

**Local Coverage Article:
CPT Code 87641 (Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique) - Medical Policy Article (A52379)**

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
National Government Services, Inc.	MAC - Part A	06101 - MAC A	J - 06	Illinois
National Government Services, Inc.	MAC - Part B	06102 - MAC B	J - 06	Illinois
National Government Services, Inc.	MAC - Part A	06201 - MAC A	J - 06	Minnesota
National Government Services, Inc.	MAC - Part B	06202 - MAC B	J - 06	Minnesota
National Government Services, Inc.	MAC - Part A	06301 - MAC A	J - 06	Wisconsin
National Government Services, Inc.	MAC - Part B	06302 - MAC B	J - 06	Wisconsin
National Government Services, Inc.	A and B and HHH MAC	13101 - MAC A	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13102 - MAC B	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13201 - MAC A	J - K	New York - Entire State
National Government Services, Inc.	A and B and HHH MAC	13202 - MAC B	J - K	New York - Downstate
National Government Services, Inc.	A and B and HHH MAC	13282 - MAC B	J - K	New York - Upstate
National Government Services, Inc.	A and B and HHH MAC	13292 - MAC B	J - K	New York - Queens
National Government Services, Inc.	A and B and HHH MAC	14111 - MAC A	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14112 - MAC B	J - K	Maine
National Government Services, Inc.	A and B and HHH	14211 - MAC A	J - K	Massachusetts

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Inc.	MAC			
National Government Services, Inc.	A and B and HHH MAC	14212 - MAC B	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14311 - MAC A	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14312 - MAC B	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14411 - MAC A	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14412 - MAC B	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14511 - MAC A	J - K	Vermont
National Government Services, Inc.	A and B and HHH MAC	14512 - MAC B	J - K	Vermont

Article Information

General Information

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CPT Code 87641 (Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique) - Medical Policy Article

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N/A

Retirement Date

N/A

Article Type

Article

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Article Guidance

Article Text:

Methicillin-resistant *S. aureus* (MRSA) was first described in 1961 and now constitutes more than 50% of *S. aureus* isolates that cause infections in the hospital setting.

The worldwide emergence of MRSA is mainly the result of the extensive spread of a limited number of strains in hospitals, which are high risk settings for MRSA infection. *Staphylococcus aureus* is an opportunistic pathogen that mainly infects patients who have had surgery or who have invasive devices (such as intravascular catheters). The epidemiology of MRSA has changed recently— infections are no longer confined to the hospital setting, but also appear in healthy people in the community with no established risk factors for acquiring MRSA. These community associated MRSA strains differ from hospital associated strains. Most carriers of *S aureus*, both hospital inpatients and others, are healthy asymptomatic people without evident infection. In hospitals where MRSA is endemic, patients risk being colonized by spread from other patients or healthcare workers. Colonization with *S aureus* in hospital is a risk factor for subsequent infection. (Kluytmans J, 2009).

CPT code 87641 was established to report methicillin resistant *Staphylococcus aureus* (MRSA) by amplified probe technique and it is used to bill for "assays that detect methicillin resistance and identify *Staphylococcus aureus* using a single nucleic acid sequence." (*CPT Changes 2007 – An Insider's View*)

The availability of nucleic acid probes has permitted the rapid direct identification of microorganisms' DNA or RNA. Amplification techniques, including, but not limited to the polymerase chain reaction (PCR), results in the doubling of copies of specified target DNA with each round of amplification, eventually resulting in millionfold levels of amplification. The product of the amplification (i.e., DNA) is then detected using a variety of techniques. (©Blue Cross & Blue Shield of Mississippi. Identification of Microorganisms Using Nucleic Acid Probes) Although some hospitals are screening patients prior to inpatient or outpatient hospitalization to identify carriers of methicillin resistant *Staphylococcus aureus* as an infection control measure, additional research will be required to demonstrate whether the use of universal rapid MRSA admission screening will reduce nosocomial MRSA infection in hospitals compared to the use of alternative control measures against MRSA.

Screening tests are statutorily non-covered based on Title VIII of the Social Security Act, Section 1862(a)(1)(A) which excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member. This purpose of this article is to alert providers that National Government Services considers CPT code 87641 to be a test used for screening purposes for which payment will not be allowed.

Indications:

Not applicable

Limitation:

Claims for CPT Code 87641 (Infectious agent detection by nucleic acid (DNA or RNA); *Staphylococcus aureus*, methicillin resistant, amplified probe technique) services are not payable under Medicare Part B for screening purposes and will be denied.

Coding Information:

Procedure codes may be subject to National Correct Coding Initiative (NCCI) edits or OPPS packaging edits. Refer to NCCI and OPPS requirements prior to billing Medicare.

For services requiring a referring/ordering physician, the name and NPI of the referring/ordering physician must be reported on the claim.

A claim submitted without a valid ICD-10-CM diagnosis code will be returned to the provider as an incomplete claim under Section 1833(e) of the Social Security Act.

The diagnosis code(s) must best describe the patient's condition for which the service was performed. For diagnostic tests, report the result of the test if known; otherwise the symptoms prompting the performance of the test should be reported.

Advance Beneficiary Notice of Noncoverage (ABN) Modifier Guidelines

An ABN may be used for services which are likely to be non-covered, whether for medical necessity or for other reasons. Refer to CMS Publication 100-04, *Medicare Claims Processing Manual*, Chapter 30, for complete instructions.

For claims submitted to the Part B MAC:

All services/procedures performed on the same day for the same beneficiary by the physician/provider should be billed on the same claim.

