If a conflict arises between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of Texas may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

## Pathogen Panel Testing

**Policy Number:** CPCPLAB045

**Version** 1.0

**Approval Date:** August 1, 2025

**Plan Effective Date:** October 1, 2025

## Description

The Plan has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

## Reimbursement Information:

**NOTE:** This policy is specific to testing in the outpatient setting. Criteria below do not apply to testing in other than the outpatient setting.

1. Multiplex PCR-based panel testing (up to **5** respiratory pathogens) **may be reimbursable** for individuals who are displaying signs and symptoms of a respiratory tract infection, including at least one of the following:
    a. A temperature ≥102° F;
    b. Pronounced dyspnea;
    c. Tachypnea;
    d. Tachycardia.

2. Multiplex PCR-based panel testing of **6 or more** respiratory pathogens **is not reimbursable**.

3. Multiplex PCR-based panel testing of pathogens in cerebral spinal fluid (CSF) **is not reimbursable.**

4. Molecular detection-based panel testing of pathogens in the blood **is not reimbursable.**

5. Molecular detection-based panel testing of urine pathogens for the diagnosis of urinary tract infections (e.g., GENETWORx Molecular PCR UTI Test) **is not reimbursable**.

6. Molecular-based panel testing to screen for or diagnose wound infections (e.g., GENETWORx PCR Wound Testing) **is not reimbursable.**

7. Molecular-based panel testing for general screening of microorganisms (e.g., MicroGenDX qPCR+NGS) **is not reimbursable**.

## Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

| **Codes** |
|---|
| 87154, 87483, 87631, 87632, 87633, 87636, 87637, 0068U, 0086U, 0109U, 0112U, 0115U, 0140U, 0141U, 0142U, 0152U, 0240U, 0241U, 0321U, 0323U, 0370U, 0371U, 0373U, 0374U, 0441U, 0442U, 0480U, 0504U, 0531U, 0590U, 0593U |

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## Policy Update History:

| Approval Date | Effective Date; Summary of Changes |
|---|---|
| 08/01/2025 | 10/01/2025; Added codes 0590U, 0593U effective 10/01/2025. |
| 02/05/2025 | 05/15/2025; Document updated with literature review. The following changes were made to Reimbursement Information: Added note indicating the policy is specific to testing in the outpatient setting. Statements revised to remove leading "In the outpatient setting." Added codes 0441U, 0442U, 0480U, 0531U; removed codes 0151U, 0408U, 0416U. References revised. |
| 09/13/2024 | 01/01/2025: New policy. |