

# Article - Billing and Coding: Respiratory Pathogen Panel Testing (A58741)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
<a href="#">National Government Services, Inc.</a>	MAC - Part B	06102 - MAC B	J - 06	Illinois
<a href="#">National Government Services, Inc.</a>	MAC - Part B	06202 - MAC B	J - 06	Minnesota
<a href="#">National Government Services, Inc.</a>	MAC - Part B	06302 - MAC B	J - 06	Wisconsin
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	13102 - MAC B	J - K	Connecticut
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	13202 - MAC B	J - K	New York - Downstate
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	13282 - MAC B	J - K	New York - Upstate
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	13292 - MAC B	J - K	New York - Queens
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14112 - MAC B	J - K	Maine
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14212 - MAC B	J - K	Massachusetts
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14312 - MAC B	J - K	New Hampshire
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14412 - MAC B	J - K	Rhode Island
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14512 - MAC B	J - K	Vermont

## Article Information

### General Information

**Article ID**  
A58741

**AMA CPT / ADA CDT / AHA NUBC Copyright  
Statement**

**Article Title**

Billing and Coding: Respiratory Pathogen Panel Testing

**Article Type**

Billing and Coding

**Original Effective Date**

12/01/2021

**Revision Effective Date**

04/01/2022

**Revision Ending Date**

N/A

**Retirement Date**

N/A

CPT codes, descriptions and other data only are copyright 2021 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Current Dental Terminology © 2021 American Dental Association. All rights reserved.

Copyright © 2013 - 2022, the American Hospital Association, Chicago, Illinois. Reproduced by CMS with permission. No portion of the American Hospital Association (AHA) copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816. You may also contact us at ub04@aha.org.

**CMS National Coverage Policy****IOM Citations:**

- CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*,
  - Chapter 15, Section 80.1 Clinical Laboratory Services
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*,
  - Chapter 16 Laboratory Services
  - Chapter 23, Section 10 Reporting ICD Diagnosis and Procedure Codes, Section 20.9 National Correct Coding Initiative (NCCI), Section 40 Clinical Diagnostic Laboratory Fee Schedule
- CMS IOM Publication 100-08, *Medicare Program Integrity Manual*,
  - Chapter 3, Section 3.4.1.3 Diagnosis Code Requirements

**Social Security Act (Title XVIII) Standard References:**

- Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider of services or other person under this part unless there has been furnished such information as may be necessary in order to determine the amounts due such provider or other person under this part for the period with respect to which the amounts are being paid or for any prior period.

**National Correct Coding Initiative:**

- NCCI Policy Manual for Medicare Services
  - Chapter 10, Pathology and Laboratory Services (CPT Codes 80000-89999), Section K Microbiology

# Article Guidance

## Article Text

This Billing and Coding Article provides billing and coding guidance for Local Coverage Determination (LCD) L39027, Respiratory Pathogen Panel Testing. Please refer to the LCD for reasonable and necessary requirements.

## Coding Guidance

**Notice:** It is not appropriate to bill Medicare for services that are not covered (as described by the entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

A respiratory pathogen panel test is a single service with a single unit of service (UOS=1). A respiratory pathogen panel test **must not be unbundled and billed as individual components** regardless of the fact that the panel reports multiple individual pathogens and/or targets.

The term "panel" refers to all respiratory pathogens tested in the outpatient setting on a single date of service from a single biologic specimen, not ordered as a reflex test.

Please note: The services addressed in this article and related LCD are not applicable to providers submitting claims on institutional claim forms.

## Documentation Requirements

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
4. The medical record **MUST** support that the test was completed in a Part B setting that is equipped to deliver timely results **AND** for patients where the test demonstrates that clinical management can result in an improved health outcome.

---

# Coding Information

## CPT/HCPCS Codes

### Group 1 Paragraph:

**Note:** Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

**Group 1 Codes:** (6 Codes)

CODE	DESCRIPTION
87428	Sarscov & inf vir a&b ag ia
87631	Resp virus 3-5 targets
87636	Sarscov2 & inf a&b amp prb
87637	Sarscov2&inf a&b&rsv amp prb
0240U	Nfct ds vir resp rna 3 trgt
0241U	Nfct ds vir resp rna 4 trgt

**Group 2 Paragraph:**

These codes are non-covered.

