Coding Implications
Revision log

CONCERT INFECTIOUS DISEASE: RESPIRATORY TESTING

See Important Reminder at the end of this policy for important regulatory and legal information.

OVERVIEW

This policy addresses the use of tests for upper respiratory tract infections including multi-pathogen panels. These criteria are intended for use in the outpatient setting.

For additional information see the Rationale and References section.

POLICY REFERENCE TABLE

Criteria Sections	Example Tests (Labs)	Support
Respiratory Pathogen Panel Tests		
Syndromic/Multiplex Respiratory Panels with 6 or More Targets	Respiratory Pathogen Panel, Quest Diagnostics	Rationale/ References
	Biofire Filmarray Pneumonia (PN) Panel (bioMérieux)	
	ePlex Respiratory Pathogen Panel	

	(GenMark Diagnostics, Inc)	
	Biofire Respiratory Panel 2.1 (Biofire Diagnostics)	
	QIAstat-Dx Respiratory SARS-CoV-2 Panel (QIAGEN Sciences)	
	Biofire Spotfire Respiratory/Sore Throat (R/ST) Panel - Respiratory Menu (bioMérieux)	
	Biofire Spotfire Respiratory/Sore Throat (R/ST) Panel - Sore Throat Menu (bioMérieux)	
	ePlex Respiratory Pathogen Panel 2 (GenMark Diagnostics, Inc)	
	HealthTrackRx Bronchitis - 0556U (HealthTrackRx)	
SARS-CoV-2, RSV, or Influenza A/B, OR Multiplex Respiratory Viral Panels with 5 or Fewer Targets	Xpert Xpress SARS-CoV-2/Flu/RSV for SARS-CoV-2 and Flu targets only (Cepheid)	Rationale/ References
	Xpert Xpress SARS-CoV-2/Flu/RSV for all targets (Cepheid)	
	Infectious Agent Antigen Detection by Immunoassay, Qualitative or Semiquantitative	
	Infectious Agent Antigen Detection by Immunoassay, Qualitative or Semiquantitative, SARS-CoV-2 and Flu A/B	
	Influenza A and B and RSV RNA, Qualitative, Real-Time RT-PCR (Quest	

	Diagnostics)	
	SARS-CoV-2 RNA (COVID-19), Qualitative NAAT (Quest Diagnostics)	
	SARS-CoV-2 RNA (COVID-19) and Influenza A and B, Qualitative NAAT (Quest Diagnostics)	
	Infectious Agent Antigen Detection by Nucleic Acid (DNA or RNA) SARS-CoV-2/Flu/RSV Multiplex Amplified Probe Technique	
	Infectious Agent Antigen Detection by Immunoassay with Direct Optical Observation	
	Influenza, Single Type, Nucleic Acid Detection	
	Influenza A and B Virus with Subtyping, Real-Time PCR (Quest Diagnostics)	
Bacterial Respiratory Infection/Pneumonia Target Panels	Infectious Agent: Chlamydia pneumoniae Detection by Nucleic Acid (DNA or RNA), Direct Probe Technique	Rationale/ References
	Chlamydophila pneumoniae, DNA, Qualitative, Real-Time PCR (Quest Diagnostics)	
	Infectious Agent: Chlamydia pneumoniae Detection by Nucleic Acid (DNA or RNA), Quantification	
	Legionella DNA, Qualitative, Real-Time PCR (Quest Diagnostics)	
	Infectious Agent: Mycoplasma pneumoniae Detection by Nucleic Acid	

	(DNA or RNA), Direct Probe Technique	
	Mycoplasma pneumoniae, DNA PCR (Labcorp)	
	Infectious Agent: Mycoplasma pneumonia Detection by Nucleic Acid (DNA or RNA), Quantification	
Influenza A and B		
Influenza A and B Antibody Tests	Influenza Type A and Type B Antibody, Serum (Quest Diagnostics)	Rationale/ References
Streptococcus		
Group A Streptococcus Pharyngitis Tests	Streptococcus Group A Antigen Detection by Immunoassay	Rationale/ References
	Streptococcus Group A Antigen Detection by Nucleic Acid Direct Probe Technique	
	Group A Streptococcus Detection, NAA (Labcorp)	
	Streptococcus Group A Antigen, Adult (Quest Diagnostics)	
Group A Streptococcus Pharyngitis Cultures	Streptococcus Group A Culture (Quest Diagnostics)	Rationale/ References
Group A Streptococcus Antibody Tests	Antistreptolysin O (ASO) Antibodies (Labcorp)	Rationale/ References

