



## **REIMBURSEMENT POLICY STATEMENT**

### **Marketplace**

<b>Policy Name &amp; Number</b>	<b>Date Effective</b>
Pathogen Panel Testing-WI MP-PY-1720	02/01/2026
<b>Policy Type</b>	
<b>REIMBURSEMENT</b>	

Reimbursement Policies prepared by CareSource and its affiliates 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. CareSource 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.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

### **Table of Contents**

A. Subject .....	2
B. Background .....	2
C. Definitions .....	2
D. Policy .....	2
E. Conditions of Coverage .....	4
F. Related Policies/Rules .....	4
G. Review/Revision History .....	4
H. References .....	4

A. Subject

**Pathogen Panel Testing**

B. Background

Infectious diseases can be caused by a variety of pathogens. Traditional diagnostic methods, such as culture, microscopy (with or without stains), immunofluorescence, and immunoassays, often face challenges related to sensitivity and specificity, and they typically require longer turnaround times for results. In recent years, there has been a shift toward using molecular tests, specifically multiplex polymerase chain reaction (PCR), which can simultaneously detect multiple pathogens associated with an infectious disease in a single test. These tests are commonly offered as panels for specific infectious conditions, including sepsis and bloodstream infections, central nervous system infections (such as meningitis and encephalitis), respiratory tract infections, urinary tract infections, and gastrointestinal infections.

However, multiplex PCR testing also has some disadvantages, including high testing costs and the potential for false negative results. Additionally, due to a lack of available published scientific literature, not all PCR testing is required and beneficial for the diagnosis and treatment of an individual's illness therefore not all PCR tests are covered.

This policy is specific to testing conducted in the outpatient setting. The criteria outlined below do not apply to testing in any other setting.

C. Definitions

- **Polymerase Chain Reaction (PCR)** – A laboratory technique for rapidly producing (amplifying) millions to billions of copies of a specific segment of DNA, which can then be studied in greater detail.

D. Policy

- I. Pathogen panel tests that are covered based on scientific literature that support its use:

A. Gastrointestinal pathogen panel testing

1. Individuals experiencing persistent diarrhea or diarrhea accompanied by signs or risk factors for severe disease (ie, fever, bloody diarrhea, dysentery, dehydration, or severe abdominal pain), multiplex PCR-based panel testing for up to 11 gastrointestinal pathogens should be conducted no more frequently than once every 7 days.

B. Respiratory pathogen panel testing

1. Individuals showing signs and symptoms of a respiratory tract infection, multiplex PCR-based panel testing for up to 5 respiratory pathogens

II. Non-covered services

The following are not covered due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

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

- A. Multiplex PCR-based panel testing of 12 or more gastrointestinal pathogens.
- B. Multiplex PCR-based panel testing of 6 or more respiratory pathogens.
- C. Multiplex PCR-based panel testing of pathogens in cerebrospinal fluid.
- D. Molecular detection-based panel testing of pathogens in the blood.
- E. Molecular detection-based panel testing of urine pathogens for the diagnosis of urinary tract infections.
- F. Molecular-based panel testing to screen for or diagnose wound infections.
- G. Molecular-based panel testing for general screening of microorganisms.

The following list of non-covered panel tests is for reference purposes only and is not all-inclusive.

Type of Panel	Name	Pathogens Identified
<b>Gastrointestinal</b>	BioFire FilmArray Gastrointestinal Panel	22 targets including bacteria, parasites, and viruses
<b>Gastrointestinal</b>	Luminex xTAG Gastrointestinal Pathogen Panel	15 targets including bacteria, parasites, and viruses
<b>Gastrointestinal</b>	Biocode Gastrointestinal Pathogen Panel	17 targets including bacteria, parasites, and viruses
<b>Respiratory</b>	BioFire FilmArray Respiratory 2.1 (RP2.1) Panel	22 targets including viruses and bacteria
<b>Respiratory</b>	GenMark Diagnostics Rapid ePlex® Respiratory Pathogen Panel	17 targets including viruses and bacteria
<b>Respiratory</b>	GenMark Diagnostics Rapid ePlex® Respiratory Pathogen 2 Panel	18 targets including viruses and bacteria
<b>Respiratory</b>	BioCode Respiratory Pathogen Panel	17 targets including viruses and bacteria
<b>Respiratory</b>	Luminex NxTAG Respiratory Pathogen Panel	20 targets including viruses and bacteria
<b>Respiratory</b>	QIAGEN Sciences QIAstat-Dx Respiratory Pathogen Panel	20 targets including viruses and bacteria
<b>Central Nervous System</b>	BioFire FilmArray Meningitis/ Encephalitis Panel	14 targets including bacteria, viruses and yeast
<b>Sepsis</b>	T2Bacteria Panel	5 ESKAPE pathogens and potentially more targets
<b>Sepsis</b>	Magicplex™ Sepsis Real-time Test	90+ including bacteria and fungi

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<b>Sepsis</b>	GenMark ePlex® Blood Culture Identification Panel (Gram-positive, Gram-negative and fungal)	56 bacteria and fungi
<b>Sepsis</b>	BioFire Blood Culture	43 targets including bacteria and yeast
<b>Urinary Tract Infection</b>	NovaDX UTI Test	17 targets including bacteria and yeast
<b>Wound</b>	GENETWORx PCR Wound Testing	30 targets including bacteria, fungi, mycobacteria, and viruses
<b>Wound</b>	Viracor Skin and Soft Tissue Infection Panel	19 bacterial targets

#### E. Conditions of Coverage

NA

#### F. Related Policies/Rules

NA

#### G. Review/Revision History

	DATE	ACTION
<b>Date Issued</b>	10/22/2025	New policy. Approved at Committee.
<b>Date Revised</b>		
<b>Date Effective</b>	02/01/2026	
<b>Date Archived</b>		

#### H. References

1. Bonnin, P., Miszczak, F., Kin, N., Resa, C., Dina, J., Gouarin, S., Viron, F., Morello, R., & Vabret, A. J. B. I. D. (2016). Study and interest of cellular load in respiratory samples for the optimization of molecular virological diagnosis in clinical practice [journal article]. 16(1), 384. <https://doi.org/10.1186/s12879-016-1730-9>
2. Caliendo, A. M. (2011). Multiplex PCR and Emerging Technologies for the Detection of Respiratory Pathogens. Clinical Infectious Diseases, 52(suppl\_4), S326-S330. <https://doi.org/10.1093/cid/cir047>
3. National Human Genome Research Institute. Polymerase Chain Reaction (PCR). 2025. Accessed October 13, 2025. [www.genome.gov](http://www.genome.gov)
4. Palavecino, E. (2019). One Sample, Multiple Results The Use of Multiplex PCR for Diagnosis of Infectious Syndromes. Accessed October 13, 2025. [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)
5. Yan, Y., Zhang, S., & Tang, Y. W. (2011). Molecular assays for the detection and characterization of respiratory viruses. Semin Respir Crit Care Med, 32(4), 512-526. Accessed October 13, 2025. [www.doi.org](http://www.doi.org)

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