Respiratory Pathogen Panel Testing Policy

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

This policy outlines reimbursement for multiplex reverse-transcription polymerase chain reaction (RT-PCR) respiratory pathogen panel tests (CPT codes 0115U, 0202U, 0223U, 0225U, 87632, and 87633). These panels are classified as a single service, with one unit of service (UOS) billed per test. When performed in an outpatient setting, the respiratory pathogen panel is treated as an independent test. Professional charges must be submitted on a 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent, while facility charges must be submitted on a UB-04 Claim Form or its electronic equivalent.

Reimbursement Guidelines

- **Billing Guidelines:**
    - The respiratory pathogen panel test must not be billed as part of a bundled service; it should always be billed as its distinct individual service, regardless of the number of pathogens or targets reported.
    - Respiratory pathogen panel testing should be conducted in an outpatient setting, such as a physician's office or an independent clinical laboratory. The medical records must accurately reflect that the test was performed in an approved setting.
    - This testing is typically considered for individuals who are at high risk for complications with respiratory infections, such as immunocompromised patients.
- **Billing as Individual Components:**
    - It is essential to emphasize that respiratory pathogen panel tests must be billed as individual components and cannot be bundled together.
- **Medical Necessity Criteria:**
    - Respiratory Pathogen Panel testing will be considered medically reasonable and necessary when the following criteria are met:
    - Panels reporting ≤5 respiratory pathogens are performed.
    - Both of the following criteria are satisfied:
    - the outpatient setting can provide timely reporting of results to healthcare providers.
    - the test result contributes to clinical management with the aim of improving the patient's health outcome.

- **Services Not Medically Reasonable and Necessary:**
    - Services are not considered medically reasonable and necessary in the following situation:
    - Panels reporting >5 respiratory pathogens are performed in the outpatient setting.

- **CMS Guidelines:**
    - Services performed for any given diagnosis must:
    - Meet all indications and limitations.
    - Fulfill the general requirements for medical necessity.

- **Compliance and Consequences:**
    - Failure to adhere to the guidelines established by the state, federal authorities, and/or provider contracts may result in various outcomes, including:
    - Delayed processing of claims.
    - Denial of claims.
    - Recovery of payments by Molina Healthcare.

Supplemental Information

Definitions

Term	Definition
CMS	Center for Medicare and Medicaid
Pathogen Panel	Respiratory pathogens tested in an outpatient setting on a single date of service from a single biologic specimen, not ordered as a reflex test
UOS	Unit of Service

State Exceptions

State	Exception
AZ	Arizona Medicaid will consider CPT codes 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
CA	Medi-Cal outpatient coverage is aligned with federal LCD rules: • Only panels of up to 5 respiratory pathogens, billed as a single service unit. • Panels with 6+ pathogens are not covered in outpatient settings. Always ensure accurate documentation and coding, and do not bill components individually.
FL	Florida Medicaid will consider CPT codes 0115U, 0202U, 0223U, 0225U, 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
IA	Outpatient billing for Iowa Medicaid Only panels with up to 5 respiratory pathogen targets are covered under general criteria. Panels with 6+ pathogens are limited; coverage only if specific clinical criteria (e.g. inpatient, specialist orders, immunocompromised) are met—and only under managed care exceptions. Institutional/facility settings (e.g., inpatient, ER) may allow larger panels under certain conditions, especially under Iowa Total Care.

	Always follow documentation, coding, and single-unit billing rules per CMS/LCD standards.
ID	Idaho Medicaid outpatient: Covers panels testing up to 5 respiratory pathogens when criteria of timely reporting and care impact are met. Panels with more than 5 pathogens are not covered in outpatient settings. Facility-based exceptions may apply under some managed care plans for critically ill patients—but not under standard Idaho Medicaid FFS policy. Proper documentation and single-unit billing are essential for compliance.
IL	Under Illinois Medicaid FFS, only panels testing up to 5 respiratory pathogens are covered in outpatient settings. • Always ensure: • Single-unit billing, • Appropriate clinical documentation, • Follow CPT guidelines per LCD L38916, No unbundling of individual pathogen codes.
KY	Kentucky Medicaid will consider CPT codes 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
MA	Massachusetts Medicaid will consider CPT codes 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
MI	Michigan Medicaid will consider CPT codes 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
NE	Nebraska Medicaid will consider CPT codes 0202U, 0223U, 0225U, 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
NM	New Mexico Medicaid aligns with LCD L38916. • Outpatient coverage is limited to panels with up to 5 pathogens, with clinical criteria met. • Panels with 6 or more pathogens are not covered in outpatient settings. Proper billing (single-unit CPT) and documentation of necessity and timing are essential for compliance.
NY	New York Medicaid will consider CPT codes 0115U, 0202U, 0223U, 0225U, 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
NV	For Nevada Medicaid FFS and managed care plans, coverage aligns with MolDX LCD L39001: only outpatient panels of up to 5 respiratory pathogens are routinely covered when medically necessary. Panels with more than 5 pathogens are not reimbursed in outpatient settings. Always use accurate single-unit billing, avoid unbundling, and support necessity with clear documentation.
OH	Ohio will allow CPT codes 0202U, 0223U, 0225U, 87632 or 87633 submitted on a HCFA 1500 Claim Form (CMS-1500) or its electronic equivalent, in any place of service.
SC	South Carolina Medicaid FFS follow federal LCD L38916. • Only panels testing up to 5 respiratory pathogens are covered in outpatient settings when medically necessary. • Panels with 6+ pathogens are not covered in outpatient settings unless very specific criteria are met under MCO policy (e.g. inpatient, immunocompromised). Accurate single-unit billing and robust clinical documentation are critical to support reimbursement.

TX	Texas Medicaid will consider CPT codes 0115U, 0202U, 0223U, 0225U, 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement
UT	Utah Medicaid covers outpatient RPP tests only when they test for up to 5 pathogens, ordered in settings where results are timely and clinically relevant. Panels of 6 or more targets are not covered in outpatient settings, consistent with LCD L38916. Always bill as one unit and provide strong clinical justification in documentation.
WA	Washington Medicaid will consider CPT codes 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
WI	Wisconsin Medicaid will consider CPT codes 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.

Documentation History

Type	Date	Action
Initial Creation Date	09/08/2023	New Policy
Revised Date	12/17/2024	Updated Template and formatting
Revised Date	07/27/2025	Updated dates of the policy, state Exceptions and Policy overview language
Revised Date	08/06/2025	Updated the templated and verified links

References

This policy was developed using:

• CMS
• State Medicaid Regulatory Guidance
• State Contracts

Reference	Link
CMS	LCD - Respiratory Pathogen Panel Testing (L38916)
CMS	LCD - Respiratory Pathogen Panel Testing (L38918)
CMS	LCD - Respiratory Pathogen Panel Testing (L39027)
CMS	Article - Billing and Coding: Respiratory Pathogen Panel Testing (A58575)
CMS	Article - Billing and Coding: Respiratory Pathogen Panel Testing (A58577)
CMS	Article - Billing and Coding: Respiratory Pathogen Panel Testing (A58741)
CMS	LCD - MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (L39001)

***CODING DISCLAIMER**. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.*