

# Article - Billing and Coding: MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58726)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

## Article Information

### General Information

**Article ID**  
A58726

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## Article Title

Billing and Coding: MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing

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## Article Type

Billing and Coding

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## Original Effective Date

04/17/2022

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## Revision Effective Date

12/05/2024

## Revision Ending Date

N/A

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## Retirement Date

N/A

## CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §80.1.2 A/B MAC (B) Contacts With Independent Clinical Laboratories.

## Article Guidance

### Article Text

The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing L39003.

To report a service for Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing, please submit the following claim information:

- Select the appropriate CPT<sup>®</sup> or PLA code
  - If the panel being used does not have its own proprietary CPT<sup>®</sup> or PLA code, select the appropriate CPT<sup>®</sup> code and follow the additional instructions for the given 'panel' in the relevant Group paragraphs

below. If no specific CPT<sup>®</sup> code exists for the test submitted, bill with CPT<sup>®</sup> code 87999.

- CPT<sup>®</sup> codes that are not billed with the appropriate accompanying ICD-10 codes listed in this Billing and Coding Article will be denied. Tests with other indicated uses may therefore submit for a Z-code and undergo a Technical Assessment (TA) by MoIDX. Tests using CPT<sup>®</sup> code 87999 will also require a Z-Code and a TA.
- Tests that are FDA-approved/cleared and performed in ways consistent with their intended use labeling directions do not require a Z-code when billed with an appropriate accompanying ICD-10 code. However, the performance of multiple (>1) FDA-approved/cleared molecular Infectious Disease pathogen identification tests on the same date of service (DOS) for the same intended use on the same patient sample is considered as one distinct service and requires a Z-code and a TA. If an existing CPT<sup>®</sup> code does not identify the service, it requires the use of CPT<sup>®</sup> code 87999.
- Add modifier 59 for different species or strains reported by the same code, as allowed by the policy.
- Enter 1 unit of service (UOS)
- If applicable, enter the appropriate DEX Z-Code<sup>®</sup> identifier adjacent to the CPT<sup>®</sup> code in the comment/narrative field for the following Part B claim field/types:
  - Loop 2400 or SV101-7 for the 5010A1 837P
  - Item 19 for paper claim
- If applicable, enter the appropriate DEX Z-Code<sup>®</sup> identifier adjacent to the CPT<sup>®</sup> code in the comment/narrative field for the following Part A claim field/types:
  - Line SV202-7 for 837I electronic claim
  - Block 80 for the UB04 claim form
- Select the appropriate ICD-10-CM code(s)

**NOTE:** When entering the DEX Z-Code<sup>®</sup> on the SV101-7 documentation field for Part B claims please do not add additional characters and/or information on the line.

ICD-10-CM diagnosis codes supporting medical necessity must be submitted with each claim. Claims submitted without such evidence will be denied as not medically necessary.

Any diagnosis submitted must have documentation in the patient's record to support coverage and medical necessity.

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.

### **Additional information:**

- Panels intended for home use (including those that have been FDA approved or cleared) do NOT meet the coverage criteria of the policy.
- This contractor expects that critically ill patients will be tested and managed in the appropriate critical care facility.
- The test panel is a single test with multiple components and is characterized by a single unit of service (UOS =1). A panel cannot be unbundled and billed as individual components regardless of the fact that the test reports multiple individual pathogens and/or targets. If additional organisms are not included in a panel, testing for those organisms separately may be reasonable and necessary when ordered in addition to the panel and supported by documentation in the medical record.
- As outlined in the policy, for a given date of service for the same clinical indication, the performance of an additional panel for content that is non-duplicative can only be billed for the non-duplicative content if supported by documentation in the medical record and all other criteria outlined in the associated policy.
  - When 2 or more codes within a given Group OR from 2 *related* Groups (i.e., Groups 1 and 6 which pertain to Respiratory panels, or Groups 2 and 7 which pertain to Gastrointestinal panels) are submitted

for the same beneficiary **on the same date of service** for the same (or highly similar) intended use, the claims processing system will reject every code submitted after the first service. As outlined in the policy, exceptions may be allowed in limited circumstances for bloodstream and meningoencephalitis panels testing for **non-duplicative** content. For such cases, if a lab runs more than 1 distinct procedural service from this list on a single date of service, then the lab must use the 59 modifier with each additional service billed as an attestation that it is a distinct procedural service.

- Repeat panel tests for the same clinical indication will NOT be reimbursed, except according to the criteria outlined in the related LCD (i.e., 1 additional panel test may be performed between 1 and 14 days *after* the initial panel test, so long as the test fulfills the criteria for coverage as set forth in the policy).
- Laboratories that are billing for multiple individual pathogens using the 59 modifier rather than panels may be subject to medical review as outliers. Similarly, laboratories billing for multiple *related* panels may be subject to medical review as outliers.

It is understood that in certain instances in which only targeted testing is appropriate, institutions may not have access to small panels and may have to perform larger panels for technical reasons. In such cases, Noridian will pay only for components of a service that are reasonable and necessary.

- **For Expanded (>5 pathogens) RP, PNP, and GI Panels the following additional conditions apply:**

1. Testing is billed according to 1 of the following:

- (a) Places of service 19, 21, 22, 23, OR

- (b) The test is ordered as follows (for healthcare POS other than the POS listed in (a)):

- (1) **For immune-competent beneficiaries**, the test must be ordered by an Infectious Disease Specialist or 1 of the following: Pulmonologist (for the RP and PNP panels) or Gastroenterologist (for the GI panels) who is diagnosing and treating the beneficiary.

- (2) **For immune-compromised beneficiaries**, the test must be ordered by a clinician specialist in 1 of the following: Infectious Diseases, Oncology, Transplant (for any panel), Pulmonologist (for the RP and PNP panels), or Gastroenterologist (for the GI panels) who is diagnosing and treating the beneficiary.

- (3) Regarding (1) and (2), An exception may be made in geographic locations where the specialist(s) cannot be reasonably reached by the beneficiary, and the ordering provider is located closer to the beneficiary's place of residence than the nearest specialist. We would generally expect that beneficiaries for whom the test is ordered under this exception to be living in rural locations, islands, or some other location where access to care is limited.

- (4) An ICD-10 diagnosis code from Group 6 or Group 7 must be on the claim, *in addition to* the sign or symptom (from Groups 1 or 2) for which there is suspicion of respiratory or gastrointestinal illness in order to bill for the RP/PNP or GI panels, respectively. See the specific instructions in Groups 6 and 7 below. The exception to this is testing that is performed as part of a pre-transplant evaluation of an immune-compromised beneficiary, regardless of the presence of symptoms. In such cases, clear documentation of the pre-transplant evaluation must accompany the claim.

The expanded/targeted panel distinction is not applicable to all panels, except as otherwise indicated in the

# Coding Information

## CPT/HCPCS Codes

### Group 1 Paragraph:

### Targeted Respiratory Panels:

These codes are covered under limited circumstances.

### Group 1 Codes: (6 Codes)

CODE	DESCRIPTION
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
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
87801	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPLE ORGANISMS; AMPLIFIED PROBE(S) TECHNIQUE
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

**Group 2 Paragraph:**

**Targeted Gastrointestinal Panels:**

This code is covered under limited circumstances.

**Group 2 Codes:** (1 Code)

CODE	DESCRIPTION
87505	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GASTROINTESTINAL PATHOGEN (EG, CLOSTRIDIUM DIFFICILE, E. COLI, SALMONELLA, SHIGELLA, NOROVIRUS, GIARDIA), INCLUDES MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED, AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 3-5 TARGETS

**Group 3 Paragraph:**

**Meningoencephalitis Panels:**

This code is covered under limited circumstances.

**Group 3 Codes:** (1 Code)

CODE	DESCRIPTION
87483	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CENTRAL NERVOUS SYSTEM PATHOGEN (EG, NEISSERIA MENINGITIDIS, STREPTOCOCCUS PNEUMONIAE, LISTERIA, HAEMOPHILUS INFLUENZAE, E. COLI, STREPTOCOCCUS AGALACTIAE, ENTEROVIRUS, HUMAN PARECHOVIRUS, HERPES SIMPLEX VIRUS TYPE 1 AND 2, HUMAN HERPESVIRUS 6, CYTOMEGALOVIRUS, VARICELLA ZOSTER VIRUS, CRYPTOCOCCUS), INCLUDES MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED, AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 12-25 TARGETS

**Group 4 Paragraph:**

**Bloodstream Infection Panels:**

This code is covered under limited circumstances.

**Group 4 Codes:** (1 Code)

CODE	DESCRIPTION
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

**Group 5 Paragraph:**

**Urogenital/Anogenital Panels:**

These codes are covered under limited circumstances.

**Group 5 Codes: (8 Codes)**

CODE	DESCRIPTION
81513	INFECTIOUS DISEASE, BACTERIAL VAGINOSIS, QUANTITATIVE REAL-TIME AMPLIFICATION OF RNA MARKERS FOR ATOPOBIUM VAGINAE, GARDNERELLA VAGINALIS, AND LACTOBACILLUS SPECIES, UTILIZING VAGINAL-FLUID SPECIMENS, ALGORITHM REPORTED AS A POSITIVE OR NEGATIVE RESULT FOR BACTERIAL VAGINOSIS
81514	INFECTIOUS DISEASE, BACTERIAL VAGINOSIS AND VAGINITIS, QUANTITATIVE REAL-TIME AMPLIFICATION OF DNA MARKERS FOR GARDNERELLA VAGINALIS, ATOPOBIUM VAGINAE, MEGASPHAERA TYPE 1, BACTERIAL VAGINOSIS ASSOCIATED BACTERIA-2 (BVAB-2), AND LACTOBACILLUS SPECIES (L. CRISPATUS AND L. JENSENII), UTILIZING VAGINAL-FLUID SPECIMENS, ALGORITHM REPORTED AS A POSITIVE OR NEGATIVE FOR HIGH LIKELIHOOD OF BACTERIAL VAGINOSIS, INCLUDES SEPARATE DETECTION OF TRICHOMONAS VAGINALIS AND/OR CANDIDA SPECIES (C. ALBICANS, C. TROPICALIS, C. PARAPSILOSIS, C. DUBLINIENSIS), CANDIDA GLABRATA, CANDIDA KRUSEI, WHEN REPORTED
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
87999	UNLISTED MICROBIOLOGY PROCEDURE
0352U	INFECTIOUS DISEASE (BACTERIAL VAGINOSIS AND VAGINITIS), MULTIPLEX AMPLIFIED PROBE TECHNIQUE, FOR DETECTION OF BACTERIAL VAGINOSIS-ASSOCIATED BACTERIA (BVAB-2, ATOPOBIUM VAGINAE, AND MEGASPHAERA TYPE 1), ALGORITHM REPORTED AS DETECTED OR NOT DETECTED AND SEPARATE DETECTION OF CANDIDA SPECIES (C. ALBICANS, C. TROPICALIS, C. PARAPSILOSIS, C. DUBLINIENSIS), CANDIDA GLABRATA/CANDIDA KRUSEI, AND TRICHOMONAS VAGINALIS, VAGINAL-FLUID SPECIMEN, EACH RESULT REPORTED AS DETECTED OR NOT DETECTED

CODE	DESCRIPTION
0402U	INFECTIOUS AGENT (SEXUALLY TRANSMITTED INFECTION), CHLAMYDIA TRACHOMATIS, NEISSERIA GONORRHOEAE, TRICHOMONAS VAGINALIS, MYCOPLASMA GENITALIUM, MULTIPLEX AMPLIFIED PROBE TECHNIQUE, VAGINAL, ENDOCERVICAL, OR MALE URINE, EACH PATHOGEN REPORTED AS DETECTED OR NOT DETECTED
0455U	INFECTIOUS AGENTS (SEXUALLY TRANSMITTED INFECTION), CHLAMYDIA TRACHOMATIS, NEISSERIA GONORRHOEAE, AND TRICHOMONAS VAGINALIS, MULTIPLEX AMPLIFIED PROBE TECHNIQUE, VAGINAL, ENDOCERVICAL, GYNECOLOGICAL SPECIMENS, OROPHARYNGEAL SWABS, RECTAL SWABS, FEMALE OR MALE URINE, EACH PATHOGEN REPORTED AS DETECTED OR NOT DETECTED

**Group 6 Paragraph:**

**Expanded Respiratory and Pneumonia Panels:**

Covered under limited circumstances. Per policy, these codes are covered in beneficiaries with serious or critical illness or at imminent risk of becoming seriously or critically ill, immunodeficiency, and/or severe underlying condition contributory to testing using an expanded syndromic panel.

Testing is billed according to 1 of the following:

(a) Places of service (POS) 19, 21, 22, 23, OR

(b) The test is ordered as follows (**for healthcare POS other than those listed in (a)**):

(1) **For immune-competent beneficiaries**, the test must be ordered by an Infectious Disease Specialist or Pulmonologist who is diagnosing and treating the beneficiary.

(2) **For immune-compromised beneficiaries**, the test must be ordered by a clinician specialist in 1 of the following: Infectious Diseases, Oncology, Transplant (for any panel), or Pulmonologist who is diagnosing and treating the beneficiary.

(3) Regarding (1) and (2), An exception may be made in geographic locations where the specialist(s) cannot be reasonably reached by the beneficiary, and the ordering provider is located closer to the beneficiary's place of residence than the nearest specialist. We would generally expect that beneficiaries for whom the test is ordered under this exception to be living in rural locations, islands, or some other location where access to care is limited.

(4) For testing in POS other than POS 19, 21, 22, or 23, to bill one of the Group 6 CPT codes, **TWO** ICD-10 codes are required-one from Group 6 and another from Group 1.

**Group 6 Codes:** (8 Codes)

CODE	DESCRIPTION
87632	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); RESPIRATORY



CODE	DESCRIPTION
	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
87801	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPLE ORGANISMS; AMPLIFIED PROBE(S) TECHNIQUE
87999	UNLISTED MICROBIOLOGY PROCEDURE
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
0225U	INFECTIOUS DISEASE (BACTERIAL OR VIRAL RESPIRATORY TRACT INFECTION) PATHOGEN-SPECIFIC DNA AND RNA, 21 TARGETS, INCLUDING SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2), AMPLIFIED PROBE TECHNIQUE, INCLUDING MULTIPLEX REVERSE TRANSCRIPTION FOR RNA TARGETS, EACH ANALYTE REPORTED AS DETECTED OR NOT DETECTED

**Group 7 Paragraph:**

**Expanded Gastrointestinal Panels:**

Covered under limited circumstances. Per policy, these codes are covered in beneficiaries with serious or critical illness or at imminent risk of becoming seriously or critically ill, immunodeficiency, and/or severe underlying condition contributory to testing using an expanded syndromic panel.

(a) Places of service (POS) 19, 21, 22, 23, OR

(b) The test is ordered as follows (**for healthcare POS other than those listed in (a)**):

(1) **For immune-competent beneficiaries**, the test must be ordered by an Infectious Disease Specialist or Gastroenterologist who is diagnosing and treating the beneficiary.

(2) **For immune-compromised beneficiaries**, the test must be ordered by a clinician specialist in 1 of the following: Infectious Diseases, Oncology, Transplant (for any panel), or Gastroenterologist who is diagnosing and treating the beneficiary.

