

# Medicare Advantage Medical Policy



Nonprofit corporations and independent licensees  
of the Blue Cross and Blue Shield Association

## Identification of Microorganisms Using Nucleic Acid Probes – Medicare Advantage

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### Medicare Advantage Plan

- ☒ Medicare Plus Blue<sup>SM</sup>
- ☒ BCN Advantage<sup>SM</sup>

UM Committee Approval Date: 11/26/2025

Effective Date: 12/26/2025

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### Description

A nucleic acid probe is used to detect and identify species or subspecies of organisms by identifying nucleic acid sequences in a sample. Nucleic acid probes detect genetic materials, such as RNA or DNA, unlike other tests, which use antigens or antibodies to diagnose organisms.

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### Related Medical Coverage Policies

- None
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### Policy Guidelines

Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network of Michigan (BCN) adhere to guidance from the Centers for Medicare and Medicaid Services (CMS), including when performing organization determinations for Medicare Advantage plan members. CMS Medicare statutes, regulations, manuals, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and other sub-regulatory guidance provide the clinical guidelines for coverage determinations, payment integrity functions, and all other uses by CMS regulations. When CMS Medicare guidance is silent, incomplete, or insufficient, CMS permits BCBSM/BCN to utilize “internal coverage criteria”, such as independent criteria, health plan policy research, LCD/LCAs outside the services area or research from independent medical research repositories (i.e., Hayes) for coverage policies 42 CFR § 422.101. BCBSM/BCN internal medical coverage policies are developed and based on current evidence in widely accepted treatment guidelines or clinical literature; in addition, they address how clinical benefits may or may not outweigh member harm.

Clinical review follows guidance provided in the BCBSM Medicare Advantage Coverage Determination Hierarchy policy, which may be found at <https://www.bcbsm.com/providers/mpradmin/> by entering the policy name.

## Coverage Guidance

To ensure consistency with coverage guidance, the Medicare statutes, regulations, coverage manuals, NCD, LCD, and LCA should be reviewed and applied first. BCBSM/BCN internal coverage criteria should only be applied when CMS guidance is silent, incomplete, or insufficient for a code

Apart from durable medical equipment (DME), Medicare Administrative Contractor (MAC) jurisdiction for the purpose of clinical determination is based upon place of service. The place of service for laboratory testing is defined as the geographic location of the reference laboratory. Non-jurisdictional LCD/LCAs may not be utilized for a determination unless they have been specifically identified as internal coverage criteria by the policy. Alternatively, jurisdiction for DME MAC is determined by the member place of residence. Please see CMS Medicare Administrative Contractors (MAC) table for state MAC assignments below.

| Code  | Description                                                                                                                                                                                                                                                             | CMS Guidance                                                                                                                                                                                                                         | Additional Guidance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 86794 | Antibody; Zika virus, IgM                                                                                                                                                                                                                                               | <b>National Coverage Determinations</b><br>None                                                                                                                                                                                      | BCBSM/BCN will follow CMS guidance as the primary source for coverage determinations. However, in instances where CMS guidance is silent, incomplete, or insufficient for a particular code, BCBSM/BCN internal coverage criteria will be applied to ensure consistent and informed decision-making.<br><br>In such cases, please refer to the relevant BCBSM/BCN policy for guidance:<br><br><i>Identification of Microorganisms Using Nucleic Acid Probes</i><br><br>To access this policy, please visit the BCBS Michigan Medical Policy Router Search page at <a href="https://www.bcbsm.com/providers/mpradmin/">https://www.bcbsm.com/providers/mpradmin/</a> and enter the policy name in the search field. |
| 87154 | Culture, typing; identification of blood pathogen and resistance typing, when performed, by nucleic acid (DNA or RNA) probe, multiplexed amplified probe technique including multiplex reverse transcription, when performed, per culture or isolate, 6 or more targets | <b>Local Coverage Determinations and Articles</b><br><br><b>WPS</b><br>L39044, A58761 Moldx: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing*<br>L36807, A57772 Moldx: Molecular Diagnostic Tests* |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 87471 | Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique                                                                                                                                         | <b>CGS</b><br>L39038, A58747 Moldx: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing*<br>L36021, A56973 Moldx: Molecular Diagnostic Tests*                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 87480 | Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique                                                                                                                                                                        | <b>First Coast</b><br>L38918, A58577 Respiratory Pathogen Panel Testing                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 87481 | Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique                                                                                                                                                                     | <b>NGS</b><br>L39027, A58741 Respiratory Pathogen Panel Testing                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 87483 | Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (e.g., Neisseria meningitidis, Streptococcus pneumoniae, Listeria, Haemophilus influenzae, E. coli, Streptococcus agalactiae, enterovirus,                                     | <b>Noridian JE</b><br>L39001, A58720 Moldx: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing*<br>L35160, A57526 Moldx: Molecular Diagnostic Tests*                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

