

# Molecular Diagnostic Infectious Disease Testing

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[↪ Terms and Conditions](#)

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## Related Medicare Advantage Policy Guidelines

- [Clinical Diagnostic Laboratory Services](#)
- [Molecular Pathology/Molecular Diagnostics/Genetic Testing](#)
- [Screening for Sexually Transmitted Infections \(STIS\) and High-Intensity Behavioral Counseling \(HIBC\) to Prevent STIS \(NCD 210.10\)](#)

## Related Medicare Advantage Reimbursement Policies

- [Clinical Laboratory Improvement Amendments \(CLIA\) ID Requirement Policy, Professional](#)
- [Laboratory Services Policy, Professional](#)

## Related Medicare Advantage Coverage Summaries

- [Genetic Testing](#)
- [Laboratory Tests and Services](#)
- [Preventive Health Services and Procedures](#)

## Policy Summary

[↪ See Purpose](#)

### Overview

Molecular diagnostic testing, which includes Deoxyribonucleic Acid-(DNA) or Ribonucleic Acid-(RNA) based analysis (with or without amplification/quantification) provides sensitive, specific and timely (i.e., relative to that of traditional culture-based methods) identification of diverse biological entities, including microorganisms and tumors.

A standardized nucleic acid probe reacts directly with nucleic acids in the test sample. This format is termed a Nucleic Acid Test (NAT). If the test sample contains the organism of interest, the reaction (e.g., hybridization) of these elements will create a detectable endpoint.

The NAT amplification format is termed a Nucleic Acid Amplification Test (NAAT). The NAAT format increases diagnostic sensitivity by decreasing the lower limit of detection. Several techniques are available to perform such amplification, but one example is the polymerase chain reaction in which logarithmic copies of baseline nucleic acid material can be replicated via cyclical reactions involving “primer” nucleic acid, enzymes and requisite heating/cooling parameters.

Finally, there may be a need for the above process to quantify rather than simply detect the presence of certain microorganisms. Examples include Human Immunodeficiency Virus (HIV), hepatitis C and Cytomegalovirus (CMV) treatment, which can require such quantitative monitoring to determine if therapy is producing the intended reductions in circulating levels of virus.

Furthermore, other techniques (i.e., nucleic acid sequencing) are utilized to assay antiviral resistance signatures for HIV-1 and hepatitis C. Either genotypic or phenotypic analysis can allow therapy to be directed in response to such observed resistance markers.

## Guidelines

### ***Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels***

Medicare limits coverage of multiplex PCR respiratory viral panels. Panels of 3-5 pathogens are covered under limited circumstances. Specifically the test must be ordered either in a healthcare setting that is equipped to care for and routinely does care for critically ill patients, or it must be ordered by an infectious disease specialist, unless an infectious disease specialist is not available.

Multiplex PCR respiratory viral panels of 6 or more pathogens are non-covered. The pathogen targets that compose the panels are determined by the manufacturers that make them, and do not represent specific pathogens that cause a common syndrome, or the organisms that commonly are found in a specific sample type or patient population or reflect seasonal variations. The fixed nature of these multiplex panels includes pathogens that cause infections different enough that simultaneous testing for these pathogens should be rare. Examples include Chlamydia pneumoniae or Bordetella pertussis in combination with rhinovirus, influenza viruses, and respiratory syncytial virus (RSV). The multiplex PCR respiratory viral panels are effectively a “one size fits all” diagnostic approach, and do not meet Medicare’s “reasonable and necessary” criteria. Non-coverage of these multiplex PCR respiratory viral panels does not deny patient access because appropriate clinician directed testing is available.

### ***Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs)***

Medicare provides limited coverage for Gastrointestinal Pathogen (GIP) molecular assays identified by multiplex nucleic acid amplification tests (NAATs).

See Local Coverage Determination (LCD) [References](#) section for coverage details. Coverage varies by LCD.

Based on the Centers for Medicare & Medicaid Services (CMS) Program Integrity Manual (100-08), this policy addresses the circumstances under which the item or service is reasonable and necessary under the Social Security Act, §1862(a)(1)(A). For laboratory services, a service can be reasonable and necessary if the service is safe and effective; and appropriate, including the duration and frequency that is considered appropriate for the item or service, in terms of whether it is furnished in accordance with accepted standards of medical practice for the diagnosis of the patient's condition; furnished in a setting appropriate to the patient's medical needs and condition; ordered and furnished by qualified personnel; one that meets, but does not exceed, the patient's medical need; and is at least as beneficial as an existing and available medically appropriate alternative.

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review. Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states " ...no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis and treatment of illness or injury...". Furthermore, it has been longstanding CMS policy that "tests that are performed in the absence of signs, symptoms, complaints, or personal history of disease or injury are not covered unless explicitly authorized by statute". Screening services, such as pre-symptomatic genetic tests and services, are those used to detect an undiagnosed disease or disease predisposition, and as such are not a Medicare benefit and not covered by Medicare. Similarly, Medicare may not reimburse the costs of tests/examinations that assess the risk for and/or of a condition unless the risk assessment clearly and directly effects the management of the patient. However, Medicare does cover a broad range of legislatively mandated preventive services to prevent disease, detect disease early when it is most treatable and curable, and manage disease so that complications can be avoided. These services can be found on the CMS website at <http://www.cms.gov/PreventionGenInfo/>.

Many applications of molecular diagnostic procedures are not covered services by Medicare given lack of benefit category (preventive service) and/or failure to reach the reasonable and necessary threshold for coverage (based on quality of clinical evidence and strength of recommendation). Furthermore, payment of claims in the past (based on stacking codes) or in the future (based on the new code series) is not a statement of coverage since the service was not audited for compliance with program requirements and documentation supporting the reasonable and necessary testing for the beneficiary. Certain tests

and procedures may be subject to prepayment medical review (records requested) and paid claims must be supportable, if selected, for post payment audit. Tests for diseases or conditions that manifest severe signs or symptoms in newborns and in early childhood or that result in early death (e.g., Canavan disease) could be subject to automatic denials since these tests are not usually relevant to a Medicare beneficiary.

### **Documentation Guidelines**

Documentation must be adequate to verify that coverage guidelines listed above have been met. Thus, the medical record must contain documentation that the testing is expected to influence treatment of the condition toward which the testing is directed. The laboratory or billing provider must have on file the physician requisition which sets forth the diagnosis or condition that warrants the test(s).

Examples of documentation requirements of the ordering physician/nonphysician practitioner (NPP) include, but are not limited to, history and physical or exam findings that support the decision making, problems/diagnoses, relevant data (e.g., lab testing, imaging results).