CRITERIA

It is the policy of health plans affiliated with Centene Corporation® that the specific tests noted below are **medically necessary** when meeting the related criteria:

RESPIRATORY PATHOGEN PANEL TESTS

Syndromic/Multiplex Respiratory Panels with 6 or More Targets

I. Syndromic multiplex respiratory panels with 6 or more targets are considered **medically necessary** when:

A. The member/enrollee presents in the outpatient setting with signs or symptoms of an acute respiratory infection, **AND**

1. The member/enrollee meets at least one of the following criteria:

a) Immunocompromised, **OR**

b) Has severe pneumonia, **OR**

c) Has exacerbations of airway disease, **AND**

B. Results of the testing will influence the member's/enrollee's clinical management.

II. Current evidence does not support the use of syndromic multiplex respiratory panels with 6 or more targets for all other indications.

back to top

SARS-CoV-2, RSV, or Influenza A/B, OR Multiplex Respiratory Viral Panels with 5 or Fewer Targets

I. SARS-CoV-2, RSV, or Influenza A/B, **OR** multiplex respiratory viral panels with 5 or fewer targets are considered **medically necessary** when:

A. The member/enrollee presents in the outpatient setting with signs or symptoms of an acute respiratory infection, **AND**

B. Results of the testing will influence the member's/enrollee's clinical management.

II. Current evidence does not support the use of SARS-CoV-2, RSV, or Influenza A/B, **OR** multiplex respiratory viral panels with 5 or fewer targets for all other indications.

back to top

Bacterial Respiratory Infection/Pneumonia Panels

I. Bacterial respiratory infection/pneumonia panels are considered **medically necessary** when:

A. The member/enrollee presents in the outpatient setting with signs or symptoms of an acute respiratory infection, **AND**

B. The member/enrollee meets any of the following criteria:

1. New or worsening lung infiltrates, **OR**
2. Moderate to severe upper respiratory illness, **OR**
3. Has received empiric antibiotics before obtaining cultures, **OR**
4. Has possible multidrug-resistant bacteria or polymicrobial infection, **AND**

C. Results of the testing will influence the member's/enrollee's clinical management.

II. Current evidence does not support the use of bacterial respiratory infection/pneumonia panels for all other indications.

back to top

Influenza A and B Antibody Tests

I. Current evidence does not support the use of influenza A and B antibody tests for the purpose of diagnosing influenza.

back to top

Group A Streptococcus Pharyngitis Tests

I. Group A streptococcus pharyngitis tests are considered **medically necessary** when:

   A. The member/enrollee presents in the outpatient setting with at least one of the following:

      1. Acute pharyngitis, **OR**
      2. Fever, **OR**
      3. Tonsillopharyngeal inflammation, **OR**
      4. Patchy tonsillopharyngeal exudates, **OR**
      5. Palatal petechiae, **OR**
      6. Anterior cervical lymphadenitis, **OR**
      7. Scarlatiniform rash, **AND**

   B. The member/enrollee does **NOT** have clinical and epidemiological features that strongly suggest a viral etiology (e.g., cough, rhinorrhea, hoarseness, and oral ulcers), **AND**

   C. Results of the testing will influence the member's/enrollee's clinical management.

II. Current evidence does not support the use of group A streptococcus pharyngitis tests for all other indications.

back to top

Group A Streptococcus Pharyngitis Cultures

I. Group A streptococcus pharyngitis culture is considered **medically necessary** when:

A. The member/enrollee is between the ages of 3 years and 18 years, **AND**

B. The member/enrollee had a negative group A streptococcus rapid antigen detection test (RADT), **AND**

C. The member/enrollee presents in the outpatient setting with at least one of the following:

1. Acute pharyngitis, **OR**
2. Fever, **OR**
3. Tonsillopharyngeal inflammation, **OR**
4. Patchy tonsillopharyngeal exudates, **OR**
5. Palatal petechiae, **OR**
6. Anterior cervical lymphadenitis, **OR**
7. Scarlatiniform rash, **AND**

