



MOLECULAR POLICIES

MEDICARE (NM, TX, CO)

All local payers follow these to LCD's for Respiratory and Gastrointestinal Panels

Respiratory Panels:

LCD - Respiratory Pathogen Panel Testing (L38916)

Respiratory pathogen panel testing in the outpatient setting by a Part B provider (e.g., physician's office, independent clinical laboratory) will be considered medically reasonable and necessary when all of the following are met:

- **Panels with ≤ 5 respiratory pathogens are performed, and BOTH of the following criteria are met:**
 - The outpatient setting is equipped to deliver timely reporting of results to providers AND,
 - For patients where the test result aids clinical management with the goal of an improved health outcome for the patient.
- **Limitations: The following is considered not medically reasonable and necessary:**
 - Panels with > 5 respiratory pathogens performed in the Part B outpatient setting are not covered.

Gastrointestinal Panels:

- LCD - Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (L38229)

GIP panels, 11 or fewer targets, are medically reasonable and necessary for the evaluation of Medicare beneficiaries with the following:

1. Acute diarrhea present for at least seven days duration; or
2. Persistent diarrhea of 14-30 days; or
3. Acute diarrhea with signs or risk factors for severe disease to include any of the following:
 - fever,
 - bloody diarrhea,
 - dysentery,
 - dehydration,
 - severe abdominal pain,
 - hospitalization, or
 - an immunocompromised state

Note: CMS National Coverage Determinations (NCDs) Medicare does not have an NCD for UTI/STI/Wound Panels.

MEDICARE (AZ)

LCD - MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (L39003)

1. Gastrointestinal (GI) Panels:

- ✓ **Targeted Panels (≤ 5 pathogens):**
 - Covered when symptoms suggest GI infection (e.g., diarrhea, vomiting).
 - Must be used in outpatient settings.
 - Must influence clinical management and improve outcomes.
- ✓ **Expanded Panels (≥ 6 pathogens):**
 - Covered only if targeted panels are insufficient.
 - Must be ordered by a Gastroenterologist (or Infectious Disease specialist for immunocompromised patients).
 - Repeat testing allowed only once within 1–14 days if medically justified.

2. Respiratory Panels:

- ✓ **Targeted Panels (≤ 5 pathogens):**
 - Covered for symptoms like cough, fever, or suspected respiratory infection.
 - Must be used in outpatient settings and influence treatment decisions.

3. Urinary Tract Infection (UTI) Panels:

- The patient is symptomatic AND at higher risk for UTI complications (i.e., the elderly, patients with recurrent symptomatic UTIs and/or complicated urinary tract anatomy) AND/OR is seen in urogynecology or urology specialty care settings.



MOLECULAR POLICIES

4. STI Panels:

- For the UG/AG panels, epidemiologic indication or potential exposure to sexually transmitted pathogens (i.e., in the case of clinical concern for multiple sexually transmitted infections (STIs) due to a high-risk experience) is considered a covered clinical indication, even in the absence of clinical symptoms. Documentation of the high-risk reason for panel testing is clearly stated in the medical record.

IMPORTANT LINKS

- ✓ **Presbyterian-** [Display Document](#)
- ✓ **BCBS NM-** [CPCPLAB045 - Pathogen Panel Testing](#)
- ✓ **BCBS TX-** [CPCP045 Pathogen Panel Testing Effective 05/01/2022](#)
- ✓ **Molina-** [Clinical-Payment-Policy-G2149-Pathogen-Panel-Testing.pdf](#)
- ✓ **UHC-** [Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing for Infectious Diarrhea – Commercial and Individual Exchange Medical Policy and Respiratory Viral Panel Testing Policy, Professional and Facility - Reimbursement Policy - UnitedHealthcare Community Plan and Urogenital/Anogenital \(UG/AG\) Panels – Medicare Advantage Medical Policy](#)
- ✓ **HUMANA-** [Microsoft Word - Multiplex Pathogen Identification Panels for Infectious Disease](#)
- ✓ **AETNA-** [Polymerase Chain Reaction Testing: Selected Indications - Medical Clinical Policy Bulletins | Aetna](#)
- ✓ **CIGNA-** [Nucleic Acid Pathogen Testing](#)

Note: BCBS NM, BCBS TX, Molina, Presbyterian all state in their policies that UTI/STI/Wound PCR testing is not Medically Necessary, this is probably due to no LCD their coverage area.