Documentation requirements of the performing laboratory (when requested) include, but are not limited to, lab accreditation, test requisition, test record/procedures, reports (preliminary and final), and quality control record.

Documentation requirements for lab developed tests/protocols (when requested) include diagnostic test/assay, lab/manufacture, names of comparable assays/services (if relevant), description of assay, analytical validity evidence, clinical validity evidence, and clinical utility.

Providers are required to code to specificity however, if an unlisted CPT code is used the documentation must clearly identify the unique procedure performed. When multiple procedure codes are submitted on a claim (unique and/or unlisted) the documentation supporting each code should be easily identifiable. If on review UnitedHealthcare cannot link a billed code to the documentation, these services will be denied.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under Section 1862(a)(1)(A) of the Social Security Act.

## **Applicable Codes**

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
<b>Non-Covered</b>	
0098U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 14 targets (adenovirus, coronavirus, human metapneumovirus, influenza A, influenza A subtype H1, influenza A subtype H3, influenza A subtype H1-2009, influenza B, parainfluenza virus, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydomphila pneumoniae, Mycoplasma pneumoniae) (Deleted 03/31/2021)
0099U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus, coronavirus OC43, human metapneumovirus, influenza A, influenza A subtype, influenza A subtype H3, influenza A subtype H1-2009, influenza, parainfluenza virus, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydomphila pneumonia, Mycoplasma pneumoniae) (Deleted 03/31/2021)



CPT Code	Description
<b>Provisional Coverage</b>	
0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected (Effective 10/06/2020)
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe [See the Medicare Advantage Policy Guideline titled <a href="#">Screening for Sexually Transmitted Infections (STIS) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIS (NCD 210.10)</a> ]
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe [See the Medicare Advantage Policy Guideline titled <a href="#">Screening for Sexually Transmitted Infections (STIS) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIS (NCD 210.10)</a> ]
87501	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype
87502	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types
87503	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in addition to code for primary procedure)
87505	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (e.g., Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets
87506	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (e.g., Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets
87507	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (e.g., Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe [See the Medicare Advantage Policy Guideline titled <a href="#">Screening for Sexually Transmitted Infections (STIS) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIS (NCD 210.10)</a> ]
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe [See the Medicare Advantage Policy Guideline titled <a href="#">Screening for Sexually Transmitted Infections (STIS) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIS (NCD 210.10)</a> ]

CPT Code	Description
<b>Provisional Coverage</b>	
87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (e.g., 6, 11, 42, 43, 44)
87624	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (e.g., adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique (Effective 10/06/2020)
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique (Effective 10/06/2020)
87641	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique
87662	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique [See the Medicare Advantage Policy Guideline titled <a href="#">Screening for Sexually Transmitted Infections (STIS) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIS (NCD 210.10)</a> ]
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique
87999	Unlisted microbiology procedure

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This list of diagnosis codes is divided into the following sections:

- [Facility Only for CPT Code 87631, 87636\\*, 87637\\*, 0240U\\*, and 0241U\\*](#)
- [Facility Only for CPT codes 87505 and 87506](#)
- [Facility Only for CPT codes 0097U and 87507](#)
- [Diagnosis Codes that are Never Covered When Given as the Primary Reason for a Test](#)

Diagnosis Code	Description
<b>Facility Only for CPT Code 87631, 87636*, 87637*, 0240U*, 0241U* (*Effective 01/01/2021)</b>	
<b>This list contains diagnosis codes that are covered for facility only.</b>	
B97.29	Other coronavirus as the cause of diseases classified elsewhere (Effective 02/20/2020)
D80.0	Hereditary hypogammaglobulinemia
D80.1	Nonfamilial hypogammaglobulinemia
D80.2	Selective deficiency of immunoglobulin A [IgA]
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses
D80.4	Selective deficiency of immunoglobulin M [IgM]
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]



Diagnosis Code	Description
Facility Only for CPT Code 87631, 87636*, 87637*, 0240U*, 0241U* (* Effective 01/01/2021)	
This list contains diagnosis codes that are covered for facility only.	
D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
D80.7	Transient hypogammaglobulinemia of infancy
D80.8	Other immunodeficiencies with predominantly antibody defects
D80.9	Immunodeficiency with predominantly antibody defects, unspecified
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis
D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D81.30	Adenosine deaminase deficiency, unspecified
D81.31	Severe combined immunodeficiency due to adenosine deaminase deficiency
D81.32	Adenosine deaminase 2 deficiency
D81.39	Other adenosine deaminase deficiency
D81.4	Nezelof's syndrome
D81.5	Purine nucleoside phosphorylase [PNP] deficiency
D81.6	Major histocompatibility complex class I deficiency
D81.7	Major histocompatibility complex class II deficiency
D81.810	Biotinidase deficiency
D81.818	Other biotin-dependent carboxylase deficiency
D81.819	Biotin-dependent carboxylase deficiency, unspecified
D81.89	Other combined immunodeficiencies
D81.9	Combined immunodeficiency, unspecified
D82.0	Wiskott-Aldrich syndrome
D82.1	Di George's syndrome
D82.2	Immunodeficiency with short-limbed stature
D82.3	Immunodeficiency following hereditary defective response to Epstein-Barr virus
D82.4	Hyperimmunoglobulin E [IgE] syndrome
D82.8	Immunodeficiency associated with other specified major defects
D82.9	Immunodeficiency associated with major defect, unspecified
D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function
D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells
D83.8	Other common variable immunodeficiencies
D83.9	Common variable immunodeficiency, unspecified
D84.0	Lymphocyte function antigen-1 [LFA-1] defect
D84.1	Defects in the complement system
D89.0	Polyclonal hypergammaglobulinemia (Effective 07/11/2021)
D89.1	Cryoglobulinemia (Effective 07/11/2021)
D89.2	Hypergammaglobulinemia, unspecified (Effective 07/11/2021)
D89.3	Immune reconstitution syndrome (Effective 07/11/2021)
D89.41	Monoclonal mast cell activation syndrome (Effective 07/11/2021)