(3) Regarding (1) and (2), An exception may be made in geographic locations where the specialist(s) cannot be reasonably reached by the beneficiary, and the ordering provider is located closer to the beneficiary's place of residence than the nearest specialist. We would generally expect that beneficiaries for whom the test is ordered under this exception to be living in rural locations, islands, or some other location where access to care is limited.

(4) For testing in POS other than POS 19, 21, 22, or 23, to bill one of the Group 7 CPT codes, **TWO** ICD-10 codes are required-one from Group 7 and another from Group 2.

**Group 7 Codes:** (2 Codes)

CODE	DESCRIPTION
87506	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GASTROINTESTINAL PATHOGEN (EG, CLOSTRIDIUM DIFFICILE, E. COLI, SALMONELLA, SHIGELLA, NOROVIRUS, GIARDIA), INCLUDES MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED, AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 6-11 TARGETS
87507	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GASTROINTESTINAL PATHOGEN (EG, CLOSTRIDIUM DIFFICILE, E. COLI, SALMONELLA, SHIGELLA, NOROVIRUS, GIARDIA), INCLUDES MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED, AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 12-25 TARGETS

**Group 8 Paragraph:**

**Conditionally Non-covered CPT codes:**

The following CPT codes are NOT covered for a given beneficiary on the same DOS when **>1** is billed in combination with another CPT or PLA code from Groups 1-7 *for the same intended use*.

Additionally, the following CPT codes are NOT covered for a given beneficiary on the same DOS when **>2** are billed *for the same intended use*.

**Group 8 Codes:** (98 Codes)

CODE	DESCRIPTION
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)
87468	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); ANAPLASMA PHAGOCYTOPHILUM, AMPLIFIED PROBE TECHNIQUE
87469	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BABESIA MICROTI, AMPLIFIED PROBE TECHNIQUE
87471	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND BARTONELLA QUINTANA, AMPLIFIED PROBE TECHNIQUE
87472	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND BARTONELLA QUINTANA, QUANTIFICATION
87475	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGDORFERI, DIRECT PROBE TECHNIQUE
87476	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGDORFERI, AMPLIFIED PROBE TECHNIQUE
87478	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA MIYAMOTOI, AMPLIFIED PROBE TECHNIQUE
87480	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES, DIRECT PROBE TECHNIQUE
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
87484	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); EHRlichia CHAFFEENSIS, AMPLIFIED PROBE TECHNIQUE
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
87490	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA

CODE	DESCRIPTION
	TRACHOMATIS, DIRECT PROBE TECHNIQUE
87491	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE
87492	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS, QUANTIFICATION
87493	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CLOSTRIDIUM DIFFICILE, TOXIN GENE(S), AMPLIFIED PROBE TECHNIQUE
87495	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIRUS, DIRECT PROBE TECHNIQUE
87496	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIRUS, AMPLIFIED PROBE TECHNIQUE
87497	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIRUS, QUANTIFICATION
87498	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); ENTEROVIRUS, AMPLIFIED PROBE TECHNIQUE, INCLUDES REVERSE TRANSCRIPTION WHEN PERFORMED
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)
87510	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS, DIRECT PROBE TECHNIQUE
87511	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS, AMPLIFIED PROBE TECHNIQUE
87512	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS, QUANTIFICATION
87516	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B VIRUS, AMPLIFIED PROBE TECHNIQUE
87517	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B VIRUS, QUANTIFICATION

CODE	DESCRIPTION
87520	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C, DIRECT PROBE TECHNIQUE
87521	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C, AMPLIFIED PROBE TECHNIQUE, INCLUDES REVERSE TRANSCRIPTION WHEN PERFORMED
87522	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C, QUANTIFICATION, INCLUDES REVERSE TRANSCRIPTION WHEN PERFORMED
87523	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS D (DELTA), QUANTIFICATION, INCLUDING REVERSE TRANSCRIPTION, WHEN PERFORMED
87525	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G, DIRECT PROBE TECHNIQUE
87526	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G, AMPLIFIED PROBE TECHNIQUE
87527	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G, QUANTIFICATION
87528	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES SIMPLEX VIRUS, DIRECT PROBE TECHNIQUE
87529	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES SIMPLEX VIRUS, AMPLIFIED PROBE TECHNIQUE
87530	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES SIMPLEX VIRUS, QUANTIFICATION
87531	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-6, DIRECT PROBE TECHNIQUE
87532	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-6, AMPLIFIED PROBE TECHNIQUE
87533	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-6, QUANTIFICATION
87534	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, DIRECT PROBE TECHNIQUE
87535	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, AMPLIFIED PROBE TECHNIQUE, INCLUDES REVERSE TRANSCRIPTION WHEN PERFORMED
87536	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, QUANTIFICATION, INCLUDES REVERSE TRANSCRIPTION WHEN PERFORMED
87537	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, DIRECT PROBE TECHNIQUE
87538	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2,

CODE	DESCRIPTION
	AMPLIFIED PROBE TECHNIQUE, INCLUDES REVERSE TRANSCRIPTION WHEN PERFORMED
87539	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, QUANTIFICATION, INCLUDES REVERSE TRANSCRIPTION WHEN PERFORMED
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, 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
87557	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA TUBERCULOSIS, QUANTIFICATION
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
87563	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA GENITALIUM, AMPLIFIED PROBE TECHNIQUE
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
87590	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA

CODE	DESCRIPTION
	GONORRHOEAE, DIRECT PROBE TECHNIQUE
87591	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA GONORRHOEAE, AMPLIFIED PROBE TECHNIQUE
87592	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA GONORRHOEAE, QUANTIFICATION
87593	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); ORTHOPOXVIRUS (EG, MONKEYPOX VIRUS, COWPOX VIRUS, VACCINIA VIRUS), AMPLIFIED PROBE TECHNIQUE, EACH
87623	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (HPV), LOW-RISK TYPES (EG, 6, 11, 42, 43, 44)
87624	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (HPV), HIGH-RISK TYPES (EG, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)
87625	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (HPV), TYPES 16 AND 18 ONLY, INCLUDES TYPE 45, IF PERFORMED
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
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
87653	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUP B, AMPLIFIED PROBE TECHNIQUE
87660	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS, DIRECT PROBE TECHNIQUE
87661	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS, AMPLIFIED PROBE TECHNIQUE

CODE	DESCRIPTION
87662	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); ZIKA VIRUS, 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
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
0301U	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), BARTONELLA HENSELAE AND BARTONELLA QUINTANA, DROPLET DIGITAL PCR (DDPCR)
0302U	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), BARTONELLA HENSELAE AND BARTONELLA QUINTANA, DROPLET DIGITAL PCR (DDPCR); FOLLOWING LIQUID ENRICHMENT
0429U	HUMAN PAPILLOMAVIRUS (HPV), OROPHARYNGEAL SWAB, 14 HIGH-RISK TYPES (IE, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, AND 68)
0483U	INFECTIOUS DISEASE (NEISSERIA GONORRHOEAE), SENSITIVITY, CIPROFLOXACIN RESISTANCE (GYRA S91F POINT MUTATION), ORAL, RECTAL, OR VAGINAL SWAB, ALGORITHM REPORTED AS PROBABILITY OF FLUOROQUINOLONE RESISTANCE
0484U	INFECTIOUS DISEASE (MYCOPLASMA GENITALIUM), MACROLIDE SENSITIVITY (23S RRNA POINT MUTATION), ORAL, RECTAL, OR VAGINAL SWAB, ALGORITHM REPORTED AS PROBABILITY OF MACROLIDE RESISTANCE
0502U	HUMAN PAPILLOMAVIRUS (HPV), E6/E7 MARKERS FOR HIGH-RISK TYPES (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, AND 68), CERVICAL CELLS, BRANCHED-CHAIN CAPTURE HYBRIDIZATION, REPORTED AS NEGATIVE OR POSITIVE FOR HIGH RISK FOR HPV
U0001	CDC 2019 NOVEL CORONAVIRUS (2019-NCOV) REAL-TIME RT-PCR DIAGNOSTIC PANEL
U0002	2019-NCOV CORONAVIRUS, SARS-COV-2/2019-NCOV (COVID-19), ANY TECHNIQUE, MULTIPLE TYPES OR SUBTYPES (INCLUDES ALL TARGETS), NON-CDC

**Group 9 Paragraph:**

**Zoonotic Infection Panels:**

This code is reimbursed under limited circumstances.



Note also the additional diagnostic guidance provided by the Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/ticks/tickbornediseases/>

**Group 9 Codes:** (1 Code)

CODE	DESCRIPTION
87999	UNLISTED MICROBIOLOGY PROCEDURE

**Group 10 Paragraph:**

**Joint Infection Panels:**

This code is reimbursed under limited circumstances.

**Group 10 Codes:** (1 Code)

CODE	DESCRIPTION
87999	UNLISTED MICROBIOLOGY PROCEDURE

**Group 11 Paragraph:**

**Non-Urogenital/Anogenital Cutaneous/Mucocutaneous Lesion Panels:**

This code is reimbursed under limited circumstances.

**Group 11 Codes:** (1 Code)

CODE	DESCRIPTION
87999	UNLISTED MICROBIOLOGY PROCEDURE

**Group 12 Paragraph:**

**Onychomycosis Panels:**

This code is only reimbursed for patients with a confirmed histopathologic diagnosis of an infiltrative/invasive fungal onychomycosis and whose culture (and antifungal susceptibility) of the nail is negative or cannot be performed.

**Group 12 Codes:** (1 Code)

CODE	DESCRIPTION
87999	UNLISTED MICROBIOLOGY PROCEDURE

**CPT/HCPCS Modifiers**

**Group 1 Paragraph:**

N/A

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

CODE	DESCRIPTION
59	DISTINCT PROCEDURAL SERVICE: UNDER CERTAIN CIRCUMSTANCES, THE PHYSICIAN MAY NEED TO INDICATE THAT A PROCEDURE OR SERVICE WAS DISTINCT OR INDEPENDENT FROM OTHER SERVICES PERFORMED ON THE SAME DAY. MODIFIER -59 IS USED TO IDENTIFY PROCEDURES/SERVICES THAT ARE NOT NORMALLY REPORTED TOGETHER, BUT ARE APPROPRIATE UNDER THE CIRCUMSTANCES. THIS MAY REPRESENT A DIFFERENT SESSION OR PATIENT ENCOUNTER, DIFFERENT PROCEDURE OR SURGERY, DIFFERENT SITE OR ORGAN SYSTEM, SEPARATE INCISION/EXCISION, SEPARATE LESION, OR SEPARATE INJURY (OR AREA OF INJURY IN EXTENSIVE INJURIES) NOT ORDINARILY ENCOUNTERED OR PERFORMED ON THE SAME DAY BY THE SAME PHYSICIAN. HOWEVER, WHEN ANOTHER ALREADY ESTABLISHED MODIFIER IS APPROPRIATE IT SHOULD BE USED RATHER THAN MODIFIER -59. ONLY IF NO MORE DESCRIPTIVE MODIFIER IS AVAILABLE, AND THE USE OF MODIFIER -59 BEST EXPLAINS THE CIRCUMSTANCES, SHOULD MODIFIER -59 BE USED. MODIFIER CODE 09959 MAY BE USED AS AN ALTERNATE TO MODIFIER -59.

**Group 2 Paragraph:**

N/A

**Group 2 Codes:** (1 Code)

CODE	DESCRIPTION
59	DISTINCT PROCEDURAL SERVICE: UNDER CERTAIN CIRCUMSTANCES, THE PHYSICIAN MAY NEED TO INDICATE THAT A PROCEDURE OR SERVICE WAS DISTINCT OR INDEPENDENT FROM OTHER SERVICES PERFORMED ON THE SAME DAY. MODIFIER -59 IS USED TO IDENTIFY PROCEDURES/SERVICES THAT ARE NOT NORMALLY REPORTED TOGETHER, BUT ARE APPROPRIATE UNDER THE CIRCUMSTANCES. THIS MAY REPRESENT A DIFFERENT SESSION OR PATIENT ENCOUNTER, DIFFERENT PROCEDURE OR SURGERY, DIFFERENT SITE OR ORGAN SYSTEM, SEPARATE INCISION/EXCISION, SEPARATE LESION, OR SEPARATE INJURY (OR AREA OF INJURY IN EXTENSIVE INJURIES) NOT ORDINARILY ENCOUNTERED OR PERFORMED ON THE SAME DAY BY THE SAME PHYSICIAN. HOWEVER, WHEN ANOTHER ALREADY ESTABLISHED MODIFIER IS APPROPRIATE IT SHOULD BE USED RATHER THAN MODIFIER -59. ONLY IF NO MORE DESCRIPTIVE MODIFIER IS AVAILABLE, AND THE USE OF MODIFIER -59 BEST EXPLAINS THE CIRCUMSTANCES, SHOULD MODIFIER -59 BE USED. MODIFIER CODE 09959 MAY BE USED AS AN ALTERNATE TO MODIFIER -59.

**Group 3 Paragraph:**

N/A

**Group 3 Codes:** (1 Code)

CODE	DESCRIPTION
59	DISTINCT PROCEDURAL SERVICE: UNDER CERTAIN CIRCUMSTANCES, THE PHYSICIAN MAY NEED TO INDICATE THAT A PROCEDURE OR SERVICE WAS DISTINCT OR INDEPENDENT FROM OTHER SERVICES PERFORMED ON THE SAME DAY. MODIFIER -59 IS USED TO IDENTIFY PROCEDURES/SERVICES THAT ARE NOT NORMALLY REPORTED TOGETHER, BUT ARE APPROPRIATE UNDER THE CIRCUMSTANCES. THIS MAY REPRESENT A DIFFERENT SESSION OR PATIENT ENCOUNTER, DIFFERENT PROCEDURE OR SURGERY, DIFFERENT SITE OR ORGAN SYSTEM, SEPARATE INCISION/EXCISION, SEPARATE LESION, OR SEPARATE INJURY (OR AREA OF INJURY IN EXTENSIVE INJURIES) NOT ORDINARILY ENCOUNTERED OR PERFORMED ON THE SAME DAY BY THE SAME PHYSICIAN. HOWEVER, WHEN ANOTHER ALREADY ESTABLISHED MODIFIER IS APPROPRIATE IT SHOULD BE USED RATHER THAN MODIFIER -59. ONLY IF NO MORE DESCRIPTIVE MODIFIER IS AVAILABLE, AND THE USE OF MODIFIER -59 BEST EXPLAINS THE CIRCUMSTANCES, SHOULD MODIFIER -59 BE USED. MODIFIER CODE 09959 MAY BE USED AS AN ALTERNATE TO MODIFIER -59.

**Group 4 Paragraph:**

N/A

**Group 4 Codes:** (1 Code)

CODE	DESCRIPTION
59	DISTINCT PROCEDURAL SERVICE: UNDER CERTAIN CIRCUMSTANCES, THE PHYSICIAN MAY NEED TO INDICATE THAT A PROCEDURE OR SERVICE WAS DISTINCT OR INDEPENDENT FROM OTHER SERVICES PERFORMED ON THE SAME DAY. MODIFIER -59 IS USED TO IDENTIFY PROCEDURES/SERVICES THAT ARE NOT NORMALLY REPORTED TOGETHER, BUT ARE APPROPRIATE UNDER THE CIRCUMSTANCES. THIS MAY REPRESENT A DIFFERENT SESSION OR PATIENT ENCOUNTER, DIFFERENT PROCEDURE OR SURGERY, DIFFERENT SITE OR ORGAN SYSTEM, SEPARATE INCISION/EXCISION, SEPARATE LESION, OR SEPARATE INJURY (OR AREA OF INJURY IN EXTENSIVE INJURIES) NOT ORDINARILY ENCOUNTERED OR PERFORMED ON THE SAME DAY BY THE SAME PHYSICIAN. HOWEVER, WHEN ANOTHER ALREADY ESTABLISHED MODIFIER IS APPROPRIATE IT SHOULD BE USED RATHER THAN MODIFIER -59. ONLY IF NO MORE DESCRIPTIVE MODIFIER IS AVAILABLE, AND THE USE OF MODIFIER -59 BEST EXPLAINS THE CIRCUMSTANCES, SHOULD MODIFIER -59 BE USED. MODIFIER CODE 09959 MAY BE USED AS AN ALTERNATE TO MODIFIER -59.