| Code  | Description                                                                                                                                                                                                                                                                      | CMS Guidance                                                                                                                                                                                                                                                                                                                                                                                                                                           | Additional Guidance |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
|       | human parechovirus, herpes simplex virus type 1 and 2, human herpesvirus 6, cytomegalovirus, varicella zoster virus, Cryptococcus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets | <b>Noridian JF</b><br>L39003, A58726 Moldx: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing*<br>L36256, A57527 Moldx: Molecular Diagnostic Tests*<br><br><b>Novitas</b><br>L38916, A58575 Respiratory Pathogen Panel Testing<br><br><b>Palmetto</b><br>L38988, A58710 Moldx: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing*<br>L35025, A56853 Moldx: Molecular Diagnostic Tests* |                     |
| 87485 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |
| 87486 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |
| 87490 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |
| 87491 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |
| 87493 | Infectious agent detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |
| 87495 | Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |
| 87496 | Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |
| 87497 | Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |
| 87498 | Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique, includes reverse transcription when performed                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |

| Code  | Description                                                                                                                                                                                                                                                                                                                       | CMS Guidance | Additional Guidance |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------|
| 87500 | Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (e.g., enterococcus species van A, van B), amplified probe technique                                                                                                                                                                               |              |                     |
| 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 subtypes, 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 subtypes, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, each additional influenza virus type or subtype 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                                                                                                                                   |              |                     |

| Code  | Description                                                                                                                                    | CMS Guidance | Additional Guidance |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------|
|       | transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets                               |              |                     |
| 87516 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique                                          |              |                     |
| 87517 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification                                                     |              |                     |
| 87520 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique                                                   |              |                     |
| 87521 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed |              |                     |
| 87522 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed            |              |                     |
| 87523 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis D (delta), quantification, including reverse transcription, when performed  |              |                     |
| 87528 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique                                          |              |                     |
| 87529 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique                                       |              |                     |
| 87531 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique                                                |              |                     |
| 87532 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique                                             |              |                     |
| 87533 | Infectious agent detection by nucleic acid (DNA or                                                                                             |              |                     |

| Code  | Description                                                                                                                              | CMS Guidance | Additional Guidance |
|-------|------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------|
|       | RNA); Herpes virus-6, quantification                                                                                                     |              |                     |
| 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            |              |                     |
| 87540 | Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique                                  |              |                     |
| 87541 | Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique                               |              |                     |
| 87550 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique                                    |              |                     |
| 87551 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique                                 |              |                     |

| Code  | Description                                                                                                                   | CMS Guidance | Additional Guidance |
|-------|-------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------|
| 87555 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique                    |              |                     |
| 87556 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique                 |              |                     |
| 87560 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique            |              |                     |
| 87561 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, amplified probe technique         |              |                     |
| 87563 | Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique                     |              |                     |
| 87580 | Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique                        |              |                     |
| 87581 | Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique                     |              |                     |
| 87590 | Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique                        |              |                     |
| 87591 | Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique                     |              |                     |
| 87623 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (e.g., 6, 11, 42, 43, 44) |              |                     |

| Code  | Description                                                                                                                                                                                                                                                                                                                                             | CMS Guidance | Additional Guidance |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------|
| 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)                                                                                                                                                                                         |              |                     |
| 87625 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed                                                                                                                                                                                                               |              |                     |
| 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  |              |                     |
| 87632 | 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, 6-11 targets |              |                     |
| 87633 | 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,                                          |              |                     |

| Code  | Description                                                                                                                                                                       | CMS Guidance | Additional Guidance |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------|
|       | multiple types or subtypes, 12-25 targets                                                                                                                                         |              |                     |
| 87634 | Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique                                                                   |              |                     |
| 87635 | Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique |              |                     |
| 87640 | Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique                                                                         |              |                     |
| 87641 | Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique                                                  |              |                     |
| 87650 | Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique                                                                           |              |                     |
| 87651 | Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique                                                                        |              |                     |
| 87653 | Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique                                                                        |              |                     |
| 87662 | Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique                                                                                    |              |                     |
| 87797 | Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism                                                           |              |                     |
| 87798 | Infectious agent detection by nucleic acid (DNA or RNA), not otherwise                                                                                                            |              |                     |

| Code  | Description                                                                                                                                                                                                                                                                                                                     | CMS Guidance | Additional Guidance |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------|
|       | specified; amplified probe technique, each organism                                                                                                                                                                                                                                                                             |              |                     |
| 0202U | Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected BioFire® Respiratory Panel 2.1 |              |                     |
| 0223U | Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected                                |              |                     |
| 87472 | Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, quantification                                                                                                                                                                                                            |              |                     |
| 87482 | Nomenclature: Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification                                                                                                                                                                                                                          |              |                     |
| 87487 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification                                                                                                                                                                                                                                   |              |                     |
| 87492 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification                                                                                                                                                                                                                                  |              |                     |
| 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,                                                         |              |                     |

| Code  | Description                                                                                                     | CMS Guidance | Additional Guidance |
|-------|-----------------------------------------------------------------------------------------------------------------|--------------|---------------------|
|       | multiple types or subtypes, 12-25 targets                                                                       |              |                     |
| 87525 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, direct probe technique                    |              |                     |
| 87526 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, amplified probe technique                 |              |                     |
| 87527 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, quantification                            |              |                     |
| 87530 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification                   |              |                     |
| 87542 | Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, quantification                 |              |                     |
| 87552 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification                   |              |                     |
| 87557 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, quantification              |              |                     |
| 87562 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, quantification      |              |                     |
| 87582 | Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification                  |              |                     |
| 87592 | Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification                  |              |                     |
| 87652 | Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification                 |              |                     |
| 87799 | Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism |              |                     |