Diagnosis Code	Description
Facility Only for CPT Code 87631, 87636*, 87637*, 0240U*, 0241U* (* Effective 01/01/2021)	
This list contains diagnosis codes that are covered for facility only.	
D89.42	Idiopathic mast cell activation syndrome (Effective 07/11/2021)
D89.43	Secondary mast cell activation (Effective 07/11/2021)
D89.49	Other mast cell activation disorder (Effective 07/11/2021)
D89.810	Acute graft-versus-host disease (Effective 07/11/2021)
D89.811	Chronic graft-versus-host disease (Effective 07/11/2021)
D89.812	Acute on chronic graft-versus-host disease (Effective 07/11/2021)
D89.82	Autoimmune lymphoproliferative syndrome [ALPS] (Effective 07/11/2021)
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified (Effective 07/11/2021)
E84.0	Cystic fibrosis with pulmonary manifestations (Effective 07/11/2021)
E84.19	Cystic fibrosis with other intestinal manifestations (Effective 07/11/2021)
E84.8	Cystic fibrosis with other manifestations (Effective 07/11/2021)
I27.0	Primary pulmonary hypertension (Effective 07/11/2021)
I27.21	Secondary pulmonary arterial hypertension (Effective 07/11/2021)
I27.22	Pulmonary hypertension due to left heart disease (Effective 07/11/2021)
I27.23	Pulmonary hypertension due to lung diseases and hypoxia (Effective 07/11/2021)
I27.24	Chronic thromboembolic pulmonary hypertension (Effective 07/11/2021)
I27.29	Other secondary pulmonary hypertension (Effective 07/11/2021)
I27.81	Cor pulmonale (chronic) (Effective 07/11/2021)
I27.82	Chronic pulmonary embolism (Effective 07/11/2021)
I27.83	Eisenmenger's syndrome (Effective 07/11/2021)
I27.89	Other specified pulmonary heart diseases (Effective 07/11/2021)
I50.21	Acute systolic (congestive) heart failure (Effective 07/11/2021)
I50.22	Chronic systolic (congestive) heart failure (Effective 07/11/2021)
I50.23	Acute on chronic systolic (congestive) heart failure (Effective 07/11/2021)
I50.31	Acute diastolic (congestive) heart failure (Effective 07/11/2021)
I50.32	Chronic diastolic (congestive) heart failure (Effective 07/11/2021)
I50.33	Acute on chronic diastolic (congestive) heart failure (Effective 07/11/2021)
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure (Effective 07/11/2021)
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure (Effective 07/11/2021)
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure (Effective 07/11/2021)
I50.811	Acute right heart failure (Effective 07/11/2021)
I50.812	Chronic right heart failure (Effective 07/11/2021)
I50.813	Acute on chronic right heart failure (Effective 07/11/2021)
I50.814	Right heart failure due to left heart failure (Effective 07/11/2021)
I50.82	Biventricular heart failure (Effective 07/11/2021)
I50.83	High output heart failure (Effective 07/11/2021)
I50.84	End stage heart failure (Effective 07/11/2021)
I50.89	Other heart failure (Effective 07/11/2021)
J00	Acute nasopharyngitis [common cold] (Effective 07/11/2021)



Diagnosis Code	Description
Facility Only for CPT Code 87631, 87636*, 87637*, 0240U*, 0241U* (* Effective 01/01/2021)	
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J02.9	Acute pharyngitis, unspecified (Effective 07/11/2021)
J04.0	Acute laryngitis (Effective 07/11/2021)
J04.10	Acute tracheitis without obstruction (Effective 07/11/2021)
J04.11	Acute tracheitis with obstruction (Effective 07/11/2021)
J04.2	Acute laryngotracheitis (Effective 07/11/2021)
J04.30	Supraglottitis, unspecified, without obstruction (Effective 07/11/2021)
J04.31	Supraglottitis, unspecified, with obstruction (Effective 07/11/2021)
J05.0	Acute obstructive laryngitis [croup] (Effective 07/11/2021)
J05.10	Acute epiglottitis without obstruction (Effective 07/11/2021)
J05.11	Acute epiglottitis with obstruction (Effective 07/11/2021)
J06.0	Acute laryngopharyngitis (Effective 07/11/2021)
J06.9	Acute upper respiratory infection, unspecified
J09.X1	Influenza due to identified novel influenza A virus with pneumonia (Effective 02/20/2020)
J09.X2	Influenza due to identified novel influenza A virus with other respiratory manifestations (Effective 02/20/2020)
J09.X3	Influenza due to identified novel influenza A virus with gastrointestinal manifestations (Effective 02/20/2020)
J09.X9	Influenza due to identified novel influenza A virus with other manifestations (Effective 02/20/2020)
J12.0	Adenoviral pneumonia (Effective 02/20/2020)
J12.1	Respiratory syncytial virus pneumonia (Effective 02/20/2020)
J12.3	Human metapneumovirus pneumonia (Effective 02/20/2020)
J12.81	Pneumonia due to SARS-associated coronavirus (Effective 02/20/2020)
J12.82	Pneumonia due to coronavirus disease 2019 (Effective 01/01/2021)
J12.89	Other viral pneumonia (Effective 02/20/2020)
J12.9	Viral pneumonia, unspecified (Effective 02/20/2020)
J15.8	Pneumonia due to other specified bacteria (Effective 02/20/2020)
J16.8	Pneumonia due to other specified infectious organisms (Effective 02/20/2020)
J18.0	Bronchopneumonia, unspecified organism (Effective 02/20/2020)
J18.1	Lobar pneumonia, unspecified organism (Effective 02/20/2020)
J18.2	Hypostatic pneumonia, unspecified organism (Effective 02/20/2020)
J18.8	Other pneumonia, unspecified organism (Effective 02/20/2020)
J18.9	Pneumonia, unspecified organism (Effective 02/20/2020)
J20.8	Acute bronchitis due to other specified organisms (Effective 02/20/2020)
J22	Unspecified acute lower respiratory infection
J41.0	Simple chronic bronchitis (Effective 07/11/2021)
J41.1	Mucopurulent chronic bronchitis (Effective 07/11/2021)
J41.8	Mixed simple and mucopurulent chronic bronchitis (Effective 07/11/2021)
J43.0	Unilateral pulmonary emphysema [MacLeod's syndrome] (Effective 07/11/2021)
J43.1	Panlobular emphysema (Effective 07/11/2021)
J43.2	Centrilobular emphysema (Effective 07/11/2021)
J43.8	Other emphysema (Effective 07/11/2021)