**Group 5 Paragraph:**

N/A

**Group 5 Codes:** (1 Code)

CODE	DESCRIPTION
59	DISTINCT PROCEDURAL SERVICE: UNDER CERTAIN CIRCUMSTANCES, THE PHYSICIAN MAY NEED TO INDICATE THAT A PROCEDURE OR SERVICE WAS DISTINCT OR INDEPENDENT FROM OTHER SERVICES PERFORMED ON THE SAME DAY. MODIFIER -59 IS USED TO IDENTIFY PROCEDURES/SERVICES THAT ARE NOT NORMALLY REPORTED TOGETHER, BUT ARE APPROPRIATE UNDER THE CIRCUMSTANCES. THIS MAY REPRESENT A DIFFERENT SESSION OR PATIENT ENCOUNTER, DIFFERENT PROCEDURE OR SURGERY, DIFFERENT SITE OR ORGAN SYSTEM, SEPARATE INCISION/EXCISION, SEPARATE LESION, OR SEPARATE INJURY (OR AREA OF INJURY IN EXTENSIVE INJURIES) NOT ORDINARILY ENCOUNTERED OR PERFORMED ON THE SAME DAY BY THE SAME PHYSICIAN. HOWEVER, WHEN ANOTHER ALREADY ESTABLISHED MODIFIER IS APPROPRIATE IT SHOULD BE USED RATHER THAN MODIFIER -59. ONLY IF NO MORE DESCRIPTIVE MODIFIER IS AVAILABLE, AND THE USE OF MODIFIER -59 BEST EXPLAINS THE CIRCUMSTANCES, SHOULD MODIFIER -59 BE USED. MODIFIER CODE 09959 MAY BE USED AS AN ALTERNATE TO MODIFIER -59.

**Group 6 Paragraph:**

N/A

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

CODE	DESCRIPTION
59	DISTINCT PROCEDURAL SERVICE: UNDER CERTAIN CIRCUMSTANCES, THE PHYSICIAN MAY NEED TO INDICATE THAT A PROCEDURE OR SERVICE WAS DISTINCT OR INDEPENDENT FROM OTHER SERVICES PERFORMED ON THE SAME DAY. MODIFIER -59 IS USED TO IDENTIFY PROCEDURES/SERVICES THAT ARE NOT NORMALLY REPORTED TOGETHER, BUT ARE APPROPRIATE UNDER THE CIRCUMSTANCES. THIS MAY REPRESENT A DIFFERENT SESSION OR PATIENT ENCOUNTER, DIFFERENT PROCEDURE OR SURGERY, DIFFERENT SITE OR ORGAN SYSTEM, SEPARATE INCISION/EXCISION, SEPARATE LESION, OR SEPARATE INJURY (OR AREA OF INJURY IN EXTENSIVE INJURIES) NOT ORDINARILY ENCOUNTERED OR PERFORMED ON THE SAME DAY BY THE SAME PHYSICIAN. HOWEVER, WHEN ANOTHER ALREADY ESTABLISHED MODIFIER IS APPROPRIATE IT SHOULD BE USED RATHER THAN MODIFIER -59. ONLY IF NO MORE DESCRIPTIVE MODIFIER IS AVAILABLE, AND THE USE OF MODIFIER -59 BEST EXPLAINS THE CIRCUMSTANCES, SHOULD MODIFIER -59 BE USED. MODIFIER CODE 09959 MAY BE USED AS AN ALTERNATE TO MODIFIER -59.

**Group 7 Paragraph:**

N/A

**Group 7 Codes:** (1 Code)

CODE	DESCRIPTION
59	DISTINCT PROCEDURAL SERVICE: UNDER CERTAIN CIRCUMSTANCES, THE

CODE	DESCRIPTION
	<p>PHYSICIAN MAY NEED TO INDICATE THAT A PROCEDURE OR SERVICE WAS DISTINCT OR INDEPENDENT FROM OTHER SERVICES PERFORMED ON THE SAME DAY. MODIFIER -59 IS USED TO IDENTIFY PROCEDURES/SERVICES THAT ARE NOT NORMALLY REPORTED TOGETHER, BUT ARE APPROPRIATE UNDER THE CIRCUMSTANCES. THIS MAY REPRESENT A DIFFERENT SESSION OR PATIENT ENCOUNTER, DIFFERENT PROCEDURE OR SURGERY, DIFFERENT SITE OR ORGAN SYSTEM, SEPARATE INCISION/EXCISION, SEPARATE LESION, OR SEPARATE INJURY (OR AREA OF INJURY IN EXTENSIVE INJURIES) NOT ORDINARILY ENCOUNTERED OR PERFORMED ON THE SAME DAY BY THE SAME PHYSICIAN. HOWEVER, WHEN ANOTHER ALREADY ESTABLISHED MODIFIER IS APPROPRIATE IT SHOULD BE USED RATHER THAN MODIFIER -59. ONLY IF NO MORE DESCRIPTIVE MODIFIER IS AVAILABLE, AND THE USE OF MODIFIER -59 BEST EXPLAINS THE CIRCUMSTANCES, SHOULD MODIFIER -59 BE USED. MODIFIER CODE 09959 MAY BE USED AS AN ALTERNATE TO MODIFIER -59.</p>

**Group 8 Paragraph:**

N/A

**Group 8 Codes:** (1 Code)

CODE	DESCRIPTION
59	<p>DISTINCT PROCEDURAL SERVICE: UNDER CERTAIN CIRCUMSTANCES, THE PHYSICIAN MAY NEED TO INDICATE THAT A PROCEDURE OR SERVICE WAS DISTINCT OR INDEPENDENT FROM OTHER SERVICES PERFORMED ON THE SAME DAY. MODIFIER -59 IS USED TO IDENTIFY PROCEDURES/SERVICES THAT ARE NOT NORMALLY REPORTED TOGETHER, BUT ARE APPROPRIATE UNDER THE CIRCUMSTANCES. THIS MAY REPRESENT A DIFFERENT SESSION OR PATIENT ENCOUNTER, DIFFERENT PROCEDURE OR SURGERY, DIFFERENT SITE OR ORGAN SYSTEM, SEPARATE INCISION/EXCISION, SEPARATE LESION, OR SEPARATE INJURY (OR AREA OF INJURY IN EXTENSIVE INJURIES) NOT ORDINARILY ENCOUNTERED OR PERFORMED ON THE SAME DAY BY THE SAME PHYSICIAN. HOWEVER, WHEN ANOTHER ALREADY ESTABLISHED MODIFIER IS APPROPRIATE IT SHOULD BE USED RATHER THAN MODIFIER -59. ONLY IF NO MORE DESCRIPTIVE MODIFIER IS AVAILABLE, AND THE USE OF MODIFIER -59 BEST EXPLAINS THE CIRCUMSTANCES, SHOULD MODIFIER -59 BE USED. MODIFIER CODE 09959 MAY BE USED AS AN ALTERNATE TO MODIFIER -59.</p>

**Group 9 Paragraph:**

N/A

**Group 9 Codes:** (1 Code)

CODE	DESCRIPTION
59	<p>DISTINCT PROCEDURAL SERVICE: UNDER CERTAIN CIRCUMSTANCES, THE PHYSICIAN MAY NEED TO INDICATE THAT A PROCEDURE OR SERVICE WAS</p>

CODE	DESCRIPTION
	DISTINCT OR INDEPENDENT FROM OTHER SERVICES PERFORMED ON THE SAME DAY. MODIFIER -59 IS USED TO IDENTIFY PROCEDURES/SERVICES THAT ARE NOT NORMALLY REPORTED TOGETHER, BUT ARE APPROPRIATE UNDER THE CIRCUMSTANCES. THIS MAY REPRESENT A DIFFERENT SESSION OR PATIENT ENCOUNTER, DIFFERENT PROCEDURE OR SURGERY, DIFFERENT SITE OR ORGAN SYSTEM, SEPARATE INCISION/EXCISION, SEPARATE LESION, OR SEPARATE INJURY (OR AREA OF INJURY IN EXTENSIVE INJURIES) NOT ORDINARILY ENCOUNTERED OR PERFORMED ON THE SAME DAY BY THE SAME PHYSICIAN. HOWEVER, WHEN ANOTHER ALREADY ESTABLISHED MODIFIER IS APPROPRIATE IT SHOULD BE USED RATHER THAN MODIFIER -59. ONLY IF NO MORE DESCRIPTIVE MODIFIER IS AVAILABLE, AND THE USE OF MODIFIER -59 BEST EXPLAINS THE CIRCUMSTANCES, SHOULD MODIFIER -59 BE USED. MODIFIER CODE 09959 MAY BE USED AS AN ALTERNATE TO MODIFIER -59.

**Group 10 Paragraph:**

N/A

**Group 10 Codes: (1 Code)**

CODE	DESCRIPTION
59	DISTINCT PROCEDURAL SERVICE: UNDER CERTAIN CIRCUMSTANCES, THE PHYSICIAN MAY NEED TO INDICATE THAT A PROCEDURE OR SERVICE WAS DISTINCT OR INDEPENDENT FROM OTHER SERVICES PERFORMED ON THE SAME DAY. MODIFIER -59 IS USED TO IDENTIFY PROCEDURES/SERVICES THAT ARE NOT NORMALLY REPORTED TOGETHER, BUT ARE APPROPRIATE UNDER THE CIRCUMSTANCES. THIS MAY REPRESENT A DIFFERENT SESSION OR PATIENT ENCOUNTER, DIFFERENT PROCEDURE OR SURGERY, DIFFERENT SITE OR ORGAN SYSTEM, SEPARATE INCISION/EXCISION, SEPARATE LESION, OR SEPARATE INJURY (OR AREA OF INJURY IN EXTENSIVE INJURIES) NOT ORDINARILY ENCOUNTERED OR PERFORMED ON THE SAME DAY BY THE SAME PHYSICIAN. HOWEVER, WHEN ANOTHER ALREADY ESTABLISHED MODIFIER IS APPROPRIATE IT SHOULD BE USED RATHER THAN MODIFIER -59. ONLY IF NO MORE DESCRIPTIVE MODIFIER IS AVAILABLE, AND THE USE OF MODIFIER -59 BEST EXPLAINS THE CIRCUMSTANCES, SHOULD MODIFIER -59 BE USED. MODIFIER CODE 09959 MAY BE USED AS AN ALTERNATE TO MODIFIER -59.

**Group 11 Paragraph:**

N/A

**Group 11 Codes: (1 Code)**

CODE	DESCRIPTION
59	DISTINCT PROCEDURAL SERVICE: UNDER CERTAIN CIRCUMSTANCES, THE PHYSICIAN MAY NEED TO INDICATE THAT A PROCEDURE OR SERVICE WAS DISTINCT OR INDEPENDENT FROM OTHER SERVICES PERFORMED ON THE SAME

CODE	DESCRIPTION
	<p>DAY. MODIFIER -59 IS USED TO IDENTIFY PROCEDURES/SERVICES THAT ARE NOT NORMALLY REPORTED TOGETHER, BUT ARE APPROPRIATE UNDER THE CIRCUMSTANCES. THIS MAY REPRESENT A DIFFERENT SESSION OR PATIENT ENCOUNTER, DIFFERENT PROCEDURE OR SURGERY, DIFFERENT SITE OR ORGAN SYSTEM, SEPARATE INCISION/EXCISION, SEPARATE LESION, OR SEPARATE INJURY (OR AREA OF INJURY IN EXTENSIVE INJURIES) NOT ORDINARILY ENCOUNTERED OR PERFORMED ON THE SAME DAY BY THE SAME PHYSICIAN. HOWEVER, WHEN ANOTHER ALREADY ESTABLISHED MODIFIER IS APPROPRIATE IT SHOULD BE USED RATHER THAN MODIFIER -59. ONLY IF NO MORE DESCRIPTIVE MODIFIER IS AVAILABLE, AND THE USE OF MODIFIER -59 BEST EXPLAINS THE CIRCUMSTANCES, SHOULD MODIFIER -59 BE USED. MODIFIER CODE 09959 MAY BE USED AS AN ALTERNATE TO MODIFIER -59.</p>

**Group 12 Paragraph:**

N/A

**Group 12 Codes:** (1 Code)

CODE	DESCRIPTION
59	<p>DISTINCT PROCEDURAL SERVICE: UNDER CERTAIN CIRCUMSTANCES, THE PHYSICIAN MAY NEED TO INDICATE THAT A PROCEDURE OR SERVICE WAS DISTINCT OR INDEPENDENT FROM OTHER SERVICES PERFORMED ON THE SAME DAY. MODIFIER -59 IS USED TO IDENTIFY PROCEDURES/SERVICES THAT ARE NOT NORMALLY REPORTED TOGETHER, BUT ARE APPROPRIATE UNDER THE CIRCUMSTANCES. THIS MAY REPRESENT A DIFFERENT SESSION OR PATIENT ENCOUNTER, DIFFERENT PROCEDURE OR SURGERY, DIFFERENT SITE OR ORGAN SYSTEM, SEPARATE INCISION/EXCISION, SEPARATE LESION, OR SEPARATE INJURY (OR AREA OF INJURY IN EXTENSIVE INJURIES) NOT ORDINARILY ENCOUNTERED OR PERFORMED ON THE SAME DAY BY THE SAME PHYSICIAN. HOWEVER, WHEN ANOTHER ALREADY ESTABLISHED MODIFIER IS APPROPRIATE IT SHOULD BE USED RATHER THAN MODIFIER -59. ONLY IF NO MORE DESCRIPTIVE MODIFIER IS AVAILABLE, AND THE USE OF MODIFIER -59 BEST EXPLAINS THE CIRCUMSTANCES, SHOULD MODIFIER -59 BE USED. MODIFIER CODE 09959 MAY BE USED AS AN ALTERNATE TO MODIFIER -59.</p>

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

**Group 1 Paragraph:**

One of the following diagnosis codes must be on the claim to bill for:

**Targeted Respiratory Panels**

**Group 1 Codes:** (112 Codes)

CODE	DESCRIPTION
A37.00	Whooping cough due to Bordetella pertussis without pneumonia
A37.01	Whooping cough due to Bordetella pertussis with pneumonia
A37.10	Whooping cough due to Bordetella parapertussis without pneumonia
A37.11	Whooping cough due to Bordetella parapertussis with pneumonia
A37.80	Whooping cough due to other Bordetella species without pneumonia
A37.81	Whooping cough due to other Bordetella species with pneumonia
A37.90	Whooping cough, unspecified species without pneumonia
A37.91	Whooping cough, unspecified species with pneumonia
A41.81	Sepsis due to Enterococcus
A41.89	Other specified sepsis
A41.9	Sepsis, unspecified organism
A48.1	Legionnaires' disease
A48.2	Nonpneumonic Legionnaires' disease [Pontiac fever]
B25.0	Cytomegaloviral pneumonitis
B33.23	Viral pericarditis
B33.24	Viral cardiomyopathy
B59	Pneumocystosis
B97.21	SARS-associated coronavirus as the cause of diseases classified elsewhere
B97.29	Other coronavirus as the cause of diseases classified elsewhere
J05.0	Acute obstructive laryngitis [croup]
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
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
J10.01	Influenza due to other identified influenza virus with the same other identified influenza virus pneumonia
J10.08	Influenza due to other identified influenza virus with other specified pneumonia
J10.1	Influenza due to other identified influenza virus with other respiratory manifestations
J10.2	Influenza due to other identified influenza virus with gastrointestinal manifestations



