

Respiratory Pathogen Panel Testing

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

The respiratory pathogen panel test is classified as a single service with one unit of service (UOS) set at 1. When conducted in an outpatient setting, the respiratory pathogen test retains its status as an independent test.

Reimbursement Guidelines

1. **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.

2. **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.

3. **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.

4. **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.

5. **CMS Guidelines:**

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

6. **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
TX	Texas Medicaid is exempt from this policy.

Documentation History

Type	Date	Action
Effective Date	09/08/2024	New Policy
Revised Date	12/17/2024	Updated Language and template

References

This policy was developed using:

- CMS
- State Medicaid
- State Contracts

Agency:	Reference links:
CMS	Respiratory Pathogen Panel Testing (L38916) (cms.gov) Respiratory Pathogen Panel Testing (L38918) (cms.gov) Respiratory Pathogen Panel Testing (L39027) (cms.gov) Respiratory Pathogen Panel Testing (A58575) (cms.gov) Respiratory Pathogen Panel Testing (A58577) (cms.gov) Respiratory Pathogen Panel Testing (A58741) (cms.gov)

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 not 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.