Diagnosis Code	Description
Facility Only for CPT Code 87631, 87636*, 87637*, 0240U*, 0241U* (* Effective 01/01/2021)	
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J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection (Effective 07/11/2021)
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation (Effective 07/11/2021)
J45.21	Mild intermittent asthma with (acute) exacerbation (Effective 07/11/2021)
J45.22	Mild intermittent asthma with status asthmaticus (Effective 07/11/2021)
J45.30	Mild persistent asthma, uncomplicated (Effective 07/11/2021)
J45.31	Mild persistent asthma with (acute) exacerbation (Effective 07/11/2021)
J45.32	Mild persistent asthma with status asthmaticus (Effective 07/11/2021)
J45.40	Moderate persistent asthma, uncomplicated (Effective 07/11/2021)
J45.41	Moderate persistent asthma with (acute) exacerbation (Effective 07/11/2021)
J45.42	Moderate persistent asthma with status asthmaticus (Effective 07/11/2021)
J45.50	Severe persistent asthma, uncomplicated (Effective 07/11/2021)
J45.51	Severe persistent asthma with (acute) exacerbation (Effective 07/11/2021)
J45.52	Severe persistent asthma with status asthmaticus (Effective 07/11/2021)
J45.991	Cough variant asthma (Effective 07/11/2021)
J45.998	Other asthma (Effective 07/11/2021)
J47.0	Bronchiectasis with acute lower respiratory infection (Effective 07/11/2021)
J47.1	Bronchiectasis with (acute) exacerbation (Effective 07/11/2021)
J47.9	Bronchiectasis, uncomplicated (Effective 07/11/2021)
J60	Coalworker's pneumoconiosis (Effective 07/11/2021)
J61	Pneumoconiosis due to asbestos and other mineral fibers (Effective 07/11/2021)
J62.0	Pneumoconiosis due to talc dust (Effective 07/11/2021)
J62.8	Pneumoconiosis due to other dust containing silica (Effective 07/11/2021)
J63.0	Aluminosis (of lung) (Effective 07/11/2021)
J63.1	Bauxite fibrosis (of lung) (Effective 07/11/2021)
J63.2	Berylliosis (Effective 07/11/2021)
J63.3	Graphite fibrosis (of lung) (Effective 07/11/2021)
J63.4	Siderosis (Effective 07/11/2021)
J63.5	Stannosis (Effective 07/11/2021)
J63.6	Pneumoconiosis due to other specified inorganic dusts (Effective 07/11/2021)
J65	Pneumoconiosis associated with tuberculosis (Effective 07/11/2021)
J66.0	Byssinosis (Effective 07/11/2021)
J66.1	Flax-dressers' disease (Effective 07/11/2021)
J66.2	Cannabinosis (Effective 07/11/2021)
J66.8	Airway disease due to other specific organic dusts (Effective 07/11/2021)
J70.1	Chronic and other pulmonary manifestations due to radiation (Effective 07/11/2021)
J70.3	Chronic drug-induced interstitial lung disorders (Effective 07/11/2021)
J81.1	Chronic pulmonary edema (Effective 07/11/2021)
J84.10	Pulmonary fibrosis, unspecified (Effective 07/11/2021)
J84.111	Idiopathic interstitial pneumonia, not otherwise specified (Effective 07/11/2021)
J84.112	Idiopathic pulmonary fibrosis (Effective 07/11/2021)

Diagnosis Code	Description
Facility Only for CPT Code 87631, 87636*, 87637*, 0240U*, 0241U* (* Effective 01/01/2021)	
This list contains diagnosis codes that are covered for facility only.	
J84.113	Idiopathic non-specific interstitial pneumonitis (Effective 07/11/2021)
J84.114	Acute interstitial pneumonitis (Effective 07/11/2021)
J84.115	Respiratory bronchiolitis interstitial lung disease (Effective 07/11/2021)
J84.116	Cryptogenic organizing pneumonia (Effective 07/11/2021)
J84.117	Desquamative interstitial pneumonia (Effective 07/11/2021)
J84.170	Interstitial lung disease with progressive fibrotic phenotype in diseases classified elsewhere (Effective 07/11/2021)
J84.178	Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere (Effective 07/11/2021)
J84.2	Lymphoid interstitial pneumonia (Effective 07/11/2021)
J84.81	Lymphangioliomyomatosis (Effective 07/11/2021)
J84.82	Adult pulmonary Langerhans cell histiocytosis (Effective 07/11/2021)
J84.89	Other specified interstitial pulmonary diseases (Effective 07/11/2021)
J84.9	Interstitial pulmonary disease, unspecified (Effective 07/11/2021)
R04.2	Hemoptysis (Effective 07/11/2021)
R05	Cough (Effective 02/20/2020)
R06.02	Shortness of breath (Effective 07/11/2021)
R06.03	Acute respiratory distress (Effective 07/11/2021)
R06.1	Stridor (Effective 07/11/2021)
R06.2	Wheezing (Effective 02/20/2020)
R06.82	Tachypnea, not elsewhere classified (Effective 07/11/2021)
R07.1	Chest pain on breathing (Effective 07/11/2021)
R07.81	Pleurodynia (Effective 07/11/2021)
R09.02	Hypoxemia (Effective 07/11/2021)
R09.1	Pleurisy (Effective 07/11/2021)
R43.0	Anosmia (Effective 07/11/2021)
R43.9	Unspecified disturbances of smell and taste (Effective 07/11/2021)
R50.81	Fever presenting with conditions classified elsewhere (Effective 07/11/2021)
R50.9	Fever, unspecified (Effective 02/20/2020)
R53.1	Weakness (Effective 07/11/2021)
R55	Syncope and collapse (Effective 07/11/2021)
R68.83	Chills (without fever) (Effective 07/11/2021)
R79.81	Abnormal blood-gas level (Effective 07/11/2021)
U07.1	COVID-19 (Effective 04/01/2020)
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out (Effective 02/20/2020)
Z20.822	Contact with and (suspected) exposure to COVID-19 (Effective 01/01/2021)
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases (Effective 02/20/2020)
Z86.16	Personal history of COVID-19 (Effective 01/01/2021)
Z94.0	Kidney transplant status
Z94.1	Heart transplant status

Diagnosis Code	Description
Facility Only for CPT Code 87631, 87636*, 87637*, 0240U*, 0241U* (* Effective 01/01/2021)	
This list contains diagnosis codes that are covered for facility only.	
Z94.2	Lung transplant status
Z94.3	Heart and lungs transplant status
Z94.4	Liver transplant status
Z94.5	Skin transplant status
Z94.6	Bone transplant status
Z94.81	Bone marrow transplant status
Z94.82	Intestine transplant status
Z94.83	Pancreas transplant status
Z94.84	Stem cells transplant status

