



REIMBURSEMENT POLICY STATEMENT INDIANA MARKETPLACE PLANS

| Policy Name | | Policy Number | Effective Date |
|--|----------------|---------------|-----------------------|
| Molecular Diagnostic Testing for Respiratory Virus | | PY-0883 | 11/01/2019-08/31/2022 |
| Policy Type | | | |
| Medical | Administrative | Pharmacy | REIMBURSEMENT |

Reimbursement Policy Statement: Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

Table of Contents

| | |
|-------------------------------------|---|
| Reimbursement Policy Statement..... | 1 |
| A. Subject..... | 2 |
| B. Background..... | 2 |
| C. Definitions..... | 2 |
| D. Policy..... | 3 |
| E. Conditions of Coverage..... | 3 |
| F. Related Policies/Rules..... | 5 |
| G. Review/Revision History..... | 5 |
| H. References..... | 5 |



A. Subject

Molecular Diagnostic Testing for Respiratory Virus

B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

Molecular testing, following a diagnosis or suspected diagnosis can help guide appropriate therapy by identifying specific therapeutic targets and appropriate pharmaceutical interventions. Molecular diagnostic testing utilizes Polymerase Chain Reaction (PCR), a genetic amplification technique that only requires small quantities of DNA, for example, 0.1 mg of DNA from a single cell, to achieve DNA analysis in a shorter laboratory processing time. Knowing the gene sequence, or at minimum the borders of the target segment of DNA to be amplified, is a prerequisite to a successful PCR amplification of DNA.

Molecular Diagnostic testing for the respiratory viruses known as Adenovirus, Influenza Virus, Coronavirus, Metapneumovirus, Parainfluenza Virus, Respiratory Syncytial Virus (RSV) and Rhinovirus can be utilized in the presence of symptoms such as cough, fever, headache, fatigue, rhinorrhea, pharyngitis and a general unwell feeling, that would create a clinical picture of a respiratory virus. Molecular Diagnostic testing for respiratory viruses is not indicated for every patient that presents with these signs and symptoms, as treatment is generally the same for all of the viruses and resolve with little to no pharmacological treatment, except in immunocompromised patients.

All facilities in the United States that perform laboratory testing on human specimens for health assessment or the diagnosis, prevention, or treatment of disease are regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA). Waived tests include test systems cleared by the FDA for home use and those tests approved for waiver under the CLIA criteria. Although CLIA requires that waived tests must be simple and have a low risk for erroneous results, this does not mean that waived tests are completely error-proof. CareSource may periodically require review of a provider's office testing policies and procedures when performing CLIA -waived tests.

C. Definitions

- **Polymerase Chain Reaction (PCR)** - a genetic amplification technique also known as a Nucleic Acid Amplification Test (NAAT).
- **Medically Necessary** - Health care services or supplies needed to diagnosis or treat an illness, injury, condition, disease or its symptoms and that meet the accepted standards of medicine.



D. Policy

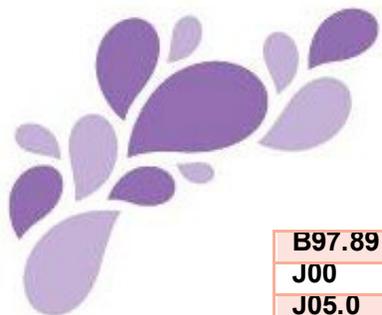
- I. No Prior Authorization is required for the Molecular Diagnostic Testing by PCR addressed in this policy.
- II. CareSource considers Molecular Diagnostic Testing by PCR for Respiratory Virus medically necessary when submitted with any combination of the CPT and ICD-10 diagnosis codes listed in the Conditions of Coverage in this policy.
- III. CareSource does not consider Molecular Diagnostic Testing by PCR for Respiratory Virus to be medically necessary when billed with any other ICD-10 diagnosis code and will not provide reimbursement for those services.
- IV. Conventional testing, such as rapid antigen direct tests, direct fluorescent antibody testing and cultures, are viewed as low cost and should be utilized before the higher cost Molecular Diagnostic Testing by PCR.

