

# Reimbursement Policy

**Policy Number:** RPLAB045

**Policy Title:** Pathogen Panel Testing

**Approval Date:** Aug. 6, 2026

**Effective Date:** Dec. 4, 2026

## Policy Disclaimer

If a conflict arises between a Reimbursement Policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. If a conflict arises between a reimbursement policy 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's 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. Blue Cross and Blue Shield of Illinois may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSIL has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting 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 approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology (CPT®) Assistant, Healthcare Common Procedure Coding System, ICD-10-CM and ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

## Description

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The plan 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

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This policy is specific to testing in the outpatient setting. The criteria below do not apply to testing in situations other than the outpatient setting.

1. For individuals who are displaying signs and symptoms of a respiratory tract infection (see **Note 1**), panel testing of up to **5** respiratory pathogens (antigen panel testing or multiplex PCR-based panel testing) **may be reimbursable**.
2. For individuals who are immunocompromised **and** who are displaying signs and symptoms of a respiratory tract infection (see **Note 1**), multiplex PCR-based panel testing of up to 25 respiratory pathogens **may be reimbursable**.
3. For all situations not described above, antigen panel testing or multiplex PCR-based panel testing of **6** or more respiratory pathogens **is not reimbursable**.
4. Multiplex PCR-based panel testing of pathogens in cerebral spinal fluid (CSF) **is not reimbursable**.
5. Molecular detection-based panel testing of pathogens in the blood **is not reimbursable**.
6. Molecular detection-based panel testing of urine pathogens for the diagnosis of urinary tract infections (e.g., GENETWORx Molecular PCR UTI Test) **is not reimbursable**.
7. Molecular-based panel testing to screen for or diagnose wound infections (e.g., GENETWORx PCR Wound Testing) **is not reimbursable**.
8. Molecular-based panel testing to screen for or diagnose joint infections (e.g., BIOFIRE® Joint Infection (JI) Panel, Synovasure® Comprehensive PJI Test Panel with SynTuition™) **is not reimbursable**.
9. Molecular-based panel testing for general screening of microorganisms (e.g., MicroGenDX qPCR+NGS) **is not reimbursable**.

**NOTE 1:** Signs and symptoms of a respiratory tract infection include fever, chills, fatigue,

cough, rhinorrhea, anorexia, pharyngitis, vomiting, new ageusia or anosmia, headaches, myalgia, diarrhea, and weakness. (2) Additional signs and symptoms of a respiratory tract infection may be seen in individuals who are less than 18 years of age. These include irritability, decreased activity, nausea, rash, stomach pain, ear tugging/otalgia, vomiting after coughing, tachypnea, chest retractions/nasal flaring, grunting, wheezing, crackles, dehydration, cyanosis, apnea episodes, drooling, or refusal to eat. For infants, non-specific signs such as poor feeding, lethargy, and fussiness may present over clear localizing symptoms. (3-7)

## Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

| Code  | Description                    |
|-------|--------------------------------|
| 87154 | CUL TYP ID BLD PTHGN 6+ TRGT   |
| 87428 | SARSCOV & INF VIR A&B AG IA    |
| 87483 | CNS DNA AMP PROBE TYPE 12-25   |
| 87627 | JT SPC PTHGN&RX RSIST GEN26+   |
| 87631 | RESP VIRUS 3-5 TARGETS         |
| 87632 | RESP VIRUS 6-11 TARGETS        |
| 87633 | RESP VIRUS 12-25 TARGETS       |
| 87636 | SARSCOV2 & INF A&B AMP PRB     |
| 87637 | SARSCOV2&INF A&B&RSV AMP PRB   |
| 87812 | SARSCOV2&INF TYP A&B W/OPTIC   |
| 0068U | CANDIDA SPECIES PNL AMP PRB    |
| 0086U | NFCT DS BACT&FNG ORG ID 6+     |
| 0109U | ID ASPERGILLUS DNA 4 SPECIES   |
| 0112U | IADI 16S&18S RRNA GENES        |
| 0115U | RESPIR IADNA 18 VIRAL&2 BACT   |
| 0140U | NFCT DS FUNGI DNA 15 TRGT      |
| 0141U | NFCT DS BACT&FNG GRAM POS      |
| 0142U | NFCT DS BACT&FNG GRAM NEG      |
| 0152U | NFCT DS DNA UNTRGT NGNRJ SEQ   |
| 0202U | NFCT DS 22 TRGT SARS-COV-2     |
| 0223U | NFCT DS 22 TRGT SARS-COV-2     |
| 0225U | NFCT DS DNA&RNA 21 SARSCOV2    |
| 0321U | IADNA GU PTHGN 20BCTandFNG ORG |
| 0323U | IADNA CNS PTHGN NEXT GEN SEQ   |
| 0371U | IADNA GU PTHGN SEMIQ DNA16&1   |
| 0480U | NFCT DS CSF METAG NGS ALYS     |
| 0504U | NFCT DS UTI ID 17 PATH ORGS    |

|       |                              |
|-------|------------------------------|
| 0528U | LRT IAD 18BCT/8VIR&7ARG RNA  |
| 0531U | NFCT DS AFB&INV FNG 673ORGS  |
| 0556U | NFCT DS P-S DNA&RNA 12 TRGTS |
| 0563U | NFCT DS PTHGN-SNA 11VIR&4BCT |
| 0564U | NFCT DS PTHGN-SNA 10VIR&4BCT |
| 0590U | NFCT DS BCT&FNGL DNA 44 ORGS |
| 0593U | NFCT DS GU PTHGN DNA 46TRGT  |
| 0600U | NFCT DS WND INFCTJ 65ORGS&30 |
| 0601U | NFCT DS PJI ALYS 11 BMRKS IA |
| 0610U | NFCT DS ANTMCR SC PHENOTYPIC |
| 0666U | NFCT DS WND DNA MULT RTPCR   |

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Centers for Medicare & Medicaid Services. (2026). Healthcare Common Procedure Coding System (HCPCS) Level II.

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## Policy History

| Approval Date | Description                                                                                                                                                                                                                                                                                                                                                                             |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 08/06/2026    | 12/4/2026; Document updated. The following changes were made to Reimbursement Information: Added new #8. Molecular-based panel testing to screen for or diagnose joint infections (e.g., BIOFIRE® Joint Infection (JI) Panel, Synovasure® Comprehensive PJI Test Panel with SynTuition™) is not reimbursable. Added codes 87627, 0601U; removed codes 0441U, 0442U. References revised. |
| 01/07/2026    | 04/24/2026; Added codes 87812, 0600U, 0610U. No other                                                                                                                                                                                                                                                                                                                                   |

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|------------|-------------------------|
|            | changes.                |
| 09/05/2025 | 01/01/2026: New policy. |