

Reimbursement Policy

Policy Number: RPLAB045

Policy Title: Pathogen Panel Testing

Approval Date: Aug. 25, 2026

Effective Date: Oct. 1, 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 New Mexico may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM 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

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

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 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

10564U	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
08/25/2026	10/01/2026; Added new code 0666U effective 10/01/2026. No other changes.
01/07/2026	04/24/2026; Added codes 87812, 0600U, 0610U. No other changes.
09/26/2025	01/03/2026; Document updated with literature review. The following changes were made to Reimbursement Information: Revised #1 to state: 1. "For individuals who are displaying signs and symptom of a respiratory tract infection (see Note 1), Multiplex PCR-based panel testing (of up to 5 respiratory pathogens) (antigen panel testing or multiplex PCR-based panel testing) may be reimbursable." Added #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." Revised #3 to state: "For all situations not described above, antigen panel testing or multiplex PCR-based panel testing of 6 or more respiratory pathogens is not reimbursable." Added Note 1 with signs and symptoms of respiratory tract infection. Added codes 87428, 0202U, 0223U, 0225U, 0556U, 0563U, 0564U; removed codes 0240U, 0241U, 0370U, 0373U, 0374U. References revised.
08/01/2025	10/01/2025; Added codes 0590U, 0593U effective 10/1/2025.
01/23/2025	04/15/2025; Added codes 0202U, 0223U, 0225U, and 0531U. No other changes.
11/19/2024	01/15/2025: Added new CPT code 0528U effective 01/01/2025.
10/30/2024	01/15/2025: Document updated with literature review. The following changes were made to Reimbursement Information: Added note indicating the policy is specific to testing in the outpatient setting. Statements revised to remove leading "In the outpatient setting.." Added codes 0441U, 0442U, 0480U, 0504U; removed codes 0151U, 0416U. References updated; some added, others updated, some removed.
03/01/2024	03/01/2024: Added code 0416U. No other changes made.
11/01/2023	11/01/2023: Document updated with literature review. The

	following changes were made to the Reimbursement Information section: Removed 5. Using molecular-based panel testing for general screening of microorganisms is not reimbursable. These tests include, but are not limited to, the following: Molecular-based panel testing of vaginal swabs, such as SmartJane™; Molecular-based panel testing on urine samples, such as UroSwab®. Added GENETWORx Molecular PCR UTI Test as an example to the new #5; added GENETWORx PCR Wound Testing to #6; added 7: Molecular-based panel testing for general screening of microorganisms (e.g., MicroGenDX qPCR+NGS) is not reimbursable. Other changes made for clarity. References revised.
11/01/2022	11/01/2022: New policy