CODE	DESCRIPTION
J10.81	Influenza due to other identified influenza virus with encephalopathy
J10.82	Influenza due to other identified influenza virus with myocarditis
J10.83	Influenza due to other identified influenza virus with otitis media
J10.89	Influenza due to other identified influenza virus with other manifestations
J11.08	Influenza due to unidentified influenza virus with specified pneumonia
J11.1	Influenza due to unidentified influenza virus with other respiratory manifestations
J11.2	Influenza due to unidentified influenza virus with gastrointestinal manifestations
J11.81	Influenza due to unidentified influenza virus with encephalopathy
J11.82	Influenza due to unidentified influenza virus with myocarditis
J11.83	Influenza due to unidentified influenza virus with otitis media
J11.89	Influenza due to unidentified influenza virus with other manifestations
J12.0	Adenoviral pneumonia
J12.1	Respiratory syncytial virus pneumonia
J12.2	Parainfluenza virus 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
J13	Pneumonia due to Streptococcus pneumoniae
J15.0	Pneumonia due to Klebsiella pneumoniae
J15.1	Pneumonia due to Pseudomonas
J15.20	Pneumonia due to staphylococcus, unspecified
J15.211	Pneumonia due to Methicillin susceptible Staphylococcus aureus
J15.212	Pneumonia due to Methicillin resistant Staphylococcus aureus
J15.29	Pneumonia due to other staphylococcus
J15.3	Pneumonia due to streptococcus, group B
J15.4	Pneumonia due to other streptococci
J15.61	Pneumonia due to Acinetobacter baumannii
J15.69	Pneumonia due to other Gram-negative bacteria
J15.7	Pneumonia due to Mycoplasma pneumoniae
J15.8	Pneumonia due to other specified bacteria

CODE	DESCRIPTION
J15.9	Unspecified bacterial pneumonia
J16.0	Chlamydial pneumonia
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
J20.0	Acute bronchitis due to Mycoplasma pneumoniae
J20.1	Acute bronchitis due to Hemophilus influenzae
J20.2	Acute bronchitis due to streptococcus
J20.3	Acute bronchitis due to coxsackievirus
J20.4	Acute bronchitis due to parainfluenza virus
J20.5	Acute bronchitis due to respiratory syncytial virus
J20.6	Acute bronchitis due to rhinovirus
J20.8	Acute bronchitis due to other specified organisms
J20.9	Acute bronchitis, unspecified
J21.9	Acute bronchiolitis, unspecified
J22	Unspecified acute lower respiratory infection
J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
J45.31	Mild persistent asthma with (acute) exacerbation
J45.32	Mild persistent asthma with status asthmaticus
J45.41	Moderate persistent asthma with (acute) exacerbation
J45.42	Moderate persistent asthma with status asthmaticus
J45.51	Severe persistent asthma with (acute) exacerbation
J45.52	Severe persistent asthma with status asthmaticus
J45.901	Unspecified asthma with (acute) exacerbation
J45.902	Unspecified asthma with status asthmaticus
J84.116	Cryptogenic organizing pneumonia
J84.117	Desquamative interstitial pneumonia
J84.2	Lymphoid interstitial pneumonia

CODE	DESCRIPTION
J85.0	Gangrene and necrosis of lung
J85.1	Abscess of lung with pneumonia
J85.2	Abscess of lung without pneumonia
J85.3	Abscess of mediastinum
R05.1	Acute cough
R05.2	Subacute cough
R05.3	Chronic cough
R05.8	Other specified cough
CODE	DESCRIPTION
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R06.2	Wheezing
R50.9	Fever, unspecified
R65.20	Severe sepsis without septic shock
R65.21	Severe sepsis with septic shock
R78.81	Bacteremia
T86.33	Heart-lung transplant infection
T86.812	Lung transplant infection
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
U07.1	COVID-19

**Group 2 Paragraph:**

One of the following diagnosis codes must be on the claim to bill for:

**Targeted Gastrointestinal Panels**

**Group 2 Codes: (115 Codes)**

CODE	DESCRIPTION
A00.0	Cholera due to <i>Vibrio cholerae</i> 01, biovar cholerae
A00.1	Cholera due to <i>Vibrio cholerae</i> 01, biovar eltor
A00.9	Cholera, unspecified
A01.00	Typhoid fever, unspecified

CODE	DESCRIPTION
A01.09	Typhoid fever with other complications
A01.1	Paratyphoid fever A
A01.2	Paratyphoid fever B
A01.3	Paratyphoid fever C
A02.0	Salmonella enteritis
A02.1	Salmonella sepsis
A02.8	Other specified salmonella infections
A03.0	Shigellosis due to <i>Shigella dysenteriae</i>
A03.1	Shigellosis due to <i>Shigella flexneri</i>
A03.2	Shigellosis due to <i>Shigella boydii</i>
A03.3	Shigellosis due to <i>Shigella sonnei</i>
A03.8	Other shigellosis
A04.0	Enteropathogenic <i>Escherichia coli</i> infection
A04.1	Enterotoxigenic <i>Escherichia coli</i> infection
A04.2	Enteroinvasive <i>Escherichia coli</i> infection
A04.3	Enterohemorrhagic <i>Escherichia coli</i> infection
A04.5	<i>Campylobacter</i> enteritis
A04.6	Enteritis due to <i>Yersinia enterocolitica</i>
A04.71	Enterocolitis due to <i>Clostridium difficile</i> , recurrent
A04.72	Enterocolitis due to <i>Clostridium difficile</i> , not specified as recurrent
A04.8	Other specified bacterial intestinal infections
A04.9	Bacterial intestinal infection, unspecified
A05.0	Foodborne staphylococcal intoxication
A05.1	Botulism food poisoning
A05.2	Foodborne <i>Clostridium perfringens</i> [ <i>Clostridium welchii</i> ] intoxication
A05.3	Foodborne <i>Vibrio parahaemolyticus</i> intoxication
A05.4	Foodborne <i>Bacillus cereus</i> intoxication
A05.5	Foodborne <i>Vibrio vulnificus</i> intoxication
A06.0	Acute amebic dysentery
A06.1	Chronic intestinal amebiasis
A06.2	Amebic nondysenteric colitis
A07.1	Giardiasis [lambliasis]

CODE	DESCRIPTION
A07.2	Cryptosporidiosis
A07.4	Cyclosporiasis
A08.0	Rotaviral enteritis
A08.11	Acute gastroenteropathy due to Norwalk agent
A08.19	Acute gastroenteropathy due to other small round viruses
A08.2	Adenoviral enteritis
A08.31	Calicivirus enteritis
A08.32	Astrovirus enteritis
A08.39	Other viral enteritis
A08.8	Other specified intestinal infections
A09	Infectious gastroenteritis and colitis, unspecified
A32.11	Listerial meningitis
A32.12	Listerial meningoencephalitis
A32.7	Listerial sepsis
A41.50	Gram-negative sepsis, unspecified
A41.51	Sepsis due to Escherichia coli [E. coli]
A41.52	Sepsis due to Pseudomonas
A41.53	Sepsis due to Serratia
A41.59	Other Gram-negative sepsis
A41.81	Sepsis due to Enterococcus
A41.89	Other specified sepsis
A41.9	Sepsis, unspecified organism
D59.30	Hemolytic-uremic syndrome, unspecified
D59.31	Infection-associated hemolytic-uremic syndrome
K35.200	Acute appendicitis with generalized peritonitis, without perforation or abscess
K35.201	Acute appendicitis with generalized peritonitis, with perforation, without abscess
K35.209	Acute appendicitis with generalized peritonitis, without abscess, unspecified as to perforation
K35.210	Acute appendicitis with generalized peritonitis, without perforation, with abscess
K35.211	Acute appendicitis with generalized peritonitis, with perforation and abscess
K35.219	Acute appendicitis with generalized peritonitis, with abscess, unspecified as to perforation

CODE	DESCRIPTION
K50.014	Crohn's disease of small intestine with abscess
K50.114	Crohn's disease of large intestine with abscess
K50.814	Crohn's disease of both small and large intestine with abscess
K50.914	Crohn's disease, unspecified, with abscess
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.214	Ulcerative (chronic) proctitis with abscess
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess
K51.414	Inflammatory polyps of colon with abscess
K51.514	Left sided colitis with abscess
K51.814	Other ulcerative colitis with abscess
K51.914	Ulcerative colitis, unspecified with abscess
K52.1	Toxic gastroenteritis and colitis
K56.0	Paralytic ileus
K63.8211	Small intestinal bacterial overgrowth, hydrogen-subtype
K63.8212	Small intestinal bacterial overgrowth, hydrogen sulfide-subtype
K63.8219	Small intestinal bacterial overgrowth, unspecified
K63.822	Small intestinal fungal overgrowth
K63.829	Intestinal methanogen overgrowth, unspecified
K92.1	Melena
M31.19	Other thrombotic microangiopathy
R10.0	Acute abdomen
R10.11	Right upper quadrant pain
R10.12	Left upper quadrant pain
R10.13	Epigastric pain
R10.31	Right lower quadrant pain
R10.32	Left lower quadrant pain
R10.33	Periumbilical pain
R10.811	Right upper quadrant abdominal tenderness
R10.812	Left upper quadrant abdominal tenderness
R10.813	Right lower quadrant abdominal tenderness
R10.814	Left lower quadrant abdominal tenderness
R10.815	Periumbilic abdominal tenderness

CODE	DESCRIPTION
R10.817	Generalized abdominal tenderness
R10.821	Right upper quadrant rebound abdominal tenderness
R10.822	Left upper quadrant rebound abdominal tenderness
CODE	DESCRIPTION
R10.823	Right lower quadrant rebound abdominal tenderness
R10.824	Left lower quadrant rebound abdominal tenderness
R10.825	Periumbilic rebound abdominal tenderness
R10.826	Epigastric rebound abdominal tenderness
R10.827	Generalized rebound abdominal tenderness
R10.829	Rebound abdominal tenderness, unspecified site
R10.84	Generalized abdominal pain
R19.5	Other fecal abnormalities
R19.7	Diarrhea, unspecified
R50.9	Fever, unspecified
R65.20	Severe sepsis without septic shock
R65.21	Severe sepsis with septic shock
R78.81	Bacteremia
T86.852	Intestine transplant infection

**Group 3 Paragraph:**

One of the following diagnosis codes must be on the claim to bill for:

**Meningoencephalitis Panels**

**Group 3 Codes: (56 Codes)**

CODE	DESCRIPTION
A39.0	Meningococcal meningitis
A39.81	Meningococcal encephalitis
A39.9	Meningococcal infection, unspecified
A41.9	Sepsis, unspecified organism
A54.81	Gonococcal meningitis
A80.0	Acute paralytic poliomyelitis, vaccine-associated
A80.1	Acute paralytic poliomyelitis, wild virus, imported

CODE	DESCRIPTION
A80.2	Acute paralytic poliomyelitis, wild virus, indigenous
A80.30	Acute paralytic poliomyelitis, unspecified
A80.39	Other acute paralytic poliomyelitis
A80.4	Acute nonparalytic poliomyelitis
A80.9	Acute poliomyelitis, unspecified
A85.0	Enteroviral encephalitis
A85.1	Adenoviral encephalitis
A85.8	Other specified viral encephalitis
A86	Unspecified viral encephalitis
A87.0	Enteroviral meningitis
A87.8	Other viral meningitis
A87.9	Viral meningitis, unspecified
B00.3	Herpesviral meningitis
B00.4	Herpesviral encephalitis
B01.0	Varicella meningitis
B01.11	Varicella encephalitis and encephalomyelitis
B02.1	Zoster meningitis
B10.01	Human herpesvirus 6 encephalitis
B20	Human immunodeficiency virus [HIV] disease
B27.02	Gammaherpesviral mononucleosis with meningitis
B27.12	Cytomegaloviral mononucleosis with meningitis
B27.82	Other infectious mononucleosis with meningitis
B37.5	Candidal meningitis
B45.1	Cerebral cryptococcosis
B60.2	Naegleriasis
G00.0	Hemophilus meningitis
G00.1	Pneumococcal meningitis
G00.2	Streptococcal meningitis
G00.8	Other bacterial meningitis
G00.9	Bacterial meningitis, unspecified
G03.0	Nonpyogenic meningitis
G03.9	Meningitis, unspecified



CODE	DESCRIPTION
G04.01	Postinfectious acute disseminated encephalitis and encephalomyelitis (postinfectious ADEM)
G04.02	Postimmunization acute disseminated encephalitis, myelitis and encephalomyelitis
G04.30	Acute necrotizing hemorrhagic encephalopathy, unspecified
G04.31	Postinfectious acute necrotizing hemorrhagic encephalopathy
G04.32	Postimmunization acute necrotizing hemorrhagic encephalopathy
G04.39	Other acute necrotizing hemorrhagic encephalopathy
G04.81	Other encephalitis and encephalomyelitis
G04.82	Acute flaccid myelitis
G04.89	Other myelitis
G04.90	Encephalitis and encephalomyelitis, unspecified
G04.91	Myelitis, unspecified
G05.3	Encephalitis and encephalomyelitis in diseases classified elsewhere
G05.4	Myelitis in diseases classified elsewhere
R41.82	Altered mental status, unspecified
R50.9	Fever, unspecified
R65.20	Severe sepsis without septic shock
R65.21	Severe sepsis with septic shock

**Group 4 Paragraph:**

One of the following diagnosis codes must be on the claim to bill for:

**Bloodstream Infection Panels**

**Group 4 Codes: (78 Codes)**

CODE	DESCRIPTION
A01.00	Typhoid fever, unspecified
A01.01	Typhoid meningitis
A01.02	Typhoid fever with heart involvement
A01.03	Typhoid pneumonia
A01.04	Typhoid arthritis
A01.05	Typhoid osteomyelitis
A01.09	Typhoid fever with other complications

CODE	DESCRIPTION
A01.1	Paratyphoid fever A
A01.2	Paratyphoid fever B
A01.3	Paratyphoid fever C
A32.7	Listerial sepsis
A40.0	Sepsis due to streptococcus, group A
A40.1	Sepsis due to streptococcus, group B
A40.3	Sepsis due to Streptococcus pneumoniae
A40.8	Other streptococcal sepsis
A40.9	Streptococcal sepsis, unspecified
A41.01	Sepsis due to Methicillin susceptible Staphylococcus aureus
A41.02	Sepsis due to Methicillin resistant Staphylococcus aureus
A41.1	Sepsis due to other specified staphylococcus
A41.2	Sepsis due to unspecified staphylococcus
A41.3	Sepsis due to Hemophilus influenzae
A41.4	Sepsis due to anaerobes
A41.50	Gram-negative sepsis, unspecified
A41.51	Sepsis due to Escherichia coli [E. coli]
A41.52	Sepsis due to Pseudomonas
A41.53	Sepsis due to Serratia
A41.54	Sepsis due to Acinetobacter baumannii
A41.59	Other Gram-negative sepsis
A41.9	Sepsis, unspecified organism
A54.86	Gonococcal sepsis
A79.82	Anaplasmosis [A. phagocytophilum]
B37.7	Candidal sepsis
B96.83	Acinetobacter baumannii as the cause of diseases classified elsewhere
B99.9	Unspecified infectious disease
D59.30	Hemolytic-uremic syndrome, unspecified
D59.31	Infection-associated hemolytic-uremic syndrome
D70.3	Neutropenia due to infection
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene

CODE	DESCRIPTION
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
I33.0	Acute and subacute infective endocarditis
M31.19	Other thrombotic microangiopathy
R50.81	Fever presenting with conditions classified elsewhere
R50.9	Fever, unspecified
R65.20	Severe sepsis without septic shock
R65.21	Severe sepsis with septic shock
R78.81	Bacteremia
T80.211A	Bloodstream infection due to central venous catheter, initial encounter
T80.211D	Bloodstream infection due to central venous catheter, subsequent encounter
T80.211S	Bloodstream infection due to central venous catheter, sequela
T80.218A	Other infection due to central venous catheter, initial encounter
T80.218D	Other infection due to central venous catheter, subsequent encounter
T80.218S	Other infection due to central venous catheter, sequela
T80.219A	Unspecified infection due to central venous catheter, initial encounter
T80.219D	Unspecified infection due to central venous catheter, subsequent encounter
T80.219S	Unspecified infection due to central venous catheter, sequela
T80.22XA	Acute infection following transfusion, infusion, or injection of blood and blood products, initial encounter
T80.22XD	Acute infection following transfusion, infusion, or injection of blood and blood products, subsequent encounter
T80.22XS	Acute infection following transfusion, infusion, or injection of blood and blood products, sequela
T80.29XA	Infection following other infusion, transfusion and therapeutic injection, initial encounter
T80.29XD	Infection following other infusion, transfusion and therapeutic injection, subsequent encounter
T80.29XS	Infection following other infusion, transfusion and therapeutic injection, sequela
T82.6XXA	Infection and inflammatory reaction due to cardiac valve prosthesis, initial encounter
T82.6XXD	Infection and inflammatory reaction due to cardiac valve prosthesis, subsequent encounter
T82.6XXS	Infection and inflammatory reaction due to cardiac valve prosthesis, sequela

CODE	DESCRIPTION
T82.7XXA	Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, initial encounter
T82.7XXD	Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, subsequent encounter
T82.7XXS	Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, sequela
T85.71XA	Infection and inflammatory reaction due to peritoneal dialysis catheter, initial encounter
T85.71XD	Infection and inflammatory reaction due to peritoneal dialysis catheter, subsequent encounter
T85.71XS	Infection and inflammatory reaction due to peritoneal dialysis catheter, sequela
T85.72XA	Infection and inflammatory reaction due to insulin pump, initial encounter
T85.72XD	Infection and inflammatory reaction due to insulin pump, subsequent encounter
T85.72XS	Infection and inflammatory reaction due to insulin pump, sequela
T86.03	Bone marrow transplant infection
T86.23	Heart transplant infection
T86.33	Heart-lung transplant infection
T86.5	Complications of stem cell transplant

**Group 5 Paragraph:**

One of the following diagnosis codes must be on the claim to bill for:

**Urogenital/Anogenital Panels**

NOTE: Claims with diagnosis code Z11.3 would be expected to also include a high-risk diagnosis code.

**Group 5 Codes: (97 Codes)**

CODE	DESCRIPTION
A51.0	Primary genital syphilis
A51.1	Primary anal syphilis
A51.31	Condyloma latum
A52.76	Other genitourinary symptomatic late syphilis
A54.00	Gonococcal infection of lower genitourinary tract, unspecified
A54.01	Gonococcal cystitis and urethritis, unspecified
A54.02	Gonococcal vulvovaginitis, unspecified

CODE	DESCRIPTION
A54.03	Gonococcal cervicitis, unspecified
A54.09	Other gonococcal infection of lower genitourinary tract
A54.1	Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess
A54.21	Gonococcal infection of kidney and ureter
A54.22	Gonococcal prostatitis
A54.23	Gonococcal infection of other male genital organs
A54.24	Gonococcal female pelvic inflammatory disease
A54.29	Other gonococcal genitourinary infections
A54.6	Gonococcal infection of anus and rectum
A56.00	Chlamydial infection of lower genitourinary tract, unspecified
A56.01	Chlamydial cystitis and urethritis
A56.02	Chlamydial vulvovaginitis
A56.09	Other chlamydial infection of lower genitourinary tract
A56.11	Chlamydial female pelvic inflammatory disease
A56.19	Other chlamydial genitourinary infection
A56.2	Chlamydial infection of genitourinary tract, unspecified
A56.3	Chlamydial infection of anus and rectum
A59.00	Urogenital trichomoniasis, unspecified
A59.01	Trichomonal vulvovaginitis
A59.02	Trichomonal prostatitis
A59.03	Trichomonal cystitis and urethritis
A59.09	Other urogenital trichomoniasis
A60.00	Herpesviral infection of urogenital system, unspecified
A60.01	Herpesviral infection of penis
A60.02	Herpesviral infection of other male genital organs
A60.03	Herpesviral cervicitis
A60.04	Herpesviral vulvovaginitis
A60.09	Herpesviral infection of other urogenital tract
A60.1	Herpesviral infection of perianal skin and rectum
A60.9	Anogenital herpesviral infection, unspecified
A63.0	Anogenital (venereal) warts

CODE	DESCRIPTION
B20	Human immunodeficiency virus [HIV] disease
B37.31	Acute candidiasis of vulva and vagina
B37.32	Chronic candidiasis of vulva and vagina
B37.41	Candidal cystitis and urethritis
B37.42	Candidal balanitis
B37.49	Other urogenital candidiasis
B37.89	Other sites of candidiasis
B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
D26.0	Other benign neoplasm of cervix uteri
L29.2	Pruritus vulvae
L29.3	Anogenital pruritus, unspecified
N34.1	Nonspecific urethritis
N34.2	Other urethritis
N41.0	Acute prostatitis
N41.3	Prostatocystitis
N48.5	Ulcer of penis
N76.0	Acute vaginitis
N76.1	Subacute and chronic vaginitis
N76.2	Acute vulvitis
N76.3	Subacute and chronic vulvitis
N76.5	Ulceration of vagina
N76.6	Ulceration of vulva
N76.82	Fournier disease of vagina and vulva
N76.89	Other specified inflammation of vagina and vulva
N77.1	Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere
N89.8	Other specified noninflammatory disorders of vagina
N90.89	Other specified noninflammatory disorders of vulva and perineum
N93.0	Postcoital and contact bleeding
N93.8	Other specified abnormal uterine and vaginal bleeding
O98.711	Human immunodeficiency virus [HIV] disease complicating pregnancy, first trimester

CODE	DESCRIPTION
O98.712	Human immunodeficiency virus [HIV] disease complicating pregnancy, second trimester
O98.713	Human immunodeficiency virus [HIV] disease complicating pregnancy, third trimester
R10.2	Pelvic and perineal pain
R30.0	Dysuria
T74.21XA	Adult sexual abuse, confirmed, initial encounter
T74.21XD	Adult sexual abuse, confirmed, subsequent encounter
T74.21XS	Adult sexual abuse, confirmed, sequela
T74.51XA	Adult forced sexual exploitation, confirmed, initial encounter
T74.51XD	Adult forced sexual exploitation, confirmed, subsequent encounter
T74.51XS	Adult forced sexual exploitation, confirmed, sequela
T76.21XA	Adult sexual abuse, suspected, initial encounter
T76.21XD	Adult sexual abuse, suspected, subsequent encounter
T76.21XS	Adult sexual abuse, suspected, sequela
T76.51XA	Adult forced sexual exploitation, suspected, initial encounter
T76.51XD	Adult forced sexual exploitation, suspected, subsequent encounter
T76.51XS	Adult forced sexual exploitation, suspected, sequela
Z04.41	Encounter for examination and observation following alleged adult rape
Z04.71	Encounter for examination and observation following alleged adult physical abuse
Z04.81	Encounter for examination and observation of victim following forced sexual exploitation
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
Z20.6	Contact with and (suspected) exposure to human immunodeficiency virus [HIV]
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status
Z33.1	Pregnant state, incidental
Z33.3	Pregnant state, gestational carrier
Z72.51	High risk heterosexual behavior
Z72.52	High risk homosexual behavior
Z72.53	High risk bisexual behavior

CODE	DESCRIPTION
Z72.89	Other problems related to lifestyle

**Group 6 Paragraph:**

These are the diagnosis codes corresponding to coverage of **CPT/HCPCS Codes Group 6: Codes - Expanded (>5 pathogens) Respiratory and Pneumonia Panels.**

For testing in POS other than POS 19, 21, 22 or 23, to bill one of the Group 6 CPT codes, **TWO** ICD-10 codes are required- one from Group 6 and another from Group 1.

For immunocompromised patients, testing may be performed as part of a pre-transplant evaluation (once per transplant), regardless of the presence of symptoms. In such cases, clear documentation of the pre-transplant evaluation must accompany the claim.

**Group 6 Codes: (127 Codes)**

CODE	DESCRIPTION
B20	Human immunodeficiency virus [HIV] disease
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
D57.01	Hb-SS disease with acute chest syndrome
D61.03	Fanconi anemia
D61.09	Other constitutional aplastic anemia
D61.1	Drug-induced aplastic anemia
D61.2	Aplastic anemia due to other external agents
D61.3	Idiopathic aplastic anemia
D61.810	Antineoplastic chemotherapy induced pancytopenia
D61.811	Other drug-induced pancytopenia
D61.818	Other pancytopenia
D61.82	Myelophthisis
D61.89	Other specified aplastic anemias and other bone marrow failure syndromes



CODE	DESCRIPTION
D61.9	Aplastic anemia, unspecified
D64.81	Anemia due to antineoplastic chemotherapy
D64.89	Other specified anemias
D70.0	Congenital agranulocytosis
D70.1	Agranulocytosis secondary to cancer chemotherapy
D70.2	Other drug-induced agranulocytosis
D70.3	Neutropenia due to infection
D70.4	Cyclic neutropenia
D70.9	Neutropenia, unspecified
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
D80.9	Immunodeficiency with predominantly antibody defects, unspecified
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
D81.30	Adenosine deaminase deficiency, unspecified
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

CODE	DESCRIPTION
D81.82	Activated Phosphoinositide 3-kinase Delta Syndrome [APDS]
D81.89	Other combined immunodeficiencies
D81.9	Combined immunodeficiency, unspecified
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
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells
D83.8	Other common variable immunodeficiencies
D83.9	Common variable immunodeficiency, unspecified
D84.0	Lymphocyte function antigen-1 [LFA-1] defect
D84.1	Defects in the complement system
D84.821	Immunodeficiency due to drugs
D84.822	Immunodeficiency due to external causes
D84.89	Other immunodeficiencies
D84.9	Immunodeficiency, unspecified
D89.0	Polyclonal hypergammaglobulinemia
D89.1	Cryoglobulinemia
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
D89.44	Hereditary alpha tryptasemia
D89.49	Other mast cell activation disorder
D89.810	Acute graft-versus-host disease
D89.811	Chronic graft-versus-host disease

<b>CODE</b>	<b>DESCRIPTION</b>
D89.812	Acute on chronic graft-versus-host disease
D89.813	Graft-versus-host disease, unspecified
D89.82	Autoimmune lymphoproliferative syndrome [ALPS]
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
E84.0	Cystic fibrosis with pulmonary manifestations
J44.81	Bronchiolitis obliterans and bronchiolitis obliterans syndrome
J44.89	Other specified chronic obstructive pulmonary disease
J44.9	Chronic obstructive pulmonary disease, unspecified
J45.991	Cough variant asthma
J70.1	Chronic and other pulmonary manifestations due to radiation
J84.01	Alveolar proteinosis
J84.02	Pulmonary alveolar microlithiasis
J84.03	Idiopathic pulmonary hemosiderosis
J84.10	Pulmonary fibrosis, unspecified
J84.112	Idiopathic pulmonary fibrosis
<b>CODE</b>	<b>DESCRIPTION</b>
J84.114	Acute interstitial pneumonitis
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
J84.81	Lymphangioleiomyomatosis
J84.82	Adult pulmonary Langerhans cell histiocytosis
J84.89	Other specified interstitial pulmonary diseases
O98.711	Human immunodeficiency virus [HIV] disease complicating pregnancy, first trimester
O98.712	Human immunodeficiency virus [HIV] disease complicating pregnancy, second trimester
O98.713	Human immunodeficiency virus [HIV] disease complicating pregnancy, third

CODE	DESCRIPTION
	trimester
T80.82XS	Complication of immune effector cellular therapy, sequela
Z51.11	Encounter for antineoplastic chemotherapy
Z92.850	Personal history of Chimeric Antigen Receptor T-cell therapy
Z92.858	Personal history of other cellular therapy
Z92.86	Personal history of gene therapy
Z94.0	Kidney transplant status
Z94.1	Heart transplant status
Z94.2	Lung transplant status
Z94.3	Heart and lungs transplant status
Z94.4	Liver transplant status
Z94.5	Skin transplant status
Z94.6	Bone transplant status
Z94.81	Bone marrow transplant status
Z94.82	Intestine transplant status
Z94.83	Pancreas transplant status
Z94.84	Stem cells transplant status
Z94.89	Other transplanted organ and tissue status

**Group 7 Paragraph:**

These are the diagnosis codes corresponding to coverage of **CPT/HCPCS Codes Group 7: Codes - Expanded (>5 pathogens) Gastrointestinal Panels.**

For testing in POS other than POS 19, 21, 22 or 23, to bill one of the Group 7 CPT codes, **TWO** ICD-10 codes are required- one from Group 7 and another from Group 2.

For immunocompromised patients, testing may be performed as part of a pre-transplant evaluation (once per transplant), regardless of the presence of symptoms. In such cases, clear documentation of the pre-transplant evaluation must accompany the claim.