D. The member/enrollee does **NOT** have clinical and epidemiological features that strongly suggest a viral etiology (e.g., cough, rhinorrhea, hoarseness, and oral ulcers), **AND**

E. Results of the testing will influence the member's/enrollee's clinical management.

II. Current evidence does not support the use of group A streptococcus pharyngitis culture for all other indications.

back to top

Group A Streptococcus Antibody Tests

I. Current evidence does not support the use of group A streptococcus antibody tests for the purpose of evaluating a member/enrollee with acute pharyngitis for a possible group A streptococcus infection**.**

back to top

NOTES AND DEFINITIONS

1. **Moderate to severe upper respiratory illness** includes one or more clinical findings of lower respiratory illness (e.g., pneumonia, severe cough/bronchitis, shortness of breath, difficulty breathing).
2. **Severe pneumonia** is defined by the Infectious Diseases Society of America/American Thoracic Society Criteria as: the presence of one major criterion or at least three minor criteria.
    a. Minor criteria: respiratory rate $\geq$ 30 breaths/min, PaO2/FiO2 ratio $\leq$ 250, multilobar infiltrates, confusion/disorientation, uremia (blood urea nitrogen level $\geq$ 20 mg/dl), leukopenia (white blood cell count ,< 4,000 cells/µl), thrombocytopenia (platelet count < 100,000/µl), hypothermia (core temperature < 36°C), and hypotension requiring aggressive fluid resuscitation.
    b. Major criteria: septic shock with need for vasopressors and respiratory failure requiring mechanical ventilation.
3. **Signs or symptoms of an acute respiratory infection** include upper or lower respiratory tract symptoms (cough, runny nose, sore throat, bronchitis, pneumonia, bronchiolitis), with or without fever, influenza-like illness (ILI) (fever and either cough or sore throat), and respiratory distress (difficulty in breathing; often characterized by increased respiratory rate and use of accessory muscles of breathing).
4. **Immunocompromised** refers to patients with primary immune deficiency, recent or active cancer, organ or steam cell transplantation, HIV, chronic kidney disease, cystic

fibrosis, sickle cell disease, or using immunosuppressive therapy (e.g., corticosteroids, biologics, or chemotherapy). These conditions increase infection risk and impact treatment decisions.

back to top

BACKGROUND AND RATIONALE

Syndromic/Multiplex Respiratory Panels with 6 or More Targets

Infectious Diseases Society of America

The IDSA published clinical and diagnostic recommendations in 2020 regarding molecular testing for acute respiratory tract infections (RTIs). These recommendations state that it is appropriate to use multiplex viral nucleic acid amplification tests in the following circumstances:

- For immunocompromised and critically ill patients with pneumonia
- In patients experiencing exacerbations of airway disease, defined in the supporting literature as asthma or chronic obstructive pulmonary disease (COPD) complicated by a respiratory infection (p. 2748).

Hanson KE, Azar MM, Banerjee R, et al. Molecular testing for acute respiratory tract infections: clinical and diagnostic recommendations from the IDSA's Diagnostics Committee. Clinical Infectious Diseases. 2020;71(10):2744-2751.

American Society of Transplantation (AST)

According to AST, broad-range diagnostic methods should be considered for identifying respiratory viral infections, as their clinical presentations are indistinguishable. This is especially important early after transplantation, during periods of increased immunosuppression, and throughout respiratory virus season, particularly for lung transplant recipients (p. 2).

Manuel O, Estabrook M. RNA respiratory viral infections in solid organ transplant recipients: Guidelines from the American Society of Transplantation Infectious Diseases Community of Practice. Clinical Transplantation. 2019;33(9). doi:doi:/10.1111/ctr.13511

American Academy of Pediatrics (AAP)

The AAP guidelines on bronchiolitis advise against routinely ordering radiographic or laboratory tests when diagnosis is based on clinical history and physical examination. However, an exception is made for infants and children who experience unexpected worsening of their condition, where additional testing may be warranted (p. 1474).