**Group 2 Codes:** (6 Codes)

CODE	DESCRIPTION
87632	Resp virus 6-11 targets
87633	Resp virus 12-25 targets
0115U	Respir iadna 18 viral&2 bact
0202U	Nfct ds 22 trgt sars-cov-2
0223U	Nfct ds 22 trgt sars-cov-2
0225U	Nfct ds dna&rna 21 sarscov2

**CPT/HCPCS Modifiers**

**Group 1 Paragraph:**

N/A

**Group 1 Codes:**

N/A

**ICD-10-CM Codes that Support Medical Necessity**

**Group 1 Paragraph:**

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The following ICD-10-CM codes support medical necessity and provide coverage for **CPT codes: 87428, 87631, 87636, 87637, 0240U, 0241U** when used in the outpatient setting as outlined in the related LCD.

**Group 1 Codes:** (192 Codes)

CODE	DESCRIPTION
B97.29	Other coronavirus as the cause of diseases classified elsewhere
D80.0	Hereditary hypogammaglobulinemia
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
D80.8	Other immunodeficiencies with predominantly antibody defects
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
D81.31	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
D81.89	Other combined immunodeficiencies
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
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

CODE	DESCRIPTION
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells
D83.8	Other common variable immunodeficiencies
D84.0	Lymphocyte function antigen-1 [LFA-1] defect
D84.1	Defects in the complement system
D89.0	Polyclonal hypergammaglobulinemia
D89.1	Cryoglobulinemia
D89.2	Hypergammaglobulinemia, unspecified
D89.3	Immune reconstitution syndrome
D89.41	Monoclonal mast cell activation syndrome
D89.42	Idiopathic mast cell activation syndrome
D89.43	Secondary mast cell activation
D89.49	Other mast cell activation disorder
D89.810	Acute graft-versus-host disease
D89.811	Chronic graft-versus-host disease
D89.812	Acute on chronic graft-versus-host disease
D89.82	Autoimmune lymphoproliferative syndrome [ALPS]
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified
E84.0	Cystic fibrosis with pulmonary manifestations
E84.19	Cystic fibrosis with other intestinal manifestations
E84.8	Cystic fibrosis with other manifestations
I27.0	Primary pulmonary hypertension
I27.21	Secondary pulmonary arterial hypertension
I27.22	Pulmonary hypertension due to left heart disease
I27.23	Pulmonary hypertension due to lung diseases and hypoxia
I27.24	Chronic thromboembolic pulmonary hypertension
I27.29	Other secondary pulmonary hypertension
I27.81	Cor pulmonale (chronic)
I27.82	Chronic pulmonary embolism
I27.83	Eisenmenger's syndrome
I27.89	Other specified pulmonary heart diseases
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure

CODE	DESCRIPTION
I50.23	Acute on chronic systolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.811	Acute right heart failure
I50.812	Chronic right heart failure
I50.813	Acute on chronic right heart failure
I50.814	Right heart failure due to left heart failure
I50.82	Biventricular heart failure
I50.83	High output heart failure
I50.84	End stage heart failure
I50.89	Other heart failure
J00	Acute nasopharyngitis [common cold]
J02.9	Acute pharyngitis, unspecified
J04.0	Acute laryngitis
J04.10	Acute tracheitis without obstruction
J04.11	Acute tracheitis with obstruction
J04.2	Acute laryngotracheitis
J04.30	Supraglottitis, unspecified, without obstruction
J04.31	Supraglottitis, unspecified, with obstruction
J05.0	Acute obstructive laryngitis [croup]
J05.10	Acute epiglottitis without obstruction
J05.11	Acute epiglottitis with obstruction
J06.0	Acute laryngopharyngitis
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

CODE	DESCRIPTION
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
J12.3	Human metapneumovirus pneumonia
J12.81	Pneumonia due to SARS-associated coronavirus
J12.82*	Pneumonia due to coronavirus disease 2019
J12.89	Other viral pneumonia
J12.9	Viral pneumonia, unspecified
J15.8	Pneumonia due to other specified bacteria
CODE	DESCRIPTION
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
J41.0	Simple chronic bronchitis
J41.1	Mucopurulent chronic bronchitis
J41.8	Mixed simple and mucopurulent chronic bronchitis
J43.0	Unilateral pulmonary emphysema [MacLeod's syndrome]
J43.1	Panlobular emphysema
J43.2	Centrilobular emphysema
J43.8	Other emphysema
J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
J45.21	Mild intermittent asthma with (acute) exacerbation
J45.22	Mild intermittent asthma with status asthmaticus
J45.30	Mild persistent asthma, uncomplicated
J45.31	Mild persistent asthma with (acute) exacerbation