**Group 7 Codes:** (162 Codes)

CODE	DESCRIPTION
B20	Human immunodeficiency virus [HIV] disease
B25.1	Cytomegaloviral hepatitis
B25.2	Cytomegaloviral pancreatitis

CODE	DESCRIPTION
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
D61.03	Fanconi anemia
D61.09	Other constitutional aplastic anemia
D61.1	Drug-induced aplastic anemia
D61.2	Aplastic anemia due to other external agents
D61.3	Idiopathic aplastic anemia
D61.810	Antineoplastic chemotherapy induced pancytopenia
D61.811	Other drug-induced pancytopenia
D61.818	Other pancytopenia
D61.82	Myelophthisis
D61.89	Other specified aplastic anemias and other bone marrow failure syndromes
D61.9	Aplastic anemia, unspecified
D64.81	Anemia due to antineoplastic chemotherapy
D64.89	Other specified anemias
D70.0	Congenital agranulocytosis
D70.1	Agranulocytosis secondary to cancer chemotherapy
D70.2	Other drug-induced agranulocytosis
D70.3	Neutropenia due to infection
D70.4	Cyclic neutropenia
D70.9	Neutropenia, unspecified
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

CODE	DESCRIPTION
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
D80.9	Immunodeficiency with predominantly antibody defects, unspecified
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
D81.30	Adenosine deaminase deficiency, unspecified
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
D81.82	Activated Phosphoinositide 3-kinase Delta Syndrome [APDS]
D81.89	Other combined immunodeficiencies
D81.9	Combined immunodeficiency, unspecified
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
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells

CODE	DESCRIPTION
D83.8	Other common variable immunodeficiencies
D83.9	Common variable immunodeficiency, unspecified
D84.0	Lymphocyte function antigen-1 [LFA-1] defect
D84.1	Defects in the complement system
D84.821	Immunodeficiency due to drugs
D84.822	Immunodeficiency due to external causes
D84.89	Other immunodeficiencies
D84.9	Immunodeficiency, unspecified
D89.0	Polyclonal hypergammaglobulinemia
D89.1	Cryoglobulinemia
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
D89.44	Hereditary alpha tryptasemia
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
D89.813	Graft-versus-host disease, unspecified
D89.82	Autoimmune lymphoproliferative syndrome [ALPS]
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.018	Crohn's disease of small intestine with other complication
K50.111	Crohn's disease of large intestine with rectal bleeding

<b>CODE</b>	<b>DESCRIPTION</b>
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.118	Crohn's disease of large intestine with other complication
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
<b>CODE</b>	<b>DESCRIPTION</b>
K50.818	Crohn's disease of both small and large intestine with other complication
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.918	Crohn's disease, unspecified, with other complication
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.018	Ulcerative (chronic) pancolitis with other complication
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.411	Inflammatory polyps of colon with rectal bleeding
K51.412	Inflammatory polyps of colon with intestinal obstruction
K51.413	Inflammatory polyps of colon with fistula
K51.418	Inflammatory polyps of colon with other complication
K51.419	Inflammatory polyps of colon with unspecified complications
K51.511	Left sided colitis with rectal bleeding



CODE	DESCRIPTION
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula
K51.518	Left sided colitis with other complication
K51.519	Left sided colitis with unspecified complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.818	Other ulcerative colitis with other complication
K51.911	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K51.918	Ulcerative colitis, unspecified with other complication
K52.0	Gastroenteritis and colitis due to radiation
K56.3	Gallstone ileus
K62.7	Radiation proctitis
O98.711	Human immunodeficiency virus [HIV] disease complicating pregnancy, first trimester
O98.712	Human immunodeficiency virus [HIV] disease complicating pregnancy, second trimester
O98.713	Human immunodeficiency virus [HIV] disease complicating pregnancy, third trimester
T80.82XS	Complication of immune effector cellular therapy, sequela
Z51.11	Encounter for antineoplastic chemotherapy
Z92.850	Personal history of Chimeric Antigen Receptor T-cell therapy
Z92.858	Personal history of other cellular therapy
Z92.86	Personal history of gene therapy
Z94.0	Kidney transplant status
Z94.1	Heart transplant status
Z94.2	Lung transplant status
Z94.3	Heart and lungs transplant status
Z94.4	Liver transplant status
Z94.5	Skin transplant status
Z94.6	Bone transplant status

CODE	DESCRIPTION
Z94.81	Bone marrow transplant status
Z94.82	Intestine transplant status
Z94.83	Pancreas transplant status
Z94.84	Stem cells transplant status
Z94.89	Other transplanted organ and tissue status

**Group 8 Paragraph:**

N/A

**Group 8 Codes:**

N/A

**Group 9 Paragraph:**

**These are the diagnosis codes corresponding to coverage of CPT/HCPCS Codes Group 9: Codes - Zoonotic Infection Panels.**

**Group 9 Codes: (23 Codes)**

CODE	DESCRIPTION
A77.40	Ehrlichiosis, unspecified
A77.41	Ehrlichiosis chaffeensis [E. chaffeensis]
A77.49	Other ehrlichiosis
A79.82	Anaplasmosis [A. phagocytophilum]
A79.9	Rickettsiosis, unspecified
A84.89	Other tick-borne viral encephalitis
A84.9	Tick-borne viral encephalitis, unspecified
A85.2	Arthropod-borne viral encephalitis, unspecified
A85.8	Other specified viral encephalitis
A86	Unspecified viral encephalitis
A93.8	Other specified arthropod-borne viral fevers
A94	Unspecified arthropod-borne viral fever
B60.00	Babesiosis, unspecified
B60.01	Babesiosis due to Babesia microti
B60.02	Babesiosis due to Babesia duncani
B60.03	Babesiosis due to Babesia divergens
B60.09	Other babesiosis

CODE	DESCRIPTION
G04.81	Other encephalitis and encephalomyelitis
G04.90	Encephalitis and encephalomyelitis, unspecified
R41.82	Altered mental status, unspecified
W57.XXXA	Bitten or stung by nonvenomous insect and other nonvenomous arthropods, initial encounter
W57.XXXD	Bitten or stung by nonvenomous insect and other nonvenomous arthropods, subsequent encounter
W57.XXXS	Bitten or stung by nonvenomous insect and other nonvenomous arthropods, sequela

**Group 10 Paragraph:**

**These are the diagnosis codes corresponding to coverage of CPT/HCPCS Codes Group 10: Codes - Joint Infection Panels.**

**Group 10 Codes: (194 Codes)**

CODE	DESCRIPTION
A01.04	Typhoid arthritis
A02.23	Salmonella arthritis
A54.42	Gonococcal arthritis
M00.00	Staphylococcal arthritis, unspecified joint
M00.011	Staphylococcal arthritis, right shoulder
M00.012	Staphylococcal arthritis, left shoulder
M00.019	Staphylococcal arthritis, unspecified shoulder
M00.021	Staphylococcal arthritis, right elbow
M00.022	Staphylococcal arthritis, left elbow
M00.029	Staphylococcal arthritis, unspecified elbow
M00.031	Staphylococcal arthritis, right wrist
M00.032	Staphylococcal arthritis, left wrist
M00.039	Staphylococcal arthritis, unspecified wrist
M00.041	Staphylococcal arthritis, right hand
M00.042	Staphylococcal arthritis, left hand
M00.049	Staphylococcal arthritis, unspecified hand
M00.051	Staphylococcal arthritis, right hip
M00.052	Staphylococcal arthritis, left hip
M00.059	Staphylococcal arthritis, unspecified hip

CODE	DESCRIPTION
M00.061	Staphylococcal arthritis, right knee
M00.062	Staphylococcal arthritis, left knee
M00.069	Staphylococcal arthritis, unspecified knee
M00.071	Staphylococcal arthritis, right ankle and foot
M00.072	Staphylococcal arthritis, left ankle and foot
M00.079	Staphylococcal arthritis, unspecified ankle and foot
M00.08	Staphylococcal arthritis, vertebrae
M00.09	Staphylococcal polyarthritis
M00.10	Pneumococcal arthritis, unspecified joint
M00.111	Pneumococcal arthritis, right shoulder
M00.112	Pneumococcal arthritis, left shoulder
M00.119	Pneumococcal arthritis, unspecified shoulder
M00.121	Pneumococcal arthritis, right elbow
M00.122	Pneumococcal arthritis, left elbow
M00.129	Pneumococcal arthritis, unspecified elbow
M00.131	Pneumococcal arthritis, right wrist
M00.132	Pneumococcal arthritis, left wrist
M00.139	Pneumococcal arthritis, unspecified wrist
M00.141	Pneumococcal arthritis, right hand
M00.142	Pneumococcal arthritis, left hand
M00.149	Pneumococcal arthritis, unspecified hand
M00.151	Pneumococcal arthritis, right hip
M00.152	Pneumococcal arthritis, left hip
M00.159	Pneumococcal arthritis, unspecified hip
M00.161	Pneumococcal arthritis, right knee
M00.162	Pneumococcal arthritis, left knee
M00.169	Pneumococcal arthritis, unspecified knee
M00.171	Pneumococcal arthritis, right ankle and foot
M00.172	Pneumococcal arthritis, left ankle and foot
M00.179	Pneumococcal arthritis, unspecified ankle and foot
M00.18	Pneumococcal arthritis, vertebrae
M00.211	Other streptococcal arthritis, right shoulder

CODE	DESCRIPTION
M00.212	Other streptococcal arthritis, left shoulder
M00.219	Other streptococcal arthritis, unspecified shoulder
M00.221	Other streptococcal arthritis, right elbow
M00.222	Other streptococcal arthritis, left elbow
M00.229	Other streptococcal arthritis, unspecified elbow
M00.231	Other streptococcal arthritis, right wrist
M00.232	Other streptococcal arthritis, left wrist
M00.239	Other streptococcal arthritis, unspecified wrist
M00.241	Other streptococcal arthritis, right hand
M00.242	Other streptococcal arthritis, left hand
M00.249	Other streptococcal arthritis, unspecified hand
M00.251	Other streptococcal arthritis, right hip
M00.252	Other streptococcal arthritis, left hip
M00.259	Other streptococcal arthritis, unspecified hip
M00.261	Other streptococcal arthritis, right knee
M00.262	Other streptococcal arthritis, left knee
M00.269	Other streptococcal arthritis, unspecified knee
M00.271	Other streptococcal arthritis, right ankle and foot
M00.272	Other streptococcal arthritis, left ankle and foot
M00.279	Other streptococcal arthritis, unspecified ankle and foot
M00.28	Other streptococcal arthritis, vertebrae
M00.29	Other streptococcal polyarthritis
M00.80	Arthritis due to other bacteria, unspecified joint
M00.811	Arthritis due to other bacteria, right shoulder
M00.812	Arthritis due to other bacteria, left shoulder
M00.819	Arthritis due to other bacteria, unspecified shoulder
M00.821	Arthritis due to other bacteria, right elbow
M00.822	Arthritis due to other bacteria, left elbow
M00.829	Arthritis due to other bacteria, unspecified elbow
M00.831	Arthritis due to other bacteria, right wrist
M00.832	Arthritis due to other bacteria, left wrist
M00.839	Arthritis due to other bacteria, unspecified wrist

<b>CODE</b>	<b>DESCRIPTION</b>
M00.841	Arthritis due to other bacteria, right hand
M00.842	Arthritis due to other bacteria, left hand
M00.849	Arthritis due to other bacteria, unspecified hand
M00.851	Arthritis due to other bacteria, right hip
M00.852	Arthritis due to other bacteria, left hip
M00.859	Arthritis due to other bacteria, unspecified hip
M00.861	Arthritis due to other bacteria, right knee
M00.862	Arthritis due to other bacteria, left knee
M00.869	Arthritis due to other bacteria, unspecified knee
M00.871	Arthritis due to other bacteria, right ankle and foot
M00.872	Arthritis due to other bacteria, left ankle and foot
M00.879	Arthritis due to other bacteria, unspecified ankle and foot
M00.88	Arthritis due to other bacteria, vertebrae
M00.89	Polyarthritis due to other bacteria
M00.9	Pyogenic arthritis, unspecified
M01.X0	Direct infection of unspecified joint in infectious and parasitic diseases classified elsewhere
M01.X11	Direct infection of right shoulder in infectious and parasitic diseases classified elsewhere
M01.X12	Direct infection of left shoulder in infectious and parasitic diseases classified elsewhere
<b>CODE</b>	<b>DESCRIPTION</b>
M01.X19	Direct infection of unspecified shoulder in infectious and parasitic diseases classified elsewhere
M01.X21	Direct infection of right elbow in infectious and parasitic diseases classified elsewhere
M01.X22	Direct infection of left elbow in infectious and parasitic diseases classified elsewhere
M01.X29	Direct infection of unspecified elbow in infectious and parasitic diseases classified elsewhere
M01.X31	Direct infection of right wrist in infectious and parasitic diseases classified elsewhere
M01.X32	Direct infection of left wrist in infectious and parasitic diseases classified elsewhere
M01.X39	Direct infection of unspecified wrist in infectious and parasitic diseases classified elsewhere
M01.X41	Direct infection of right hand in infectious and parasitic diseases classified elsewhere

CODE	DESCRIPTION
M01.X42	Direct infection of left hand in infectious and parasitic diseases classified elsewhere
M01.X49	Direct infection of unspecified hand in infectious and parasitic diseases classified elsewhere
M01.X51	Direct infection of right hip in infectious and parasitic diseases classified elsewhere
M01.X52	Direct infection of left hip in infectious and parasitic diseases classified elsewhere
M01.X59	Direct infection of unspecified hip in infectious and parasitic diseases classified elsewhere
M01.X61	Direct infection of right knee in infectious and parasitic diseases classified elsewhere
M01.X62	Direct infection of left knee in infectious and parasitic diseases classified elsewhere
M01.X69	Direct infection of unspecified knee in infectious and parasitic diseases classified elsewhere
M01.X71	Direct infection of right ankle and foot in infectious and parasitic diseases classified elsewhere
M01.X72	Direct infection of left ankle and foot in infectious and parasitic diseases classified elsewhere
M01.X79	Direct infection of unspecified ankle and foot in infectious and parasitic diseases classified elsewhere
M01.X8	Direct infection of vertebrae in infectious and parasitic diseases classified elsewhere
M01.X9	Direct infection of multiple joints in infectious and parasitic diseases classified elsewhere
T84.50XA	Infection and inflammatory reaction due to unspecified internal joint prosthesis, initial encounter
T84.50XD	Infection and inflammatory reaction due to unspecified internal joint prosthesis, subsequent encounter
T84.50XS	Infection and inflammatory reaction due to unspecified internal joint prosthesis, sequela
T84.51XA	Infection and inflammatory reaction due to internal right hip prosthesis, initial encounter
T84.51XD	Infection and inflammatory reaction due to internal right hip prosthesis, subsequent encounter
T84.51XS	Infection and inflammatory reaction due to internal right hip prosthesis, sequela
T84.52XA	Infection and inflammatory reaction due to internal left hip prosthesis, initial encounter
T84.52XD	Infection and inflammatory reaction due to internal left hip prosthesis, subsequent encounter
T84.52XS	Infection and inflammatory reaction due to internal left hip prosthesis, sequela

CODE	DESCRIPTION
T84.53XA	Infection and inflammatory reaction due to internal right knee prosthesis, initial encounter
T84.53XD	Infection and inflammatory reaction due to internal right knee prosthesis, subsequent encounter
T84.53XS	Infection and inflammatory reaction due to internal right knee prosthesis, sequela
T84.54XA	Infection and inflammatory reaction due to internal left knee prosthesis, initial encounter
T84.54XD	Infection and inflammatory reaction due to internal left knee prosthesis, subsequent encounter
T84.54XS	Infection and inflammatory reaction due to internal left knee prosthesis, sequela
T84.59XA	Infection and inflammatory reaction due to other internal joint prosthesis, initial encounter
T84.59XD	Infection and inflammatory reaction due to other internal joint prosthesis, subsequent encounter
T84.59XS	Infection and inflammatory reaction due to other internal joint prosthesis, sequela
T84.60XA	Infection and inflammatory reaction due to internal fixation device of unspecified site, initial encounter
T84.60XD	Infection and inflammatory reaction due to internal fixation device of unspecified site, subsequent encounter
T84.60XS	Infection and inflammatory reaction due to internal fixation device of unspecified site, sequela
T84.610A	Infection and inflammatory reaction due to internal fixation device of right humerus, initial encounter
T84.610D	Infection and inflammatory reaction due to internal fixation device of right humerus, subsequent encounter
T84.610S	Infection and inflammatory reaction due to internal fixation device of right humerus, sequela
T84.611A	Infection and inflammatory reaction due to internal fixation device of left humerus, initial encounter
T84.611D	Infection and inflammatory reaction due to internal fixation device of left humerus, subsequent encounter
T84.611S	Infection and inflammatory reaction due to internal fixation device of left humerus, sequela
T84.612A	Infection and inflammatory reaction due to internal fixation device of right radius, initial encounter
T84.612D	Infection and inflammatory reaction due to internal fixation device of right radius, subsequent encounter