Diagnosis Code	Description
Facility Only for CPT Codes 87505 and 87506	
This list contains diagnosis codes that are covered for facility only.	
A00.0	Cholera due to Vibrio cholerae 01, biovar cholerae (Effective 08/05/2021)
A00.1	Cholera due to Vibrio cholerae 01, biovar eltor (Effective 08/05/2021)
A00.9	Cholera, unspecified (Effective 08/05/2021)
A01.00	Typhoid fever, unspecified
A01.09	Typhoid fever with other complications (Effective 08/05/2021)
A01.1	Paratyphoid fever A (Effective 08/05/2021)
A01.2	Paratyphoid fever B (Effective 08/05/2021)
A01.3	Paratyphoid fever C (Effective 08/05/2021)
A02.0	Salmonella enteritis
A02.8	Other specified salmonella infections (Effective 08/05/2021)
A02.9	Salmonella infection, unspecified (Deleted 08/05/2021)
A03.0	Shigellosis due to Shigella dysenteriae
A03.1	Shigellosis due to Shigella flexneri
A03.2	Shigellosis due to Shigella boydii
A03.3	Shigellosis due to Shigella sonnei
A03.8	Other shigellosis
A04.0	Enteropathogenic Escherichia coli infection
A04.1	Enterotoxigenic Escherichia coli infection
A04.2	Enteroinvasive Escherichia coli infection
A04.3	Enterohemorrhagic Escherichia coli infection
A04.5	Campylobacter enteritis
A04.6	Enteritis due to Yersinia enterocolitica
A04.71	Enterocolitis due to Clostridium difficile, recurrent
A04.72	Enterocolitis due to Clostridium difficile, not specified as recurrent
A04.8	Other specified bacterial intestinal infections
A04.9	Bacterial intestinal infection, unspecified
A05.0	Foodborne staphylococcal intoxication
A05.1	Botulism food poisoning

Diagnosis Code	Description
Facility Only for CPT Codes 87505 and 87506	
This list contains diagnosis codes that are covered for facility only.	
A05.2	Foodborne Clostridium perfringens [Clostridium welchii] intoxication
A05.3	Foodborne Vibrio parahaemolyticus intoxication
A05.4	Foodborne Bacillus cereus intoxication (Effective 08/05/2021)
A05.5	Foodborne Vibrio vulnificus intoxication (Effective 08/05/2021)
A06.0	Acute amebic dysentery (Effective 08/05/2021)
A06.1	Chronic intestinal amebiasis (Effective 08/05/2021)
A06.2	Amebic nondysenteric colitis (Effective 08/05/2021)
A07.1	Giardiasis [lamblia] (Effective 08/05/2021)
A07.2	Cryptosporidiosis (Effective 08/05/2021)
A07.4	Cyclosporiasis (Effective 08/05/2021)
A08.0	Rotaviral enteritis (Effective 08/05/2021)
A08.11	Acute gastroenteropathy due to Norwalk agent (Effective 08/05/2021)
A08.2	Adenoviral enteritis (Effective 08/05/2021)
A08.32	Astrovirus enteritis (Effective 08/05/2021)
A09	Infectious gastroenteritis and colitis, unspecified
A32.11	Listerial meningitis (Effective 08/05/2021)
A32.12	Listerial meningoencephalitis (Effective 08/05/2021)
A32.7	Listerial sepsis (Effective 08/05/2021)
B20	Human immunodeficiency virus [HIV] disease (Deleted 08/05/2021)
D80.0	Hereditary hypogammaglobulinemia (Deleted 08/05/2021)
D80.1	Nonfamilial hypogammaglobulinemia (Deleted 08/05/2021)
D80.2	Selective deficiency of immunoglobulin A [IgA] (Deleted 08/05/2021)
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses (Deleted 08/05/2021)
D80.4	Selective deficiency of immunoglobulin M [IgM] (Deleted 08/05/2021)
D80.5	Immunodeficiency with increased immunoglobulin M [IgM] (Deleted 08/05/2021)
D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia (Deleted 08/05/2021)
D80.7	Transient hypogammaglobulinemia of infancy (Deleted 08/05/2021)
D80.8	Other immunodeficiencies with predominantly antibody defects (Deleted 08/05/2021)
D80.9	Immunodeficiency with predominantly antibody defects, unspecified (Deleted 08/05/2021)
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis (Deleted 08/05/2021)
D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers (Deleted 08/05/2021)
D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers (Deleted 08/05/2021)
D81.30	Adenosine deaminase deficiency, unspecified (Deleted 08/05/2021)
D81.31	Severe combined immunodeficiency due to adenosine deaminase deficiency (Deleted 08/05/2021)
D81.32	Adenosine deaminase 2 deficiency (Deleted 08/05/2021)
D81.39	Other adenosine deaminase deficiency (Deleted 08/05/2021)
D81.4	Nezelof's syndrome (Deleted 08/05/2021)
D81.5	Purine nucleoside phosphorylase [PNP] deficiency (Deleted 08/05/2021)
D81.6	Major histocompatibility complex class I deficiency (Deleted 08/05/2021)

Diagnosis Code	Description
Facility Only for CPT Codes 87505 and 87506	
This list contains diagnosis codes that are covered for facility only.	
D81.7	Major histocompatibility complex class II deficiency (Deleted 08/05/2021)
D81.810	Biotinidase deficiency (Deleted 08/05/2021)
D81.818	Other biotin-dependent carboxylase deficiency (Deleted 08/05/2021)
D81.819	Biotin-dependent carboxylase deficiency, unspecified (Deleted 08/05/2021)
D81.89	Other combined immunodeficiencies (Deleted 08/05/2021)
D81.9	Combined immunodeficiency, unspecified (Deleted 08/05/2021)
D82.0	Wiskott-Aldrich syndrome (Deleted 08/05/2021)
D82.1	Di George's syndrome (Deleted 08/05/2021)
D82.2	Immunodeficiency with short-limbed stature (Deleted 08/05/2021)
D82.3	Immunodeficiency following hereditary defective response to Epstein-Barr virus (Deleted 08/05/2021)
D82.4	Hyperimmunoglobulin E [IgE] syndrome (Deleted 08/05/2021)
D82.8	Immunodeficiency associated with other specified major defects (Deleted 08/05/2021)
D82.9	Immunodeficiency associated with major defect, unspecified (Deleted 08/05/2021)
D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function (Deleted 08/05/2021)
D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders (Deleted 08/05/2021)
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells (Deleted 08/05/2021)
D83.8	Other common variable immunodeficiencies (Deleted 08/05/2021)
D83.9	Common variable immunodeficiency, unspecified (Deleted 08/05/2021)
D84.0	Lymphocyte function antigen-1 [LFA-1] defect (Deleted 08/05/2021)
D84.1	Defects in the complement system (Deleted 08/05/2021)
D84.8	Other specified immunodeficiencies (Deleted 09/30/2020)
D84.89	Other immunodeficiencies (Effective 10/01/2020) (Deleted 08/05/2021)
D84.9	Immunodeficiency, unspecified (Deleted 08/05/2021)
D89.0	Polyclonal hypergammaglobulinemia (Deleted 08/05/2021)
D89.1	Cryoglobulinemia (Deleted 08/05/2021)
D89.2	Hypergammaglobulinemia, unspecified (Deleted 08/05/2021)
D89.3	Immune reconstitution syndrome (Deleted 08/05/2021)
D89.40	Mast cell activation, unspecified (Deleted 08/05/2021)
D89.41	Monoclonal mast cell activation syndrome (Deleted 08/05/2021)
D89.42	Idiopathic mast cell activation syndrome (Deleted 08/05/2021)
D89.43	Secondary mast cell activation (Deleted 08/05/2021)
D89.49	Other mast cell activation disorder (Deleted 08/05/2021)
D89.810	Acute graft-versus-host disease (Deleted 08/05/2021)
D89.811	Chronic graft-versus-host disease (Deleted 08/05/2021)
D89.812	Acute on chronic graft-versus-host disease (Deleted 08/05/2021)
D89.813	Graft-versus-host disease, unspecified (Deleted 08/05/2021)
D89.82	Autoimmune lymphoproliferative syndrome [ALPS] (Deleted 08/05/2021)
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified (Deleted 08/05/2021)