CODE	DESCRIPTION
J45.32	Mild persistent asthma with status asthmaticus
J45.40	Moderate persistent asthma, uncomplicated
J45.41	Moderate persistent asthma with (acute) exacerbation
J45.42	Moderate persistent asthma with status asthmaticus
J45.50	Severe persistent asthma, uncomplicated
J45.51	Severe persistent asthma with (acute) exacerbation
J45.52	Severe persistent asthma with status asthmaticus
J45.991	Cough variant asthma
J45.998	Other asthma
J47.0	Bronchiectasis with acute lower respiratory infection
J47.1	Bronchiectasis with (acute) exacerbation
J47.9	Bronchiectasis, uncomplicated
J60	Coalworker's pneumoconiosis
J61	Pneumoconiosis due to asbestos and other mineral fibers
J62.0	Pneumoconiosis due to talc dust
J62.8	Pneumoconiosis due to other dust containing silica
J63.0	Aluminosis (of lung)
J63.1	Bauxite fibrosis (of lung)
J63.2	Berylliosis
J63.3	Graphite fibrosis (of lung)
J63.4	Siderosis
J63.5	Stannosis
J63.6	Pneumoconiosis due to other specified inorganic dusts
J65	Pneumoconiosis associated with tuberculosis
J66.0	Byssinosis
J66.1	Flax-dressers' disease
J66.2	Cannabinosis
J66.8	Airway disease due to other specific organic dusts
J70.1	Chronic and other pulmonary manifestations due to radiation
J70.3	Chronic drug-induced interstitial lung disorders
J81.1	Chronic pulmonary edema
J84.10	Pulmonary fibrosis, unspecified

CODE	DESCRIPTION
J84.111	Idiopathic interstitial pneumonia, not otherwise specified
J84.112	Idiopathic pulmonary fibrosis
J84.113	Idiopathic non-specific interstitial pneumonitis
J84.114	Acute interstitial pneumonitis
J84.115	Respiratory bronchiolitis interstitial lung disease
J84.116	Cryptogenic organizing pneumonia
J84.117	Desquamative interstitial pneumonia
J84.170	Interstitial lung disease with progressive fibrotic phenotype in diseases classified elsewhere
J84.178	Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere
J84.2	Lymphoid interstitial pneumonia
J84.81	Lymphangioleiomyomatosis
J84.82	Adult pulmonary Langerhans cell histiocytosis
J84.89	Other specified interstitial pulmonary diseases
J84.9	Interstitial pulmonary disease, unspecified
R04.2	Hemoptysis
R05.1	Acute cough
R05.2	Subacute cough
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R06.1	Stridor
R06.2	Wheezing
R06.82	Tachypnea, not elsewhere classified
R07.1	Chest pain on breathing
R07.81	Pleurodynia
R09.02	Hypoxemia
R09.1	Pleurisy
R43.0	Anosmia
R43.9	Unspecified disturbances of smell and taste
R50.81	Fever presenting with conditions classified elsewhere
R50.9	Fever, unspecified
R53.1	Weakness

CODE	DESCRIPTION
R55	Syncope and collapse
R68.83	Chills (without fever)
R79.81	Abnormal blood-gas level
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Z20.822	Contact with and (suspected) exposure to COVID-19
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
U07.1	COVID-19

**Group 1 Medical Necessity ICD-10-CM Codes Asterisk Explanation:**

\*J12.82 must be reported with U07.1

**ICD-10-CM Codes that DO NOT Support Medical Necessity**

**Group 1 Paragraph:**

All those not listed under the "ICD-10 Codes that Support Medical Necessity" section of this article.

**Group 1 Codes:** (1 Code)

CODE	DESCRIPTION
XX000	Not Applicable

**ICD-10-PCS Codes**

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 article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article 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 article, 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 article should be assumed to apply equally to all Revenue Codes.

N/A

## Other Coding Information

### Group 1 Paragraph:

N/A

### Group 1 Codes:

N/A

# Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
04/01/2022	R2	Due to the Quarterly updates, 0151U has been deleted from Group 2: Codes in the CPT/HCPCS Codes section.
01/01/2022	R1	Due to the annual CPT/HCPCS code updates the long code description for 87428 has been changed.

# Associated Documents

## Related Local Coverage Documents

### LCDs

[L39027 - Respiratory Pathogen Panel Testing](#)

## Related National Coverage Documents

N/A

## Statutory Requirements URLs

N/A

## Rules and Regulations URLs

N/A

## CMS Manual Explanations URLs

N/A

## Other URLs

N/A

## Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
04/10/2022	04/01/2022 - N/A	Currently in Effect (This Version)
12/22/2021	01/01/2022 - 03/31/2022	Superseded
10/08/2021	12/01/2021 - 12/31/2021	Superseded

---

## Keywords

N/A