CODE	DESCRIPTION
T84.612S	Infection and inflammatory reaction due to internal fixation device of right radius, sequela
T84.613A	Infection and inflammatory reaction due to internal fixation device of left radius, initial encounter
T84.613D	Infection and inflammatory reaction due to internal fixation device of left radius, subsequent encounter
T84.613S	Infection and inflammatory reaction due to internal fixation device of left radius, sequela
T84.614A	Infection and inflammatory reaction due to internal fixation device of right ulna, initial encounter
T84.614D	Infection and inflammatory reaction due to internal fixation device of right ulna, subsequent encounter
T84.614S	Infection and inflammatory reaction due to internal fixation device of right ulna, sequela
T84.615A	Infection and inflammatory reaction due to internal fixation device of left ulna, initial encounter
T84.615D	Infection and inflammatory reaction due to internal fixation device of left ulna, subsequent encounter
T84.615S	Infection and inflammatory reaction due to internal fixation device of left ulna, sequela
T84.619A	Infection and inflammatory reaction due to internal fixation device of unspecified bone of arm, initial encounter
T84.619D	Infection and inflammatory reaction due to internal fixation device of unspecified bone of arm, subsequent encounter
T84.619S	Infection and inflammatory reaction due to internal fixation device of unspecified bone of arm, sequela
T84.620A	Infection and inflammatory reaction due to internal fixation device of right femur, initial encounter
T84.620D	Infection and inflammatory reaction due to internal fixation device of right femur, subsequent encounter
T84.620S	Infection and inflammatory reaction due to internal fixation device of right femur, sequela
T84.621A	Infection and inflammatory reaction due to internal fixation device of left femur, initial encounter
T84.621D	Infection and inflammatory reaction due to internal fixation device of left femur, subsequent encounter
T84.621S	Infection and inflammatory reaction due to internal fixation device of left femur,

CODE	DESCRIPTION
	sequela
T84.622A	Infection and inflammatory reaction due to internal fixation device of right tibia, initial encounter
T84.622D	Infection and inflammatory reaction due to internal fixation device of right tibia, subsequent encounter
T84.622S	Infection and inflammatory reaction due to internal fixation device of right tibia, sequela
T84.623A	Infection and inflammatory reaction due to internal fixation device of left tibia, initial encounter
T84.623D	Infection and inflammatory reaction due to internal fixation device of left tibia, subsequent encounter
T84.623S	Infection and inflammatory reaction due to internal fixation device of left tibia, sequela
T84.624A	Infection and inflammatory reaction due to internal fixation device of right fibula, initial encounter
T84.624D	Infection and inflammatory reaction due to internal fixation device of right fibula, subsequent encounter
T84.624S	Infection and inflammatory reaction due to internal fixation device of right fibula, sequela
T84.625A	Infection and inflammatory reaction due to internal fixation device of left fibula, initial encounter
T84.625D	Infection and inflammatory reaction due to internal fixation device of left fibula, subsequent encounter
T84.625S	Infection and inflammatory reaction due to internal fixation device of left fibula, sequela
T84.629A	Infection and inflammatory reaction due to internal fixation device of unspecified bone of leg, initial encounter
T84.629D	Infection and inflammatory reaction due to internal fixation device of unspecified bone of leg, subsequent encounter
T84.629S	Infection and inflammatory reaction due to internal fixation device of unspecified bone of leg, sequela
T84.63XA	Infection and inflammatory reaction due to internal fixation device of spine, initial encounter
T84.63XD	Infection and inflammatory reaction due to internal fixation device of spine, subsequent encounter
T84.63XS	Infection and inflammatory reaction due to internal fixation device of spine, sequela
T84.69XA	Infection and inflammatory reaction due to internal fixation device of other site,

CODE	DESCRIPTION
	initial encounter
T84.69XD	Infection and inflammatory reaction due to internal fixation device of other site, subsequent encounter
T84.69XS	Infection and inflammatory reaction due to internal fixation device of other site, sequela
T84.7XXA	Infection and inflammatory reaction due to other internal orthopedic prosthetic devices, implants and grafts, initial encounter
T84.7XXD	Infection and inflammatory reaction due to other internal orthopedic prosthetic devices, implants and grafts, subsequent encounter
T84.7XXS	Infection and inflammatory reaction due to other internal orthopedic prosthetic devices, implants and grafts, sequela

**Group 11 Paragraph:**

These are the diagnosis codes corresponding to coverage of **CPT/HCPCS Codes Group 11: Codes -Non-Urogenital/ Anogenital Cutaneous/ Mucocutaneous Lesion Panels.**

**Group 11 Codes:** (4 Codes)

CODE	DESCRIPTION
B00.0	Eczema herpeticum
B00.1	Herpesviral vesicular dermatitis
B00.2	Herpesviral gingivostomatitis and pharyngotonsillitis
B00.59	Other herpesviral disease of eye

**Group 12 Paragraph:**

These are the diagnosis codes corresponding to coverage of **CPT/ HCPCS Codes Group 12: Codes-Onychomycosis Panels.**

**Group 12 Codes:** (1 Code)

CODE	DESCRIPTION
B35.1	Tinea unguium

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

**Group 1 Paragraph:**

N/A

**Group 1 Codes:**

N/A

**ICD-10-PCS Codes****Group 1 Paragraph:**

N/a

**Group 1 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

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## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
12/05/2024	R22	<p>Under <b>CPT/HCPCS Codes Group 12: Paragraph</b> added "<b>Onychomycosis Panels:</b> This code is only reimbursed for patients with a confirmed histopathologic diagnosis of an infiltrative/invasive fungal onychomycosis and whose culture (and antifungal susceptibility) of the nail is negative or cannot be performed." Under <b>CPT/HCPCS Codes Group 12: Codes</b> added 87999. Under <b>CPT/HCPCS Modifiers Group 12: Codes</b> added 59. Under <b>ICD-10 Codes that Support Medical Necessity Group 12: Paragraph</b> added "These are the diagnosis codes corresponding to coverage of <b>CPT/ HCPCS Codes Group 12: Codes-Onychomycosis Panels.</b>" Under <b>ICD-10 Codes that Support Medical Necessity Group 12: Codes</b> added B35.1. This revision is effective 9/13/2024.</p>
10/01/2024	R21	<p>Under <b>CPT/HCPCS Codes Group 8: Codes</b> added 0483U, 0484U, and 0502U. This revision is due to the 2024 Q4 CPT/HCPCS Code Update and is effective 10/1/2024.</p> <p>Under <b>CPT/HCPCS Codes Group 8: Codes</b> added 0109U, 0301U, and 0302U. This revision is effective 5/17/2022.</p>
10/01/2024	R20	<p>Under <b>ICD-10 Codes that Support Medical Necessity Group 6: Codes</b> added D61.03. Under <b>ICD-10 Codes that Support Medical Necessity Group 7: Codes</b> added D61.03. Under <b>ICD-10 Codes that Support Medical Necessity Group 9: Codes</b> the description was revised for A77.41. This revision is due to the Annual ICD-10-CM Update and will become effective on 10/1/24.</p>
08/01/2024	R19	<p>Under <b>CPT/HCPCS Codes Group 11: Paragraph</b> added "Non-Urogenital/Anogenital Cutaneous/Mucocutaneous Lesion Panels: This code is reimbursed under limited circumstances". Under <b>CPT/HCPCS Codes Group 11: Codes</b> added 87999. Under <b>CPT/HCPCS Modifiers Group 11: Codes</b> added 59. Under <b>ICD-10 Codes that Support Medical Necessity Group 11: Paragraph</b> added "These are the diagnosis codes corresponding to coverage of CPT/HCPCS Codes Group 11: Codes -Non-Urogenital/ Anogenital Cutaneous/ Mucocutaneous Lesion Panels". Under <b>ICD-10 Codes that Support Medical Necessity Group 11: Codes</b> added B00.0, B00.1, B00.2, and B00.59. This revision is effective 3/28/2024.</p>
07/01/2024	R18	<p>Under <b>CPT/HCPCS Codes Group 5: Codes</b> deleted 0353U and added 0455U. This is due to the 2024 Q3 CPT/HCPCS Code Update and is effective 7/1/2024.</p> <p>This revision is due to the 2024 Q3 CPT/HCPCS Code Update and is effective 7/1/2024.</p>
04/11/2024	R17	<p>Under <b>CPT/HCPCS Codes Group 9: Paragraph</b> deleted "Arthropod" and replaced with "Zoonotic". Under <b>ICD-10 Codes that Support Medical Necessity Group 9: Paragraph</b> deleted "Arthropod" and replaced with "Zoonotic". This revision is effective 2/29/2024.</p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
03/07/2024	R16	Under <b>ICD-10 Codes that Support Medical Necessity Group 1: Codes</b> deleted Z20.822 and Z20.828. The addition of these codes was done in error. This revision is effective for dates of service on or after 4/17/2022.
01/01/2024	R15	<p>Under <b>CPT/HCPCS Group 8: Codes</b> added 87523 and 0429U. This revision is due to the 2024 Annual/Q1 CPT/HCPCS Code Update and is effective 1/1/2024.</p> <p>Under <b>Article Text</b> added "<b>NOTE:</b> When entering the DEX Z-Code® on the SV101-7 documentation field for Part B claims please do not add additional characters and/or information on the line". This revision is effective 1/1/2024</p>
10/01/2023	R14	Under Group 9: Paragraph, replaced the broken link with the correct link: <a href="https://www.cdc.gov/ticks/tickbornediseases/">https://www.cdc.gov/ticks/tickbornediseases/</a>
10/01/2023	R13	Updated to indicate this article is an LCD Reference Article.
10/01/2023	R12	<p>Under <b>CPT/HCPCS Group 5: Codes</b> added 0402U. This revision is due to the 2023 Q4 CPT/HCPCS Code Update and is effective 10/1/2023.</p> <p>Under <b>CPT/HCPCS Codes Group 9: Paragraph</b> added "Arthropod Infection Panels: This code is reimbursed under limited circumstances. Note also the additional diagnostic guidance provided by the Centers for Disease Control and Prevention (CDC): <a href="https://www.cdc.gov/ticks/tickbornediseases/">https://www.cdc.gov/ticks/tickbornediseases/</a>". Under <b>CPT/HCPCS Group 9: Codes</b> added 87999. Under <b>CPT/HCPCS Modifiers Group 9: Codes</b> added 59. Under <b>ICD-10 Codes that Support Medical Necessity Group 9: Paragraph</b> added "These are the diagnosis codes corresponding to coverage of CPT/HCPCS Codes Group 9: Codes - Arthropod Infection Panels". Under <b>ICD-10 Codes that Support Medical Necessity Group 9: Codes</b> added A77.40, A77.41, A77.49, A79.82, A79.9, A84.89, A84.9, A85.2, A85.8, A86, A93.8, A94, B60.00, B60.09, B60.01, B60.02, B60.03, G04.81, G04.90, R41.82, W57.XXXA, W57.XXXD, and W57.XXXS. This revision is effective 5/8/2023.</p> <p>Under <b>CPT/HCPCS Codes Group 10: Paragraph</b> added "Joint Infection Panels: This code is reimbursed under limited circumstances". Under <b>CPT/HCPCS Group 10: Codes</b> added 87999. Under <b>CPT/HCPCS Modifiers Group 10: Codes</b> added 59. Under <b>ICD-10 Codes that Support Medical Necessity Group 10: Paragraph</b> added "These are the diagnosis codes corresponding to coverage of CPT/HCPCS Codes Group 10: Codes - Joint Infection Panels". Under <b>ICD-10 Codes that Support Medical Necessity Group 10: Codes</b> added A01.04, A02.23, A54.42, M00.00, M00.011, M00.012, M00.019, M00.021, M00.022, M00.029, M00.031, M00.032, M00.039, M00.041, M00.042, M00.049, M00.051, M00.052, M00.059, M00.061, M00.062, M00.069, M00.071, M00.072, M00.079, M00.08, M00.09, M00.10, M00.111, M00.112, M00.119, M00.121, M00.122, M00.129, M00.131, M00.132, M00.139, M00.141, M00.142, M00.149, M00.151, M00.152, M00.159, M00.161, M00.162, M00.169, M00.171, M00.172, M00.179, M00.18, M00.211, M00.212, M00.219,</p>

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		<p>M00.221, M00.222, M00.229, M00.231, M00.232, M00.239, M00.241, M00.242, M00.249, M00.251, M00.252, M00.259, M00.261, M00.262, M00.269, M00.271, M00.272, M00.279, M00.28, M00.29, M00.80, M00.811, M00.812, M00.819, M00.821, M00.822, M00.829, M00.831, M00.832, M00.839, M00.841, M00.842, M00.849, M00.851, M00.852, M00.859, M00.861, M00.862, M00.869, M00.871, M00.872, M00.879, M00.88, M00.89, M00.9, M01.X0, M01.X11, M01.X12, M01.X19, M01.X21, M01.X22, M01.X29, M01.X31, M01.X32, M01.X39, M01.X41, M01.X42, M01.X49, M01.X51, M01.X52, M01.X59, M01.X61, M01.X62, M01.X69, M01.X71, M01.X72, M01.X79, M01.X8, M01.X9, T84.50XS, T84.50XA, T84.50XD, T84.51XA, T84.51XD, T84.51XS, T84.52XA, T84.52XD, T84.52XS, T84.53XA, T84.53XD, T84.53XS, T84.54XA, T84.54XD, T84.54XS, T84.59XA, T84.59XD, T84.59XS, T84.60XA, T84.60XD, T84.60XS, T84.610A, T84.610D, T84.610S, T84.611A, T84.611D, T84.611S, T84.612A, T84.612D, T84.612S, T84.613A, T84.613D, T84.613S, T84.614A, T84.614D, T84.614S, T84.615A, T84.615D, T84.615S, T84.619A, T84.619D, T84.619S, T84.620A, T84.620D, T84.620S, T84.621A, T84.621D, T84.621S, T84.622A, T84.622D, T84.622S, T84.623A, T84.623D, T84.623S, T84.624A, T84.624D, T84.624S, T84.625A, T84.625D, T84.625S, T84.629A, T84.629D, T84.629S, T84.63XA, T84.63XD, T84.63XS, T84.69XA, T84.69XD, T84.69XS, T84.7XXA, T84.7XXD, and T84.7XXS. This revision is effective 8/19/2022.</p>
10/01/2023	R11	<p>Under <b>ICD-10 Codes that Support Medical Necessity Group 1: Codes</b> added J15.61 and J15.69. Under <b>ICD-10 Codes that Support Medical Necessity Group 2: Codes</b> added K35.200, K35.201, K35.209, K35.210, K35.211, K35.219, K63.8211, K63.8212, K63.8219, K63.822, and K63.829. Under <b>ICD-10 Codes that Support Medical Necessity Group 4: Codes</b> added A41.54 and B96.83. Under <b>ICD-10 Codes that Support Medical Necessity Group 6: Codes</b> added J44.81 and J44.89. This revision is due to the Annual ICD-10-CM Update and will become effective on 10/1/2023.</p> <p>Under <b>Article Text</b> revised the 4<sup>th</sup> bullet 2<sup>nd</sup> sentence to add "and a TA. If an existing CPT® code does not identify the service, it requires the use of CPT® code 87999". Deleted the 3<sup>rd</sup> and 4<sup>th</sup> sentences. Revised the 7<sup>th</sup> and 10<sup>th</sup> bullets to remove "DEX Z-Code™" and replaced with "DEX Z-Code®". This revision is effective on 10/1/2023.</p>
07/01/2023	R10	<p>The previous revision effective date of 7/1/2023 is incorrect. The deletion of U0003, U0004, and U0005 from <b>CPT/HCPCS Group 8: Codes</b> is related to the end of the COVID-19 PHE and is effective for dates of service on or after 5/12/2023.</p>
07/01/2023	R9	<p>Under <b>CPT/HCPCS Codes Group 6: Codes</b> added 87999. This revision is effective on 3/24/2023.</p> <p>Under <b>CPT/HCPCS Group 8: Codes</b> deleted U0003, U0004, and U0005. This revision is due to the 2023 Q3 CPT/HCPCS Code Update and is effective on 7/1/2023.</p>
04/20/2023	R8	<p>Under <b>CPT/HCPCS Codes Group 6: Paragraph</b> revised 2nd sentence to add "Per policy,</p>

