

Local Coverage Article: Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels (A56851)

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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

A56851

Original Effective Date

08/15/2019

Article Title

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

Revision Effective Date

10/01/2020

Article Type

Billing and Coding

Revision Ending Date

N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright
Statement****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 Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §§80.0, 80.1.1, 80.2 Clinical Laboratory services

CMS Internet-Only Manual, Pub. 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-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 23, §10 Reporting ICD Diagnosis and Procedure Codes

Article Guidance

Article Text:

The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels L37713.

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.
- If the test does have a PLA code then submit the appropriate code.
- Per the MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels L37713 LCD, tests that include more than 5 viral pathogens are non-covered. Included in this are 87632, 87633, and additional PLA codes listed in the **CPT/HCPCS Codes Group 2: Codes** section of this Billing and Coding article.
- 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:

Covered under limited circumstances. May only be billed in places of service 20, 21, 23, or 81 (Urgent care, Inpatient hospital, Emergency room, or Independent Laboratory respectively).

Outside of one of these places of service, 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,

CODE	DESCRIPTION
	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

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
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, 21 TARGETS (ADENOVIRUS, CORONAVIRUS 229E, CORONAVIRUS HKU1, CORONAVIRUS NL63, CORONAVIRUS OC43, HUMAN METAPNEUMOVIRUS, HUMAN

CODE	DESCRIPTION
	RHINOVIRUS/ENTEROVIRUS, INFLUENZA A, INCLUDING SUBTYPES H1, H1-2009, AND H3, INFLUENZA B, PARAINFLUENZA VIRUS 1, PARAINFLUENZA VIRUS 2, 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
0151U	INFECTIOUS DISEASE (BACTERIAL OR VIRAL RESPIRATORY TRACT INFECTION), PATHOGEN SPECIFIC NUCLEIC ACID (DNA OR RNA), 33 TARGETS, REAL-TIME SEMI-QUANTITATIVE PCR, BRONCHOALVEOLAR LAVAGE, SPUTUM, OR ENDOTRACHEAL ASPIRATE, DETECTION OF 33 ORGANISMAL AND ANTIBIOTIC RESISTANCE GENES WITH LIMITED SEMI-QUANTITATIVE RESULTS
0202U	INFECTIOUS DISEASE (BACTERIAL OR VIRAL RESPIRATORY TRACT INFECTION), PATHOGENSPECIFIC 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

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

These are the diagnosis codes corresponding to coverage of **CPT/HCPCS Codes Group 1: Codes**. One of these diagnosis 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
B97.29	Other coronavirus as the cause of diseases classified elsewhere
D80.0	Hereditary hypogammaglobulinemia

ICD-10 CODE	DESCRIPTION
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
D82.4	Hyperimmunoglobulin E [IgE] syndrome
D82.8	Immunodeficiency associated with other specified major defects

ICD-10 CODE	DESCRIPTION
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
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
J12.1	Respiratory syncytial virus pneumonia
J12.3	Human metapneumovirus pneumonia
J12.81	Pneumonia due to SARS-associated coronavirus
J12.89	Other viral pneumonia
J12.9	Viral pneumonia, unspecified
J15.8	Pneumonia due to other specified bacteria
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
R05	Cough

ICD-10 CODE	DESCRIPTION
R06.2	Wheezing
R50.9	Fever, unspecified
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
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
U07.1	COVID-19

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
10/01/2020	R11	Under CPT/HCPCS Codes Group 1: Paragraph added verbiage regarding place of service "81" and "Independent Laboratory" to the first paragraph. Under CPT/HCPCS Codes Group 1: Codes deleted U0003 and U0004.
07/30/2020	R10	Under CPT/HCPCS Codes Group 1: Codes added U0003 and U0004. Under ICD-10 Codes that Support Medical Necessity Group 1: Paragraph removed the verbiage "87631" and replaced it with " CPT/HCPCS Codes Group 1: Codes. " This revision is due to the Q3 2020 CPT/HCPCS Code Update and is effective for dates of service on or after 7/1/2020. Under CPT/HCPCS Codes Group 2: Codes added 0151U. This revision is retroactive effective for dates of service on or after 7/30/20.
07/30/2020	R9	Under Article Text removed the verbiage from the second bullet point and added the verbiage "If the test does have a PLA code then submit the appropriate code". Removed the verbiage from the third bullet point and added the verbiage "Per the MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels L37713 LCD, tests that include more than 5 viral pathogens are non-covered. Included in this are 87632, 87633, and additional PLA codes listed in the CPT/HCPCS Codes Group 2: Codes section of this Billing and Coding article". Under CPT/HCPCS Codes Group 1: Paragraph added the word "only" and removed the verbiage "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" from the second sentence. Under CPT/HCPCS Codes Group 1: Codes removed codes 0098U, 0099U, 0100U and 0115U. Under CPT/HCPCS Codes Group 2: Codes added codes 0098U, 0099U, 0100U, 0115U, 0202U and 0223U. Under ICD-10 Codes that Support Medical Necessity Group 1: Paragraph removed the verbiage "0098U, 0099U, 0100U and 0115U" from the first sentence and added the word "diagnosis" to the second sentence.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		These PLA codes are non-covered as they are not consistent with language of the LCD.
04/01/2020	R8	Under ICD-10 Codes that Support Medical Necessity Group 1: Codes added U07.1. This revision is due to the Q2 2020 Code Update and is effective for dates of service on or after 4/1/2020.
02/20/2020	R7	Under ICD-10 Codes that Support Medical Necessity Group 1: Codes added B97.29, J09.X1, J09.X2, J09.X3, J09.X9, J12.0, J12.1, J12.3, J12.81, J12.89, J12.9, J15.8, J16.8, J18.0, J18.1, J18.2, J18.8, J18.9, J20.8, R05, R06.2, R50.9, Z03.818, and Z20.828. This revision is retroactive effective for dates of service on or after 2/20/20.
01/01/2020	R6	Under CPT/HCPCS Codes Group 1: Codes the description changed for 0100U. This revision is due to the Q1 2020 CPT/HCPCS Code Update and is effective for dates of service on or after 1/1/2020.
11/14/2019	R5	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". Typographical errors were corrected throughout the article. This revision is retroactive effective for dates of service on or after 10/1/19.
11/02/2019	R4	This article is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs and incorporate into related Billing and Coding Articles. Regulations regarding billing and coding were removed from the CMS National Coverage Policy section of the related MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels L37713 LCD and placed in this article. Punctuation and typographical errors were corrected throughout the article. Under ICD-10 Codes that Support Medical Necessity Group 1: Codes added ICD-10 codes J22 and J06.9. This is due to an article revision request.
10/01/2019	R3	Under Covered ICD-10 Codes Group 1: Codes ICD-10 code D81.3 was deleted and ICD-10 codes D81.30, D81.31, D81.32, and D81.39 were added. This revision is due to the 2019 Annual ICD-10 Code Update and is effective on October 1, 2019.
08/15/2019	R2	Under Article Text added all verbiage and corresponding bullet points under the first

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		paragraph. Under CPT/HCPCS Codes Group 1: Codes added codes 0098U, 0099U, and 0100U. Under Covered ICD-10 Codes Group 1: Paragraph added the verbiage "0098U, 0099U, and 0100U" to the first sentence. This revision is due to the Q3 2019 CPT/HCPCS Code Update and is effective for dates of service on or after 7/1/2019.
08/15/2019	R1	All coding located in the Coding Information section has been removed from the related MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels L37713 LCD and added to this article.

Associated Documents

Related Local Coverage Document(s)

LCD(s)

L37713 - MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels

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

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Keywords

N/A