Diagnosis Code	Description
Facility Only for CPT Codes 87505 and 87506	
This list contains diagnosis codes that are covered for facility only.	
D89.831	Cytokine release syndrome, grade 1 (Effective 10/01/2020)
D89.832	Cytokine release syndrome, grade 2 (Effective 10/01/2020)
D89.833	Cytokine release syndrome, grade 3 (Effective 10/01/2020)
D89.834	Cytokine release syndrome, grade 4 (Effective 10/01/2020)
D89.835	Cytokine release syndrome, grade 5 (Effective 10/01/2020)
D89.839	Cytokine release syndrome, grade unspecified (Effective 10/01/2020)
D89.9	Disorder involving the immune mechanism, unspecified (Deleted 08/05/2021)
K56.0	Paralytic ileus (Effective 12/30/2019)
R10.0	Acute abdomen (Effective 08/05/2021)
R19.7	Diarrhea, unspecified
Y92.239	Unspecified place in hospital as the place of occurrence of the external cause (Deleted 08/05/2021)
Z94.0	Kidney transplant status (Deleted 08/05/2021)
Z94.1	Heart transplant status (Deleted 08/05/2021)
Z94.2	Lung transplant status (Deleted 08/05/2021)
Z94.3	Heart and lungs transplant status (Deleted 08/05/2021)
Z94.4	Liver transplant status (Deleted 08/05/2021)
Z94.5	Skin transplant status (Deleted 08/05/2021)
Z94.6	Bone transplant status (Deleted 08/05/2021)
Z94.81	Bone marrow transplant status (Deleted 08/05/2021)
Z94.82	Intestine transplant status (Deleted 08/05/2021)
Z94.83	Pancreas transplant status (Deleted 08/05/2021)
Z94.84	Stem cells transplant status (Deleted 08/05/2021)

Diagnosis Code	Description
Facility Only: CPT Codes 0097U and 87507	
This list contains diagnosis codes that are covered for facility only.	
A04.9	Bacterial intestinal infection, unspecified (Effective 08/05/2021)
A09	Infectious gastroenteritis and colitis, unspecified (Effective 08/05/2021)
B20	Human immunodeficiency virus [HIV] disease
D61.09	Other constitutional aplastic anemia (Effective 08/05/2021)
D61.1	Drug-induced aplastic anemia (Effective 08/05/2021)
D61.2	Aplastic anemia due to other external agents (Effective 08/05/2021)
D61.3	Idiopathic aplastic anemia (Effective 08/05/2021)
D61.810	Antineoplastic chemotherapy induced pancytopenia (Effective 08/05/2021)
D61.811	Other drug-induced pancytopenia (Effective 08/05/2021)
D61.818	Other pancytopenia (Effective 08/05/2021)
D61.82	Myelophthisis (Effective 08/05/2021)
D61.89	Other specified aplastic anemias and other bone marrow failure syndromes (Effective 08/05/2021)
D61.9	Aplastic anemia, unspecified (Effective 08/05/2021)
D64.81	Anemia due to antineoplastic chemotherapy (Effective 08/05/2021)
D64.89	Other specified anemias (Effective 08/05/2021)

Diagnosis Code	Description
Facility Only: CPT Codes 0097U and 87507	
This list contains diagnosis codes that are covered for facility only.	
D70.0	Congenital agranulocytosis (Effective 08/05/2021)
D70.1	Agranulocytosis secondary to cancer chemotherapy (Effective 08/05/2021)
D70.2	Other drug-induced agranulocytosis (Effective 08/05/2021)
D70.3	Neutropenia due to infection (Effective 08/05/2021)
D70.4	Cyclic neutropenia (Effective 08/05/2021)
D70.9	Neutropenia, unspecified (Effective 08/05/2021)
D80.0	Hereditary hypogammaglobulinemia
D80.1	Nonfamilial hypogammaglobulinemia
D80.2	Selective deficiency of immunoglobulin A [IgA]
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses
D80.4	Selective deficiency of immunoglobulin M [IgM]
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
D80.7	Transient hypogammaglobulinemia of infancy (Deleted 08/05/2021)
D80.8	Other immunodeficiencies with predominantly antibody defects
D80.9	Immunodeficiency with predominantly antibody defects, unspecified
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis
D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D81.30	Adenosine deaminase deficiency, unspecified
D81.31	Severe combined immunodeficiency due to adenosine deaminase deficiency
D81.32	Adenosine deaminase 2 deficiency
D81.39	Other adenosine deaminase deficiency
D81.4	Nezelof's syndrome
D81.5	Purine nucleoside phosphorylase [PNP] deficiency
D81.6	Major histocompatibility complex class I deficiency
D81.7	Major histocompatibility complex class II deficiency
D81.810	Biotinidase deficiency
D81.818	Other biotin-dependent carboxylase deficiency
D81.819	Biotin-dependent carboxylase deficiency, unspecified (Deleted 08/05/2021)
D81.89	Other combined immunodeficiencies
D81.9	Combined immunodeficiency, unspecified
D82.0	Wiskott-Aldrich syndrome
D82.1	Di George's syndrome
D82.2	Immunodeficiency with short-limbed stature
D82.3	Immunodeficiency following hereditary defective response to Epstein-Barr virus
D82.4	Hyperimmunoglobulin E [IgE] syndrome
D82.8	Immunodeficiency associated with other specified major defects
D82.9	Immunodeficiency associated with major defect, unspecified (Deleted 08/05/2021)
D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function