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		<p>these". Added last sentence. Under <b>CPT/HCPCS Codes Group 7: Paragraph</b> revised 2nd sentence to add "Per policy, these". Added last sentence. Under <b>ICD-10 Codes that Support Medical Necessity Group 5: Codes</b> added B37.89 and R30.0. Deleted N93.9 and N95.0. This revision is retroactive effective for dates of service on or after 06/02/2022.</p> <p>Under <b>CPT/HCPCS Codes Group 8: Codes</b> added 87149, 87150, and 87513. This revision is effective on 04/20/2023.</p>
01/01/2023	R7	<p>Under <b>CPT/HCPCS Codes Group 5: Codes</b> the description was revised for 87999. This revision is due to the 2023 Annual/Q1 CPT/HCPCS Code Update and is effective on January 1, 2023.</p> <p>Under <b>CPT/HCPCS Codes Group 8: Codes</b> added 87468, 87469, 87478, and 87484. This revision is due to the 2023 Annual/Q1 CPT/HCPCS Code Update and is effective on January 1, 2023.</p> <p>Under <b>ICD-10 Codes that Support Medical Necessity Group 5: Codes</b> added L29.2, L29.3, N90.89, N93.0, N93.8, N93.9, N95.0, R10.2, and Z20.2. This revision is effective for dates of service on or after 06/02/2022.</p> <p><b>Revision History Corrections:</b> <i>The effective date of this article was changed from 04/17/2022 to 06/02/2022, to align with the revision effective date of LCD L39001 MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing.</i></p> <p><b>Correction to R6</b> - Under <i>Article Text</i> revised the thirteenth bullet first sentence to add "for the same (or highly similar) intended use". Under <i>CPT/HCPCS Codes Group 5: Codes</i> added 87999. This revision is effective for dates of service on or after <b>06/02/2022</b>.</p> <p><b>Correction to R4</b> - Under <i>ICD-10 Codes that Support Medical Necessity Group 6: Paragraph</i> revised second sentence to add "POS 19, 21, 22 or 23". Under <i>ICD-10 Codes that Support Medical Necessity Group 7: Paragraph</i> revised second sentence to add "POS 19, 21, 22 or 23". This revision is retroactive effective for dates of service on or after <b>06/02/2022</b>.</p> <p><b>Correction to R3</b> - Under <i>CPT/HCPCS Codes Group 6: Codes</i> deleted 0151U. Under <i>CPT/HCPCS Codes Group 7: Codes</i> deleted 0097U. This revision is due to the Q2 CPT/HCPCS Code Update and is effective for dates of service on or after <b>06/02/2022</b>.</p>
10/01/2022	R6	<p>Under <b>Article Text</b> revised the thirteenth bullet first sentence to add "for the same (or highly similar) intended use". Under <b>CPT/HCPCS Codes Group 5: Codes</b> added 87999. This revision is retroactive effective for dates of service on or after 4/17/2022.</p>



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		<p>Under <b>CPT/HCPCS Codes Group 5: Codes</b> added 0352U and 0353U. Under <b>CPT/HCPCS Codes Group 8: Codes</b> added 87593. This revision is due to the Q4 CPT/HCPCS Code Update and is effective for dates of service on or after 10/1/2022.</p>
10/01/2022	R5	<p>Under <b>ICD-10 Codes that Support Medical Necessity Group 7: Codes</b> deleted D59.30 and D59.31. This addition of codes in Revision 3 was done in error</p> <p>Under <b>Article Text</b> corrected typographical error and revised from Palmetto to Noridian in following sentence: <i>In such cases, Noridian will pay only for components of a service that are reasonable and necessary.</i></p>
10/01/2022	R4	<p>Under <b>ICD-10 Codes that Support Medical Necessity Group 6: Paragraph</b> revised second sentence to add "POS 19, 21, 22 or 23". Under <b>ICD-10 Codes that Support Medical Necessity Group 7: Paragraph</b> revised second sentence to add "POS 19, 21, 22 or 23". This revision is retroactive effective for dates of service on or after 5/17/2022.</p> <p>Under <b>ICD-10 Codes that Support Medical Necessity Group 5: Paragraph</b> added "NOTE: Claims with diagnosis code Z11.3 would be expected to also include a high-risk diagnosis code". Under <b>ICD-10 Codes that Support Medical Necessity Group 5: Codes</b> added Z11.3, Z33.1, Z33.3, Z72.51, Z72.52, Z72.53, Z72.89. This revision is retroactive effective for dates of service on or after 9/6/2022.</p> <p>Under <b>ICD-10 Codes that Support Medical Necessity Group 2: Codes</b> added D59.30 and D59.31. Under ICD-10 Codes that Support Medical Necessity Group 4: Codes added D59.30 and D59.31. Under <b>ICD-10 Codes that Support Medical Necessity Group 5: Codes</b> deleted B37.3. Added B37.31, B37.32, and N76.82. Under <b>ICD-10 Codes that Support Medical Necessity Group 6: Codes</b> added D81.82. Under <b>ICD-10 Codes that Support Medical Necessity Group 7: Codes</b> added D59.30, D59.31, and D81.82. This revision is due to the Annual ICD-10-CM Update and will become effective on 10/1/2022.</p>
06/02/2022	R3	<p>Under <b>CPT/HCPCS Codes Group 6: Codes</b> deleted 0151U. Under <b>CPT/HCPCS Codes Group 7: Codes</b> deleted 0097U. This revision is due to the Q2 CPT/HCPCS Code Update and is effective for dates of service on or after 4/1/2022.</p> <p>Under <b>Article Text</b> revised first and second bullet verbiage to add "or PLA" and deleted third and fourth bullet verbiage. Revised fifth bullet verbiage to add, "and a TA." Deleted the sixth and seventh bullet verbiage. Added two new bullet verbiages, "Tests that are FDA-approved/cleared and performed in ways consistent with their intended-use labeling directions do not require a Z-code when billed with an appropriate accompanying ICD-10 code. However, the performance of multiple (&gt;1) FDA-approved/cleared molecular Infectious Disease pathogen identification tests on the same date of service (DOS) for the same intended use on the same patient sample is considered as one distinct service. As such, it would require the use of CPT® code 87999. Tests using CPT® code 87999 will</p>

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		<p>require a Z-code and a TA.” And “Add modifier 59 for different species or strains reported by the same code, as allowed by the policy.” Revised Additional Information ninth bullet verbiage to “Places of service (POS) 19, 21, 22, 23 OR” and “(for healthcare POS other than the POS listed in 1 (a).” Under <b>CPT/HCPCS Group 1: Paragraph</b> deleted second sentence. Under <b>CPT/HCPCS Codes Group 1: Codes</b> added 87801. Under <b>CPT/HCPCS Group 2: Paragraph</b> deleted second sentence. Under <b>CPT/HCPCS Group 3: Paragraph</b> deleted second sentence. Under <b>CPT/HCPCS Group 4: Paragraph</b> deleted second sentence. Under <b>CPT/HCPCS Group 5: Paragraph</b> deleted second sentence. Under <b>CPT/HCPCS Group 5: Codes</b> deleted 87623, 87624, and 87625. Under <b>CPT/HCPCS Group 6: Paragraph</b> deleted third sentence. Revised fourth sentence to add “POS 19, 21, 22, 23” and “(for healthcare POS other than those listed in (a).” Under <b>CPT/HCPCS Group 6: Codes</b> added 87801. Under <b>CPT/HCPCS Group 7: Paragraph</b> deleted third sentence. Revised fourth sentence to add “POS 19, 21, 22, 23” and “(for healthcare POS other than those listed in (a).” Under <b>CPT/HCPCS Group 8: Paragraph</b> added verbiage, “Conditionally Non-covered CPT codes: The following CPT codes are NOT covered for a given beneficiary on the same DOS when &gt;1 is billed in combination with another CPT or PLA code from Groups 1-7 for the same intended use. Additionally, the following CPT codes are NOT covered for a given beneficiary on the same DOS when &gt;2 are billed for the same intended use.” Under <b>CPT/HCPCS Group 8: Codes</b> added U0001, U0002, U0003, U0004, U0005, 87471, 87472, 87475, 87476, 87480, 87481, 87482, 87485, 87486, 87487, 87490, 87491, 87492, 87493, 87495, 87496, 87497, 87498, 87501, 87502, 87503, 87510, 87511, 87512, 87516, 87517, 87520, 87521, 87522, 87525, 87526, 87527, 87528, 87529, 87530, 87531, 87532, 87533, 87534, 87535, 87536, 87537, 87538, 87539, 87540, 87541, 87542, 87550, 87551, 87552, 87555, 87556, 87557, 87560, 87561, 87562, 87563, 87580, 87581, 87582, 87590, 87591, 87592, 87623, 87624, 87625, 87634, 87635, 87640, 87641, 87650, 87651, 87652, 87653, 87660, 87661, 87662, 87797, 87798, and 87799. Under <b>CPT/HCPCS Modifiers Group 8: Codes</b> added 59. Under <b>ICD-10 Codes that Support Medical Necessity Group 3: Codes</b> added B60.2. Under <b>ICD-10 Codes that Support Medical Necessity Group 5: Codes</b> added N76.89, N77.1, and N89.8. This revision is effective 06/02/2022.</p>
06/02/2022	R2	<p>The effective date of this article was changed from 04/17/2022 to 06/02/2022, to align with the revised effective date of LCD L39003 MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing.</p>
04/17/2022	R1	<p>Under <b>ICD-10 Codes that Support Medical Necessity Group 1: Codes</b> added A37.00, A37.01, A37.10, A37.11, A37.80, A37.81, A37.90, A37.91, A41.81, A41.89, A48.1, A48.2, B25.0, B33.23, B33.24, B59, J05.0, J12.0, J12.2, J12.3, J13, J15.0, J15.1, J15.20, J15.211, J15.212, J15.29, J15.3, J15.4, J15.7, J15.8, J15.9, J16.0, J20.0, J20.1, J20.2, J20.3, J20.4, J20.6, J22, J84.116, J84.117, J84.2, J85.0, J85.1, J85.2, J85.3, T86.33, and T86.812. Under <b>ICD-10 Codes that Support Medical Necessity Group 2: Paragraph</b> added the verbiage “Targeted”. Under <b>ICD-10 Codes that Support Medical Necessity Group 2: Codes</b> added A08.31, A08.32, A32.11, A32.12, A32.7, K51.414, K92.1, R10.11, R10.12, R10.13 and T86.852. Deleted B20, K50.018, K50.111, K50.818, K50.918, K51.018, K51.218, K51.318, K51.518, and K51.818. Under <b>ICD-10 Codes that Support Medical Necessity Group 3: Codes</b> added R41.82 and R50.9. Deleted B00.1. Under</p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		<p><b>ICD-10 Codes that Support Medical Necessity Group 4: Codes</b> deleted E10.69, E11.69, and E13.69. Under <b>ICD-10 Codes that Support Medical Necessity Group 5: Codes</b> added O98.711, O98.712, and O98.713. Under <b>ICD-10 Codes that Support Medical Necessity Group 6: Paragraph</b> added verbiage "For testing in POS other than POS 21 or 23" to beginning of second sentence and "(once per transplant)" to third sentence. Under <b>ICD-10 Codes that Support Medical Necessity Group 6: Codes</b> added E08.43, E10.43, E11.43, and E13.43. Deleted A37.00, A37.01, A37.10, A37.11, A37.80, A37.81, A37.90, A37.91, A41.81, A41.89, A41.9, A48.1, A48.2, B25.0, B25.1, B25.2, B25.8, B33.23, B33.24, B59, B97.21, B97.29, D80.7, J05.0, J12.0, J12.2, J12.3, J12.81, J12.82, J12.89, J12.9, J13, J15.0, J15.1, J15.20, J15.211, J15.212, J15.29, J15.3, J15.4, J15.7, J15.8, J15.9, J16.0, J16.8, J18.1, J20.0, J20.1, J20.2, J20.3, J20.4, J20.5, J20.6, J20.8, J20.9, J21.9, J22, J44.0, J44.1, J45.31, J45.32, J45.41, J45.42, J45.51, J45.52, J45.901, J45.902, J84.116, J84.117, J84.2, J85.0, J85.1, J85.2, J85.3, R65.20, R65.21, R78.81, T86.33, and T86.812. Under <b>ICD-10 Codes that Support Medical Necessity Group 7: Paragraph</b> added verbiage "For testing in POS other than POS 21 or 23" to beginning of second sentence and "(once per transplant)" to third sentence. Under <b>ICD-10 Codes that Support Medical Necessity Group 7: Codes</b> deleted A00.0, A00.1, A00.9, A01.00, A01.09, A01.1, A01.2, A01.3, A02.0, A02.1, A02.8, A03.0, A03.1, A03.2, A03.3, A03.8, A04.0, A04.1, A04.2, A04.3, A04.5, A04.6, A04.71, A04.72, A04.8, A04.9, A05.0, A05.1, A05.2, A05.3, A05.4, A05.5, A06.0, A06.1, A06.2, A07.1, A07.2, A07.4, A08.0, A08.11, A08.19, A08.2, A08.31, A08.32, A08.39, A08.8, A09, A32.11, A32.12, A32.7, A41.50, A41.51, A41.52, A41.53, A41.59, A41.81, A41.89, A41.9, B25.0, B25.8, D80.7, K50.014, K50.114, K50.814, K50.914. K51.014, K51.214, K51.314, K51.414, K51.514, K51.814, K51.914, K52.1, K56.0, K92.1, M31.19, R10.0, R10.11, R10.12, R10.13, R10.31, R10.32, R10.33, R10.811, R10.812, R10.813, R10.814, R10.815, R10.817, R10.821, R10.822, R10.823, R10.824, R10.825, R10.826, R10.827, R10.829, R10.84, R19.5, R19.7, R50.9, R65.20, R65.21, R78.81, and T86.852.</p>

## Associated Documents

### Related Local Coverage Documents

#### LCDS

[L39003 - MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification 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

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## Keywords

N/A