Ralston SL, Lieberthal AS, Meissner HC, et al. Clinical Practice Guideline: The Diagnosis, Management, and Prevention of Bronchiolitis. PEDIATRICS. 2014;134(5):e1474-e1502. doi:/10.1542/peds.2014-2742

SARS-CoV-2, RSV, or Influenza A/B, OR Multiplex Respiratory Viral Panels with 5 or Fewer Targets

Infectious Diseases Society of America (IDSA)

The IDSA published clinical and diagnostic recommendations in 2020 regarding molecular testing for acute respiratory tract infections (RTIs). These recommendations state the following:

"Molecular testing for multiple respiratory viruses simultaneously may also be more cost-effective than traditional antigen- or culture-based methods from a laboratory perspective, especially given certain thresholds of disease prevalence" (p. 2744).

Hanson KE, Azar MM, Banerjee R, et al. Molecular testing for acute respiratory tract infections: clinical and diagnostic recommendations from the IDSA's Diagnostics Committee. Clinical Infectious Diseases. 2020;71(10):2744-2751.

Bacterial Respiratory Infection/Pneumonia Panels

Infectious Diseases Society of America (IDSA)

The IDSA published clinical and diagnostic recommendations in 2020 regarding molecular testing for acute respiratory tract infections (RTIs). These recommendations state that bacterial nucleic acid amplification tests (NAATs) are useful in specific clinical situations, including patients with new or worsening lung infiltrates, moderate to severe illness, recipients of empiric antibiotics prior to obtaining cultures, or if multidrug resistant bacteria or polymicrobial infections are a concern (p. 2747).

Hanson KE, Azar MM, Banerjee R, et al. Molecular testing for acute respiratory tract infections: clinical and diagnostic recommendations from the IDSA's Diagnostics Committee. Clinical Infectious Diseases. 2020;71(10):2744-2751.

The European Respiratory Society (ERS), European Society of Intensive Care Medicine (ESICM), European Society of Clinical Microbiology and Infectious Diseases (ESCMID), and Latin American Thoracic Association (ALAT)

In their 2023 guidelines on managing severe community-acquired pneumonia (sCAP), ERS/ESICM/ESCMID/ALAT recommend performing multiplex PCR testing on lower respiratory tract samples, such as sputum or endotracheal aspirates, when non-standard antibiotics for sCAP are being considered or prescribed (p. 4).

Martin-Loeches I, Torres A, Nagavci B, et al. ERS/ESICM/ESCMID/ALAT guidelines for the management of severe community-acquired pneumonia. Eur Respir J. 2023;61(4):2200735. doi:10.1183/13993003.00735-2022

Centers for Disease Control and Prevention (CDC)

The CDC recommends nucleic acid amplification testing (NAAT), such as real-time PCR or a respiratory pathogen panel, as the preferred method for diagnosing acute Chlamydia pneumoniae infection.

Centers for Disease Control and Prevention. Laboratory testing for Chlamydia pneumoniae. Chlamydia pneumoniae Infection. Published January 30, 2024.
https://www.cdc.gov/cpneumoniae/php/laboratories/index.html

Influenza A and B Antibody Tests

Infectious Diseases Society of America (IDSA)

The IDSA published clinical practice guidelines in 2018 which addressed testing criteria for seasonal influenza A and B viruses. These guidelines state that serologic testing for the diagnosis of influenza should not be used by clinicians, because the results from a single serum specimen cannot be reliably interpreted (p. 898).

Uyeki TM, Bernstein HH, Bradley JS, et al. Clinical practice guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza. Clin Infect Dis. 2019;68(6):895-902.

Group A Streptococcus Pharyngitis Tests

Infectious Diseases Society of America (IDSA)

The IDSA published clinical practice guidelines in 2012 which addressed testing criteria for group A Streptococcal pharyngitis.

Testing for GAS [group A Streptococcus] pharyngitis via throat swab and testing by rapid antigen detection test (RADT) and/or culture should be performed. Clinical features alone do not reliably discriminate between GAS and viral pharyngitis, unless overt viral features are present, such as rhinorrhea, cough, oral ulcers, and/or hoarseness (p. e87).

If a patient has GAS pharyngitis, they will commonly present with sore throat (generally of sudden onset), painful swallowing, and fever. Other symptoms may include headache, nausea, vomiting, and abdominal pain especially in children. Patients have tonsillopharyngeal erythema, with or without exudates on exam. Patients will also usually have tender, enlarged anterior cervical lymph nodes (lymphadenitis). Other findings may include a beefy, red, swollen uvula; petechiae on the palate; raw, irritated nares (especially in infants); and a scarlatiniform rash (a red, bumpy, sandpaper-like rash) (p. e91).