E. Conditions of Coverage

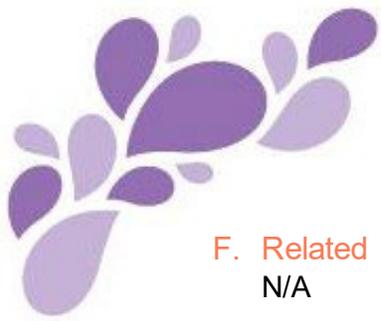
Reimbursement is dependent on, but not limited to, submitting Centers for Medicare & Medicaid Services (CMS) approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the CMS fee schedule for appropriate codes.

- **The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates.**

| CPT 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 |
| 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 |
| ICD-10 Code | Description |
| B30.2 | Viral pharyngoconjunctivitis |
| B34.0 | Adenovirus infection, unspecified |
| B34.2 | Coronavirus infection, unspecified |
| B97.0 | Adenovirus as the cause of diseases classified elsewhere |
| B97.21 | SARS-associated coronavirus as the cause of diseases classified elsewhere |
| B97.29 | Other coronavirus as the cause of diseases classified elsewhere |
| B97.4 | Respiratory syncytial virus as the cause of diseases classified elsewhere |
| B97.81 | Human metapneumovirus as the cause of diseases classified elsewhere |



| | |
|----------------|--|
| B97.89 | Other viral agents as the cause of diseases classified elsewhere |
| J00 | Acute nasopharyngitis [common cold] |
| J05.0 | Acute obstructive laryngitis [croup] |
| 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 |
| J10.00 | Influenza due to other identified influenza virus with unspecified type of pneumonia |
| J10.01 | Influenza due to other identified influenza virus with the same other identified influenza virus pneumonia |
| J10.08 | Influenza due to other identified influenza virus with other specified pneumonia |
| J10.1 | Influenza due to other identified influenza virus with other respiratory manifestations |
| J10.2 | Influenza due to other identified influenza virus with gastrointestinal manifestations |
| J10.81 | Influenza due to other identified influenza virus with encephalopathy |
| J10.82 | Influenza due to unidentified influenza virus with myocarditis |
| J10.83 | Influenza due to other identified influenza virus with otitis media |
| J10.89 | Influenza due to other identified influenza virus with other manifestations |
| J11.00 | Influenza due to unidentified influenza virus with unspecified type of pneumonia |
| J11.08 | Influenza due to unidentified influenza virus with specified pneumonia |
| J11.1 | Influenza due to unidentified influenza virus with other respiratory manifestations |
| J11.2 | Influenza due to unidentified influenza virus with gastrointestinal manifestations |
| J11.81 | Influenza due to unidentified influenza virus with encephalopathy |
| J11.82 | Influenza due to unidentified influenza virus with myocarditis |
| J11.83 | Influenza due to unidentified influenza virus with otitis media |
| J11.89 | Influenza due to unidentified influenza virus with other manifestations |
| J12.0 | Adenoviral pneumonia |
| J12.1 | Respiratory syncytial virus pneumonia |
| J12.2 | Parainfluenza virus pneumonia |
| J12.3 | Human metapneumovirus pneumonia |
| J12.81 | Pneumonia due to SARS-associated coronavirus |
| J12.9 | Viral pneumonia, unspecified |
| J20.4 | Acute bronchitis due to parainfluenza virus |
| J20.5 | Acute bronchitis due to respiratory syncytial virus |
| J20.6 | Acute bronchitis due to rhinovirus |
| J20.9 | Acute Bronchitis, unspecified |
| J21.0 | Acute bronchiolitis due to respiratory syncytial virus |
| J21.9 | Acute bronchiolitis, unspecified |
| O98.511 | Other viral diseases complicating pregnancy, first trimester |



F. Related Policies/Rules

N/A

G. Review/Revision History

| DATE | | ACTION |
|-----------------------|------------|------------|
| Date Issued | 11/01/2019 | New Policy |
| Date Revised | | |
| Date Effective | 11/01/2019 | |
| Date Archived | | |

H. References

1. License Agreement. (2019, January 15). Retrieved 7/29/19 from <https://www.cms.gov/apps/ama/license.asp?file=/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Downloads/19CLABQ1.zip>.
2. Medically Necessary. (2019, July 29). Retrieved 7/29/19 from <https://www.healthcare.gov/glossary/medically-necessary/>.
3. NREVSS | Home | National Respiratory and Enteric Virus Surv System | CDC. (2019, July 24). Retrieved 7/29/19 from <https://www.cdc.gov/surveillance/nrevss/index.html>.

The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.