For claims submitted to the Part A MAC:

Hospital Inpatient Claims:

- The hospital should report the patient's principal diagnosis in Form Locator (FL) 67 of the UB-04. *The principal diagnosis is the condition established after study to be chiefly responsible for this admission.*
- *The hospital enters ICD-10-CM codes for up to eight additional conditions in FLs 67A-67Q if they co-existed at the time of admission or developed subsequently, and which had an effect upon the treatment or the length of stay. It may not duplicate the principal diagnosis listed in FL 67.*
- For inpatient hospital claims, the admitting diagnosis is required and should be recorded in FL 69. (See CMS Publication 100-04, Medicare Claims Processing Manual, Chapter 25, Section 75 for additional instructions.)

Hospital Outpatient Claims:

- *The hospital should report the full ICD-10-CM code for the diagnosis shown to be chiefly responsible for the outpatient services in FL 67. If no definitive diagnosis is made during the outpatient evaluation, the patient's symptom is reported. If the patient arrives without a referring diagnosis, symptom or complaint, the provider should report an ICD-10-CM code for Persons Without Reported Diagnosis Encountered During Examination and Investigation of Individuals and Populations (Z00.00-Z13.9).*
- *The hospital enters the full ICD-10-CM codes in FLs 67A-67Q for up to eight other diagnoses that co-existed in addition to the diagnosis reported in FL 67.*

Language quoted from CMS National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Code of Federal Regulations:

42 CFR Sections 409 et al include the Medicare Program Prospective Payment System for Hospital Outpatient Services Final Rule published in the FR Vol. 65, No. 68, April 7, 2000.

CMS Publications:

CMS Publication 100-04, *Medicare Claims Processing Manual*, Chapter 1:

Sources of Information:

Blue Cross Blue Shield of Mississippi - Medical Policy. Identification of microorganisms using nucleic acid probes. Available at: <http://www.bcbsms.com/index.php?q=provider-medical-policy-search.html>. Accessed 03/27/2009.

Harbath S, Fankhauser C, Schrenzel J, et al. Universal screening for methicillin-resistant Staphylococcus aureus at hospital admission and nosocomial infection in surgical patients. *JAMA*. 2008;299(10):1149-1157.

Klevens RM, Morrison MA, Nadle J, et al. Invasive methicillin-resistant Staphylococcus aureus infections in the United States. *JAMA*. 2007;298(15):1763-1771.

Kluytmans J, Struelens M. Clinical review. Meticillin resistant Staphylococcus aureus in the hospital. *BMJ*. 2009;338:b364.

Lautenbach E. Expanding the universe of methicillin-resistant Staphylococcus aureus prevention. *Ann Intern Med*. 2008;148:474-476.

Robicsek A, Beaumont JL, Paule SM, et al. Universal surveillance for methicillin-resistant Staphylococcus aureus in 3 affiliated hospitals. *Ann Intern Med*. 2008;148(6):4409-419.

Siegel JD, Rhinehart E, Jackson M, Chiarello L. The Healthcare Infection Control Practices Advisory Committee (HICPAC). Centers for Disease Control. Management of multidrug-resistant organisms in health care settings, 2006.

Simor AE, Daneman N. Staphylococcus aureus decolonization as a prevention strategy. *Infect Dis Clin N Am*. 2009;23:133-151.

United States Government Accountability Office. Report to the Chairman, Committee on Oversight and Government Reform, House of Representatives. GAO-08-808 Healthcare-Associated-Infections in Hospitals. An Overview of State Reporting Programs and Individual Hospital Initiatives to Reduce Certain Infections. GAO-08-808, September 2008.

Coding Information

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.

CODE	DESCRIPTION
011x	Hospital Inpatient (Including Medicare Part A)
012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient

CODE	DESCRIPTION
014x	Hospital - Laboratory Services Provided to Non-patients
018x	Hospital - Swing Beds
021x	Skilled Nursing - Inpatient (Including Medicare Part A)
022x	Skilled Nursing - Inpatient (Medicare Part B only)
023x	Skilled Nursing - Outpatient
071x	Clinic - Rural Health
072x	Clinic - Hospital Based or Independent Renal Dialysis Center
073x	Clinic - Freestanding
077x	Clinic - Federally Qualified Health Center (FQHC)
085x	Critical Access Hospital

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.

Revenue codes only apply to providers who bill these services to the Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.

CODE	DESCRIPTION
030X	Laboratory - General Classification
031X	Laboratory Pathology - General Classification

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
87641	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STAPHYLOCOCCUS AUREUS, METHICILLIN RESISTANT, AMPLIFIED PROBE TECHNIQUE

ICD-10 Codes that are Covered

N/A

ICD-10 Codes that are Not Covered

Group 1 Paragraph:

There are no diagnoses for which this service is covered. The following diagnoses are identified herein to emphasize that we have specifically considered them and have determined that this service is not covered for them. When billing CPT code 87641 for screening purposes (statutorily non-covered), ICD-10-CM codes, including but not limited to those listed below, may be reported. The -GY modifier should be reported, as applicable.

Group 1: Codes

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
Z01.812	Encounter for preprocedural laboratory examination
Z01.84	Encounter for antibody response examination
Z11.2	Encounter for screening for other bacterial diseases
Z11.8	Encounter for screening for other infectious and parasitic diseases
Z22.31	Carrier of bacterial disease due to meningococci
Z22.321	Carrier or suspected carrier of Methicillin susceptible Staphylococcus aureus
Z22.322	Carrier or suspected carrier of Methicillin resistant Staphylococcus aureus
Z22.39	Carrier of other specified bacterial diseases

Revision History Information

N/A

Associated Documents

Related Local Coverage Document(s)

N/A

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

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N/A