Shulman ST, Bisno AL, Clegg HW, et al. Clinical practice guideline for the diagnosis and management of group A streptococcal pharyngitis: 2012 update by the Infectious Diseases Society of America. Clin Infect Dis. 2012;55(10):e86-102.

Group A Streptococcus Pharyngitis Culture

Infectious Diseases Society of America (IDSA)

The IDSA published clinical practice guidelines in 2012 which addressed testing criteria for group A Streptococcal pharyngitis.

"In children and adolescents, negative RADT [rapid antigen detection test] tests should be backed up by a throat culture…Routine use of back-up throat cultures for those with a negative RADT is not necessary for adults in usual circumstances, because of the low incidence of GAS [group A Streptococcus] pharyngitis in adults and because the risk of subsequent acute rheumatic fever is generally exceptionally low in adults with acute pharyngitis" (p. e87).

"Swabbing the throat and testing for GAS [group A Streptococcus] pharyngitis by rapid antigen detection test (RADT) and/or culture should be performed because the clinical features alone do not reliably discriminate between GAS and viral pharyngitis except when overt viral features like rhinorrhea, cough, oral ulcers, and/or hoarseness are present" (p. e87).

"Patients with GAS pharyngitis commonly present with sore throat (generally of sudden onset), pain on swallowing, and fever. Headache, nausea, vomiting, and abdominal pain may also be present, especially in children. On examination, patients have tonsillopharyngeal erythema, with or without exudates, often with tender, enlarged anterior cervical lymph nodes (lymphadenitis). Other findings may include a beefy, red, swollen uvula; petechiae on the palate; excoriated nares (especially in infants); and a scarlatiniform rash" (p. e91).

Shulman ST, Bisno AL, Clegg HW, et al. Clinical practice guideline for the diagnosis and management of group A streptococcal pharyngitis: 2012 update by the Infectious Diseases Society of America. Clin Infect Dis. 2012;55(10):e86-102.

American Academy of Family Physicians (AAFP)
The American Academy of Family Physicians published an expert-authored evidence review in 2024 concerning the diagnosis and management of streptococcus pharyngitis, stating the following:

"Rapid antigen testing may be omitted for patients at low clinical risk, including children younger than 3 years" (p. 345).

"The Centers for Disease Control and Prevention and the American Academy of Pediatrics recommend obtaining a throat culture for all children and adolescents after a negative result on rapid antigen testing because of the higher risk of complications" (p. 345).

Hamilton JL, Leon McCrea II. Streptococcal Pharyngitis: Rapid Evidence Review. Am Fam Physician. 2024;109(4):343-349.

Group A Streptococcus Antibody Tests

Infectious Diseases Society of America (IDSA)

The IDSA published clinical practice guidelines in 2012 which addressed testing criteria for group A Streptococcal pharyngitis.

Per these guidelines, it is not recommended that individuals undergo anti-streptococcal antibody titers for the purpose of routine diagnosis of acute pharyngitis, as these results indicate a past infection and therefore do not aid in the diagnosis of the present illness (p. e87).

"Measurement of anti-streptococcal antibody titers is often useful for diagnosis of the nonsuppurative sequelae of GAS pharyngitis, such as acute rheumatic fever and acute glomerulonephritis. However, such testing is not useful in the diagnosis of acute pharyngitis because antibody titers of the 2 most commonly used tests, antistreptolysin O (ASO) and antiDNase B, may not reach maximum levels until 3–8 weeks after acute GAS pharyngeal infection and may remain elevated for months even without active GAS infection" (p. e93-94).

