

TECHNICAL NOTICE

Test Coverage Notification

Notification Date: 12 Nov. 2018 Effective Date: 17 Dec. 2018

Respiratory Viral Panel Local Coverage Determination

On December 17, 2018 CMS makes effective their new Local Coverage Determination (LCD) for Respiratory Viral Panels. Below are the SBMF tests impacted by this policy:

Test Name: Respiratory Virus Mini Panel by Qualitative RT-PCR

SBMF Test Code: 36154 CPT Code: 87631

This panel will have **LIMITED COVERAGE** for Medicare patients.

• Must be ordered in a facility that cares for critically ill patients, OR

• Must be ordered by an infectious disease specialist.

Test Name: Respiratory Pathogen panel, PCR

SBMF Test Code: 36178 CPT Code: 87633

This panel will be **NON-COVERED** for Medicare patients.

SBMF recommends review of this LCD and current ordering practices to determine the financial impact on your organization.

Local Coverage Determination (LCD):

MolDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels (L37764) https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=37764

SBMF online Test Directory

Questions: Please contact CLIENT SERVICES 800-950-7263

Technical Notices and Lab Alerts are distributed electronically.

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