Diagnosis Code	Description
Facility Only: CPT Codes 0097U and 87507	
This list contains diagnosis codes that are covered for facility only.	
D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells
D83.8	Other common variable immunodeficiencies
D83.9	Common variable immunodeficiency, unspecified
D84.0	Lymphocyte function antigen-1 [LFA-1] defect
D84.1	Defects in the complement system
D84.8	Other specified immunodeficiencies (Deleted 09/30/2020)
D84.821	Immunodeficiency due to drugs (Effective 08/05/2021)
D84.822	Immunodeficiency due to external causes (Effective 08/05/2021)
D84.89	Other immunodeficiencies (Effective 10/01/2020)
D84.9	Immunodeficiency, unspecified (Deleted 08/05/2021)
D89.0	Polyclonal hypergammaglobulinemia
D89.1	Cryoglobulinemia
D89.2	Hypergammaglobulinemia, unspecified (Deleted 08/05/2021)
D89.3	Immune reconstitution syndrome
D89.40	Mast cell activation, unspecified (Deleted 08/05/2021)
D89.41	Monoclonal mast cell activation syndrome
D89.42	Idiopathic mast cell activation syndrome
D89.43	Secondary mast cell activation
D89.49	Other mast cell activation disorder
D89.810	Acute graft-versus-host disease
D89.811	Chronic graft-versus-host disease
D89.812	Acute on chronic graft-versus-host disease
D89.813	Graft-versus-host disease, unspecified
D89.82	Autoimmune lymphoproliferative syndrome [ALPS]
D89.831	Cytokine release syndrome, grade 1 (Effective 10/01/2020)
D89.832	Cytokine release syndrome, grade 2 (Effective 10/01/2020)
D89.833	Cytokine release syndrome, grade 3 (Effective 10/01/2020)
D89.834	Cytokine release syndrome, grade 4 (Effective 10/01/2020)
D89.835	Cytokine release syndrome, grade 5 (Effective 10/01/2020)
D89.839	Cytokine release syndrome, grade unspecified (Effective 10/01/2020)
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified
D89.9	Disorder involving the immune mechanism, unspecified (Deleted 08/05/2021)
K56.0	Paralytic ileus (Effective 12/30/2019)
R10.0	Acute abdomen (Effective 08/05/2021)
R19.7	Diarrhea, unspecified (Effective 12/30/2019)
Y92.239	Unspecified place in hospital as the place of occurrence of the external cause (Deleted 08/05/2021)
Z94.0	Kidney transplant status
Z94.1	Heart transplant status
Z94.2	Lung transplant status

Diagnosis Code	Description
Facility Only: CPT Codes 0097U and 87507	
This list contains diagnosis codes that are covered for facility only.	
Z94.3	Heart and lungs transplant status
Z94.4	Liver transplant status
Z94.5	Skin transplant status
Z94.6	Bone transplant status
Z94.81	Bone marrow transplant status
Z94.82	Intestine transplant status
Z94.83	Pancreas transplant status
Z94.84	Stem cells transplant status

#### Coding Clarifications

The following coding clarifications apply to the Non-Covered Diagnosis Code List below:

- Diagnosis code Z11.3 is excluded from Non-Coverage for CPT codes 87480, 87510, 87660, and 87661.
- Diagnosis code Z36.89 is excluded from Non-Coverage for CPT codes 87662, 87798, 87801, and 87999 when reported for Zika Virus Testing by PCR.

#### Non-Covered Diagnosis Code

##### [Non-Covered Diagnosis Codes List](#)

This list contains diagnosis codes that are never covered when given as the primary reason for the test. If a code from this section is given as the reason for the test and you know or have reason to believe the service may not be covered, call UnitedHealthcare to issue an Integrated Denial Notice (IDN) to the member and you. The IDN informs the member of their liability for the non-covered service or item and appeal rights. You must make sure the member has received the IDN prior to rendering or referring for non-covered services or items in order to collect payment.

## Questions and Answers

1	Q:	Why are some respiratory viral panels non-covered?
	A:	The majority of Medicare jurisdictions consider Multiplex PCR respiratory viral panels of 6 or more pathogens to be non-covered. Therefore, UHC Medicare Advantage does not cover Multiplex PCR respiratory viral panels of 6 or more pathogens.
2	Q:	Which respiratory viral panel codes are non-covered?
	A:	CPT codes 0098U, 0099U, 0100U, 0115U, 0151U, 0202U, 0223U, 0225U, 87632, and 87633 are non-covered.
3	Q:	Did coverage for some of the respiratory viral panel codes change recently?
	A:	Yes, LCDs for respiratory viral panels were revised and PLA codes 0098U, 0099U, 0100U, 0115U, 0151U, 0202U, and 0223U were added (effective for dates of service on or after 07/30/2020) and 0225U (effective for dates of service on or after 08/10/2020) to the non-covered code group in the related coding and billing articles. This policy guideline was updated to include those revisions.

## References

### CMS National Coverage Determinations (NCDs)

[NCD 190.13 Human Immunodeficiency Virus \(HIV\) Testing \(Prognosis Including Monitoring\)](#)

[NCD 190.14 Human Immunodeficiency Virus \(HIV\) Testing \(Diagnosis\)](#)

[NCD 210.10 Screening for Sexually Transmitted Infections \(STIs\) and High-Intensity Behavioral Counseling \(HIBC\) to Prevent STIs](#)

## CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<b>Gastrointestinal Panels</b>				
<a href="#">L37364 Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification Tests (NAATs)</a>	<a href="#">A56596 Billing and Coding: Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs)</a>	CGS	KY, OH	KY, OH
<a href="#">L38227 Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs)</a>	<a href="#">A56638 Billing and Coding: Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs)</a>	First Coast	FL, PR, VI	FL, PR, VI
<a href="#">L37350 Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification Tests (NAATs)</a>	<a href="#">A56706 Billing and Coding: Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs)</a>	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
<a href="#">L37368 Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification Tests (NAATs)</a>	<a href="#">A56711 Billing and Coding: Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs)</a>	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
<a href="#">L38229 Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs)</a>	<a href="#">A56642 Billing and Coding: Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs)</a>	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
<a href="#">L37709 Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs)</a>	<a href="#">A56593 Billing and Coding: Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs)</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
<a href="#">L37766 Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification Tests (NAATs)</a>	<a href="#">A56637(Billing and Coding: Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification Tests (NAATs)</a>	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE
<b>Respiratory Viral Panels</b>				
<a href="#">L37348 MolDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels</a>	<a href="#">A56974 Billing and Coding: MolDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels</a>	CGS	KY, OH	KY, OH