Shulman ST, Bisno AL, Clegg HW, et al. Clinical practice guideline for the diagnosis and management of group A streptococcal pharyngitis: 2012 update by the Infectious Diseases Society of America. Clin Infect Dis. 2012;55(10):e86-102.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Code	Description
0109U	Infectious disease (Aspergillus species), real-time PCR for detection of DNA from 4 species (A. fumigatus, A. terreus, A. niger, and A. flavus), blood, lavage fluid, or tissue, qualitative reporting of presence or absence of each species
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

CPT® Code	Description
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 (For additional PLA code with identical clinical descriptor, see 0223U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment)
0223U	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 (For additional PLA code with identical clinical descriptor, see 0202U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment)
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), includes titer(s), when performed
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARSCoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), ELISA, plasma, serum
0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected
0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected
0442U	Infectious disease (respiratory infection), Myxovirus resistance protein A (MxA) and C-reactive protein (CRP), fingerstick whole blood specimen, each biomarker reported as present or absent
0556U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific DNA and RNA by real-time PCR, 12 targets, nasopharyngeal or oropharyngeal swab,

CPT® Code	Description
	including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected
0563U	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 11 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative
0564U	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 10 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative
0574U	Mycobacterium tuberculosis, culture filtrate protein-10-kDa (CFP-10), serum or plasma, liquid chromatography mass spectrometry (LC-MS)
86060	Antistreptolysin 0; titer
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); screen
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); titer
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) antibody, quantitative
86486	Skin test; unlisted antigen, each
86510	Skin test; histoplasmosis
86590	Streptokinase, antibody
86602	Antibody; actinomyces
86603	Antibody; adenovirus
86606	Antibody; Aspergillus
86609	Antibody; bacterium, not elsewhere specified

CPT® Code	Description
86615	Antibody; Bordetella
86628	Antibody; Candida
86635	Antibody; Coccidioides
86638	Antibody; Coxiella burnetii (Q fever)
86641	Antibody; Cryptococcus
86648	Antibody; Diphtheria
86658	Antibody; enterovirus (eg, coxsackie, echo, polio)
86671	Antibody; fungus, not elsewhere specified
86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)
86698	Antibody; histoplasma
86710	Antibody; influenza virus
86711	Antibody; JC (John Cunningham) virus
86713	Antibody; Legionella
86720	Antibody; Leptospira
86723	Antibody; Listeria monocytogenes
86727	Antibody; lymphocytic choriomeningitis
86732	Antibody; mucormycosis
86735	Antibody; mumps
86738	Antibody; mycoplasma
86756	Antibody; respiratory syncytial virus
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])
86784	Antibody; Trichinella

CPT® Code	Description
86790	Antibody; virus, not elsewhere specified
86793	Antibody; Yersinia
87015	Concentration (any type), for infectious agents
87040	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates
87071	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool
87073	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool
87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates
87076	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
87081	Culture, presumptive, pathogenic organisms, screening only;
87084	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart
87101	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail
87102	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)
87103	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; blood
87106	Culture, fungi, definitive identification, each organism; yeast

CPT® Code	Description
87107	Culture, fungi, definitive identification, each organism; mold
87109	Culture, mycoplasma, any source
87116	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates
87118	Culture, mycobacterial, definitive identification, each isolate
87140	Culture, typing; immunofluorescent method, each antiserum
87143	Culture, typing; gas liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method
87147	Culture, typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum
87149	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed
87150	Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed
87153	Culture, typing; identification by nucleic acid sequencing method, each isolate (eg, sequencing of the 16S rRNA gene)
87154	Culture, typing; identification of blood pathogen and resistance typing, when performed, by nucleic acid (DNA or RNA) probe, multiplexed amplified probe technique including multiplex reverse transcription, when performed, per culture or isolate, 6 or more targets
87158	Culture, typing; other methods
87168	Macroscopic examination; arthropod
87169	Macroscopic examination; parasite
87176	Homogenization, tissue, for culture
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)
87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)

CPT® Code	Description
87185	Susceptibility studies, antimicrobial agent; enzyme detection (eg, beta lactamase), per enzyme
87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate
87187	Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure)
87188	Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent
87190	Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87206	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)
87230	Toxin or antitoxin assay, tissue culture (eg, Clostridium difficile toxin)
87250	Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection
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

