If a conflict arises between a Clinical Payment and Coding Policy ("CPCP") 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. BCBS**OK** may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBS**OK** 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 ("HIPAA") approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing ("UB") Editor, American Medical Association ("AMA"), Current Procedural Terminology ("CPT®"), CPT® Assistant, Healthcare Common Procedure Coding System ("HCPCS"), ICD-10 CM and PCS, National Drug Codes ("NDC"), Diagnosis Related Group ("DRG") guidelines, Centers for Medicare and Medicaid Services ("CMS") National Correct Coding Initiative ("NCCI") 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

Plan Effective Date: Nov. 1, 2022

Description

BCBSOK 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:

1. Multiplex PCR-based panel testing of up to **5** respiratory pathogens **may be reimbursable** for patients displaying signs and symptoms of a respiratory tract infection, as evidenced by a compatible clinical syndrome including at least one of the following: temperature of 102 or greater, pronounced dyspnea, tachypnea, or tachycardia.

2. In the outpatient setting, multiplex PCR-based panel testing of **6 or MORE** respiratory pathogens **is not reimbursable**.

3. In the outpatient setting, multiplex PCR-based panel testing of pathogens in CSF **is not reimbursable**

4. In the outpatient setting, molecular detection-based panel testing of bloodstream pathogens **is not reimbursable.**

5. Using molecular-based panel testing for general screening of microorganisms **is not reimbursable.** These tests include, but are not limited to the following:
    a. Molecular-based panel testing of vaginal swabs, such as SmartJane™
    b. Molecular-based panel testing on urine samples, such as UroSwab®

6. Molecular detection-based panel testing of urine pathogens for the diagnosis of urinary tract infections **is not reimbursable**.

7. In the outpatient setting, using molecular-based panel testing to screen for or diagnose wound infections (i.e., skin/soft tissue infections), including diagnostic testing to confirm biofilm presence, **is not reimbursable.**

Procedure Codes

Codes
87483, 87631, 87632, 87633, 87636, 87637, 0068U, 0086U, 0112U, 0115U, 0140U, 0141U, 0142U, 0151U, 0152U, 0240U, 0241U

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Policy Update History:

11/1/2022	New policy