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L38918 Respiratory Pathogen Panel Testing</a>	<a href="#">A58577 Billing and Coding: Respiratory Pathogen Panel Testing</a>	First Coast		FL, PR, VI
<a href="#">L37301 MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels</a>	<a href="#">A57338 Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels</a>	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
<a href="#">L37315 MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels</a>	<a href="#">A57340 Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels</a>	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
<a href="#">L38916 Respiratory Pathogen Panel Testing</a>	<a href="#">A58575 Billing and Coding: Respiratory Pathogen Panel Testing</a>	Novitas		AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
<a href="#">L37713 MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels</a>	<a href="#">A56851 Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
<a href="#">L37764 MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels</a>	<a href="#">A57579 Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels</a>	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE
<b>Genitourinary Infectious Disease Testing</b>				
<a href="#">L35015 Molecular Diagnostics: Genitourinary Infectious Disease Testing</a> Retired 08/13/2020	<a href="#">A56791 Billing and Coding: Molecular Diagnostics: Genitourinary Infectious Disease Testing</a> Retired 08/13/2020	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
<b>General Molecular Diagnostic Tests</b>				
<a href="#">L36021 Molecular Diagnostic Tests (MDT)</a>	<a href="#">A56973 Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT)</a>	CGS	KY, OH	KY, OH
<a href="#">L35160 MoIDX: Molecular Diagnostic Tests (MDT)</a>	<a href="#">A57526 Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT)</a>	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
<b>General Molecular Diagnostic Tests</b>				
<a href="#">L36256 MoIDX: Molecular Diagnostic Tests (MDT)</a>	<a href="#">A57527 Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT)</a>	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
<a href="#">L35025 MoIDX: Molecular Diagnostic Tests (MDT)</a>	<a href="#">A56853 Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT)</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV



LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a>	<a href="#">A57772 Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT)</a>	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE
<b>HPV Testing</b>				
<a href="#">L34089 Human Papillomavirus (HPV) Testing</a> Retired 07/01/2021	<a href="#">A56466 Billing and Coding: Human Papillomavirus (HPV) Testing</a> Retired 07/01/2021	CGS	KY, OH	KY, OH
<b>Influenza Diagnostic Tests</b>				
N/A	<a href="#">A54769 Billing and Coding: Influenza Diagnostic Tests</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
<b>CPT Code 87641 Medical Policy Article</b>				
N/A	<a href="#">A52379 Billing and Coding: CPT Code 87641 (Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique)- Medical Policy Article</a>	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
<b>Zika Virus Testing</b>				
N/A	<a href="#">A55326 Zika Virus Testing by PCR and ELISA Methods</a>	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
N/A	<a href="#">A55327 Zika Virus Testing by PCR and ELISA Methods</a>	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY

## CMS Benefit Policy Manual

[Chapter 15: § 80.1-80.1.3 Clinical Laboratory Services](#)

## CMS Claims Processing Manual

[Chapter 12: § 60 Payment for Pathology Services](#)

[Chapter 16: § 10.2 General Explanation of Payment; § 20 Calculation of Payment Rates-Clinical Laboratory Test Fee Schedules; § 40 Billing for Clinical Laboratory Tests](#)

[Chapter 18: § 170-170.5 Screening for Sexually Transmitted Infections \(STIs\) and High Intensity Behavioral Counseling \(HIBC\) to Prevent STIs](#)

## UnitedHealthcare Commercial Policies

[Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing for Infectious Diarrhea](#)

[Genitourinary Pathogen Nucleic Acid Detection Panel Testing](#)

[Hepatitis Screening](#)

[Preventive Care Services](#)

## Other(s)

[CMS Lab NCDs - ICD-10: CMS.gov](#)

[Noridian website; Respiratory Viral Panel Policy - Did You Know](#)

[Palmetto GBA MolDx Website](#)

## Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
08/11/2021	<p><b>Applicable Codes</b></p> <p><i>CPT codes 87631, 87636, 87637, 0240U, and 0241U (Facility Only)</i></p> <ul style="list-style-type: none"><li>Removed ICD-10 diagnosis code D81.3</li></ul> <p><i>CPT Codes 87505 and 87506 (Facility Only)</i></p> <ul style="list-style-type: none"><li>Added ICD-10 diagnosis codes A00.0, A00.1, A00.9, A01.09, A01.1, A01.2, A01.3, A02.8, A05.4, A05.5, A06.0, A06.1, A06.2, A07.1, A07.2, A07.4, A08.0, A08.11, A08.2, A08.32, A32.11, A32.12, A32.7, and R10.0</li><li>Added notation to indicate ICD-10 diagnosis codes A02.9, B20, D80.0, D80.1, D80.2, D80.3, D80.4, D80.5, D80.6, D80.7, D80.8, D80.9, D81.0, D81.1, D81.2, D81.30, D81.31, D81.32, D81.39, D81.4, D81.5, D81.6, D81.7, D81.810, D81.818, D81.819, D81.89, D81.9, D82.0, D82.1, D82.2, D82.3, D82.4, D82.8, D82.9, D83.0, D83.1, D83.2, D83.8, D83.9, D84.0, D84.1, D84.89, D84.9, D89.0, D89.1, D89.2, D89.3, D89.40, D89.41, D89.42, D89.43, D89.49, D89.810, D89.811, D89.812, D89.813, D89.82, D89.89, D89.9, Y92.239, Z94.0, Z94.1, Z94.2, Z94.3, Z94.4, Z94.5, Z94.6, Z94.81, Z94.82, Z94.83, and Z94.84 were “deleted Aug. 5, 2021”</li><li>Removed ICD-10 diagnosis code D81.3</li></ul> <p><i>CPT Codes 0097U and 87507 (Facility Only)</i></p> <ul style="list-style-type: none"><li>Added ICD-10 diagnosis codes A04.9, A09, D61.09, D61.1, D61.2, D61.3, D61.810, D61.811, D61.818, D61.82, D61.89, D61.9, D64.81, D64.89, D70.0, D70.1, D70.2, D70.3, D70.4, D70.9, D84.821, D84.822, and R10.0</li><li>Added notation to indicate ICD-10 diagnosis codes D80.7, D81.819, D82.9, D84.9, D89.2, D89.40, D89.9, and Y92.239 were “deleted Aug. 5, 2021”</li><li>Removed ICD-10 diagnosis code D81.3</li></ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"><li>Updated <i>References</i> section to reflect the most current information</li><li>Archived previous policy version MPG373.13</li></ul>

## Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers’ submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

## Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).