CPT® Code	Description
87255	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)
87260	Infectious agent antigen detection by immunofluorescent technique; adenovirus
87265	Infectious agent antigen detection by immunofluorescent technique; Bordetella pertussis/parapertussis
87275	Infectious agent antigen detection by immunofluorescent technique; influenza B virus
87276	Infectious agent antigen detection by immunofluorescent technique; influenza A virus
87278	Infectious agent antigen detection by immunofluorescent technique; Legionella pneumophila
87279	Infectious agent antigen detection by immunofluorescent technique; Parainfluenza virus, each type
87280	Infectious agent antigen detection by immunofluorescent technique; respiratory syncytial virus
87281	Infectious agent antigen detection by immunofluorescent technique; Pneumocystis carinii
87299	Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism
87300	Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum
87301	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; adenovirus enteric types 40/41
87305	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Aspergillus
87385	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Histoplasma

CPT® Code	Description
	capsulatum
87400	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Influenza, A or B, each
87420	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; respiratory syncytial virus
87426	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])
87428	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B
87430	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Streptococcus, group A
87449	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; not otherwise specified, each organism
87451	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; polyvalent for multiple organisms, each polyvalent antiserum
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique

CPT® Code	Description
87481	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique
87482	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification
87485	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique
87486	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique
87487	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification
87498	Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique, includes reverse transcription when performed
87500	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (eg, enterococcus species van A, van B), amplified probe technique
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)
87540	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique
87541	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique
87542	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila,

CPT® Code	Description
	quantification
87550	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique
87551	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique
87552	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification
87555	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique
87556	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique
87560	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique
87561	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, amplified probe technique
87562	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, quantification
87580	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique
87581	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique
87582	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification
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,

CPT® Code	Description
	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
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique
87640	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique
87641	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique
87650	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique
87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique
87652	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification

CPT® Code	Description
87653	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism
87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique
87802	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group B
87804	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Influenza
87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus
87809	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; adenovirus
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])
87880	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group A
87899	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; adenovirus
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics

CPT® Code	Description
87905	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)
87913	Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s)
87999	Unlisted microbiology procedure
U0001	CDC Test
U0002	Non-CDC Viral identification test, amplified probe
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R
U0004	2019-nCoV coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R
U0005	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either HCPCS code U0003 or U0004) as described by CMS-2020-01-R2

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy developed. Reviewed by external specialist.	11/23	02/24
Added “Lab” to policy title. Removed CPT and ICD-10 codes from policy reference table. Added CPT code table and moved the “coding implications” section.	02/24	

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Annual review. Added policy number to header. Changed verbiage in applicable policy statements from "may be considered medically necessary" to "are considered medically necessary." References updated. For Group A Streptococcus Pharyngitis Cultures: Expanded coverage criteria to include patients up to 18 years old (was previously up to 14 years old); updated background and rationale to include language from the updated 2024 American Academy of Family Physicians evidence review. Added 0528U as an in-scope CPT code. Removed deleted codes U0003, U0004, and U0005. Reordered codes in CPT code table numerically. References reviewed and updated.	11/24	02/25
Annual review. Added hyperlinked definition of "immunocompromised" to criteria for syndromic/multiplex respiratory panels with six or more targets. Added rationale/references to policy reference table. Updated revision and copyright dates. Added procedure codes 86486, 86510, 86590, 86602, 86603, 86606, 86609, 86615, 86628, 86635, 86638, 86641, 86648, 86658, 86671, 86689, 86698, 86711, 86713, 86720, 86723, 86727, 86732, 86735, 86738, 86756, 86759, 86762, 86765, 86784, 86790, 86793, 87015, 87149, 87150, 87153, 87154, 87168, 87169, 87176, 87181, 87184, 87185, 87186, 87187, 87188, 87190, 87205, 87206, 87207, 87210, 87220, 87230, 87250, 87252, 87253, 87254, 87255, 87260, 87265, 87278, 87279, 87280, 87281, 87299, 87300, 87301, 87305, 87385, 87449, 87451, 87562, 87631, 87632, 87633, 87802, 87809, 87899, 87900, 87905, 87999, 0109U, 0115U, 0224U, 0226U, 0373U, 0442U, 0556U, 0563U, 0564U, 0574U, U0003, U0004, U0005 and deleted 0528U, 0373U from Coding Implications table. Updated Notes and Definitions section. Updated all Rationale sections. Updated example tests on Policy Reference Table.	1/26	1/26

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in

developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers,

members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.