

RB.049.A Respiratory Panel Laboratory Testing

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Thank you for being a valued provider for members in one or more of our health plans: Jefferson Health Plans Medicare Advantage, Jefferson Health Plans Individual and Family Plans, Jefferson Health Plans CHIP, and/or Jefferson Health Plans EverWell (our Medicaid plan).

PRODUCT VARIATIONS

This policy applies to all Jefferson Health Plans lines of business.

Application of Claim Payment Policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Payment may vary based on individual contract.

POLICY STATEMENT

Respiratory pathogen panel (RPP) testing performed in the outpatient setting is reimbursable only when medically necessary and limited to the minimum number of targets required to direct patient management. Coverage is restricted to specific clinical scenarios, patient populations, and billing limitations outlined below:

- Only one unit of the same respiratory pathogen panel code is reimbursable per date of service.
- Two different respiratory pathogen panel codes (87632, 87633, 0115U, 0202U, 0223U) may not be billed on the same date of service by same provider.

- Any respiratory pathogen panel (same or different code) billed within 14 days of a previous respiratory panel for the same member by the same provider is not reimbursable.

POLICY GUIDELINES

This policy does not include services performed in the inpatient setting.

For Jefferson Health Plans Everwell (Medicaid) and Jefferson Health Plans CHIP lines of business, CPT code **0202U** (infectious disease [bacterial or viral respiratory tract infection], pathogen-specific nucleic acid [DNA or RNA], 22 targets including severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], qualitative RT-PCR, nasopharyngeal swab, with each pathogen reported as detected or not detected) is considered **experimental/investigational** by the Department of Human Services (DHS) Technological Assessment Group (TAG) Committee.

CODING

Note: The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that may be listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.

CPT® is a registered trademark of the American Medical Association.

CPT Code	Description
87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6- 11 targets
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus,

	parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets
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
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific 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
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific 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

HCPCS Code	Description
N/A	

ICD-10 Codes	Description
N/A	

BENEFIT APPLICATION

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the member's benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

DESCRIPTION OF SERVICES

N/A

DEFINITIONS

Respiratory Pathogen Panel (RPP)- A multiplex nucleic acid amplification test designed to simultaneously detect multiple viral and/or bacterial respiratory pathogens from a single specimen.

Targeted Testing-Diagnostic testing limited to specific suspected pathogens based on clinical presentation and epidemiology

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making. Policy Bulletins are developed to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Policy Bulletin may be updated and therefore is subject to change.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
New Policy	A	08/09/2026

REFERENCES

1. Molecular Testing for Acute Respiratory Tract Infections: Clinical and Diagnostic Recommendations From the IDSA's Diagnostics Committee | Clinical Infectious Diseases | Oxford Academic
2. CMS: LCD - Respiratory Pathogen Panel Testing (L38916)

3. National Library of Medicine: Diagnostic stewardship to support optimal use of multiplex molecular respiratory panels: A survey from the Society for Healthcare Epidemiology of America Research Network - PMC
4. CMS: Article - Billing and Coding: MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720)