIFICATION WITH IMMUNOFLUORESCENCE STAIN, EACH VIRUS
87501	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, INCLUDES REVERSE TRANSCRIPTION, WHEN PERFORMED, AND AMPLIFIED PROBE TECHNIQUE, EACH TYPE OR SUBTYPE
87502	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, FOR MULTIPLE TYPES OR SUB-TYPES, INCLUDES MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED, AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, FIRST 2 TYPES OR SUB-TYPES
87503	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, FOR MULTIPLE TYPES OR SUB-TYPES, INCLUDES MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED, AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, EACH ADDITIONAL INFLUENZA VIRUS TYPE OR SUB-TYPE BEYOND 2 (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
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
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
87804	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; INFLUENZA

CODE	DESCRIPTION
87807	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; RESPIRATORY SYNCYTIAL VIRUS

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
59	DISTINCT PROCEDURAL SERVICE: UNDER CERTAIN CIRCUMSTANCES, THE PHYSICIAN MAY NEED TO INDICATE THAT A PROCEDURE OR SERVICE WAS DISTINCT OR INDEPENDENT FROM OTHER SERVICES PERFORMED ON THE SAME DAY. MODIFIER -59 IS USED TO IDENTIFY PROCEDURES/SERVICES THAT ARE NOT NORMALLY REPORTED TOGETHER, BUT ARE APPROPRIATE UNDER THE CIRCUMSTANCES. THIS MAY REPRESENT A DIFFERENT SESSION OR PATIENT ENCOUNTER, DIFFERENT PROCEDURE OR SURGERY, DIFFERENT SITE OR ORGAN SYSTEM, SEPARATE INCISION/EXCISION, SEPARATE LESION, OR SEPARATE INJURY (OR AREA OF INJURY IN EXTENSIVE INJURIES) NOT ORDINARILY ENCOUNTERED OR PERFORMED ON THE SAME DAY BY THE SAME PHYSICIAN. HOWEVER, WHEN ANOTHER ALREADY ESTABLISHED MODIFIER IS APPROPRIATE IT SHOULD BE USED RATHER THAN MODIFIER -59. ONLY IF NO MORE DESCRIPTIVE MODIFIER IS AVAILABLE, AND THE USE OF MODIFIER -59 BEST EXPLAINS THE CIRCUMSTANCES, SHOULD MODIFIER -59 BE USED. MODIFIER CODE 09959 MAY BE USED AS AN ALTERNATE TO MODIFIER -59.
QW	CLIA WAIVED TEST

ICD-10 Codes that Support Medical Necessity

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

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

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/24/2019	R5	This article is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual. Under Article Title changed the title from "Influenza Diagnostic Tests" to "Billing and Coding: Influenza Diagnostic Tests". Under Article Text subheading Reference the access date was updated for the CDC website. Under CPT/HCPCS Modifiers Group 1: Codes added modifiers 59 and QW. CPT [®] was inserted throughout the article where applicable. Formatting and typographical errors were corrected throughout the article.
11/22/2018	R4	Removed "Test Selection" section from Article.
02/26/2018	R3	The Jurisdiction "J" Part A and Part B Contracts for Alabama (10111/10112), Georgia (10211/10212) and Tennessee (10311/10312) are now being serviced by Palmetto GBA. Effective 02/26/18, these 6 contract numbers are being added to this article. No coverage, coding or other substantive changes (beyond the addition of the 6 Part A and B contract numbers) have been completed in this revision.
11/23/2017	R2	Updated to correct table and bullet formatting
01/01/2017	R1	Under CPT/HCPCS Codes the description was revised for CPT code 87253. This

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		revision is due to the 2017 Annual CPT/HCPCS Code Update and becomes effective 1/1/17.

Associated Documents

Related Local Coverage Document(s)

N/A

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)

Updated on 10/16/2019 with effective dates 10/24/2019 - N/A

Updated on 01/31/2018 with effective dates 02/26/2018 - N/A

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

N/A