| Code  | Description                                                                                                                                                                                                                                                                                                                    | CMS Guidance | Additional Guidance |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------|
| 0115U | Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected                                                             |              |                     |
| 0225U | Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected |              |                     |
| 0321U | Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique                                                                                     |              |                     |
| 0455U | Infectious agents (sexually transmitted infection), Chlamydia trachomatis, Neisseria gonorrhoeae, and Trichomonas vaginalis, multiplex amplified probe technique, vaginal, endocervical, gynecological specimens, oropharyngeal swabs, rectal swabs, female or male urine, each pathogen reported as detected or not detected  |              |                     |
| 0480U | Infectious disease (bacteria, viruses, fungi, and parasites), cerebrospinal fluid (CSF), metagenomic next-generation sequencing (DNA and RNA), bioinformatic analysis, with positive pathogen identification                                                                                                                   |              |                     |

| Code  | Description                                                                                                                                                                                                  | CMS Guidance | Additional Guidance |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------|
| 0483U | Infectious disease (Neisseria gonorrhoeae), sensitivity, ciprofloxacin resistance (gyrA S91F point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of fluoroquinolone resistance |              |                     |
| 0484U | Infectious disease (Mycoplasma genitalium), macrolide sensitivity (23S rRNA point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of macrolide resistance                        |              |                     |
| 0505U | Infectious disease (vaginal infection), identification of 32 pathogenic organisms, swab, real-time PCR, reported as positive or negative for each organism                                                   |              |                     |

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### \* CMS MoIDX Program

The MoIDX Program, administered by Palmetto GBA, is a Medicare Molecular Diagnostic Program that aims to identify and establish coverage and reimbursement for molecular diagnostic tests. This program is implemented by several Medicare Administrative Contractors (MACs), including **WPS, CGS, Noridian, and Palmetto**.

The MoIDX Program evaluates genetic tests to determine their analytical and clinical validity (AV/CV) and clinical utility (CU), ensuring that each test meets Medicare criteria.

The program's coverage determinations are maintained in the DEX™ Diagnostic Exchange registry. Dex Diagnostic Exchange Registry Coverage Determinations:

1. Not Covered: Not covered tests in the Dex Registry have undergone a review of their clinical utility and analytical validity and have been determined to not meet the requirements for medical necessity under Section 1862(a)(1)(A) of the Social Security Act. As a result, they are not considered medically reasonable or necessary for Medicare coverage.
2. No Determinations: Tests that have not completed the required technical assessment (TA) review are, by default, also considered not medically reasonable or necessary for Medicare under Section 1862(a)(1)(A) until the review is completed. The MoIDX Program does not provide coverage for tests provided with dates of services prior to the effective date of approval.
3. Covered: Covered Tests in Dex Registry have completed the required TA review and have been determined to be medically reasonable and necessary for Medicare under Section 1862(a)(1)(A). However, coverage is not automatic and is subject to the following conditions:
  - a. The test must meet the applicable criteria outlined in NCDs, LCDs, and LCAs; and

- b. The patient must exhibit signs or symptoms of a relevant disease or condition, making the test medically necessary for their care.

For specific coding and billing information on covered and excluded tests, please refer to the MoIDX website at <https://www.palmettogba.com/MoIDX>. This website provides up-to-date information on the program's coverage determinations and guidelines.

NOTE: Per § 2.3.3. of the Molecular Diagnostic Program [MoIDX®] Manual, the MoIDX Program does not provide coverage for tests that have not been reviewed and approved through the MoIDX process or for tests provided with dates of services prior to the effective date of approval. For additional information regarding what tests will fall into a Medicare benefit category or which tests are statutory excluded (e.g., predictive, prenatal, and carrier testing and tests considered screening in the absence of clinical signs and symptoms of disease that are not specifically identified by the law) please refer to <https://www.palmettogba.com/palmetto/moldxv2.nsf/DID/DPR5GEM991>

The above information is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document.

Please refer to the Medicare Coverage Database website at <https://www.cms.gov/medicare-coverage-database/search.aspx> for the most current applicable NCD, LCD, LCA, and CMS Online Manual System Transmittals.

### CMS Medicare Administrative Contractors (MAC) Jurisdictions

| Part A and Part B MAC Jurisdictions                                |                                                                                                                                                                     |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Wisconsin Physicians Service Insurance Corporation (WPS)</b>    | IA, IN, KS, MI, MO, NE                                                                                                                                              |
| <b>CGS Administrators, LLC</b>                                     | KY, OH                                                                                                                                                              |
| <b>First Coast Service Options, Inc</b>                            | FL, PR, US VI                                                                                                                                                       |
| <b>National Government Services, Inc (NGS)</b>                     | CT, IL, MA, ME, MN, NH, NY, RI, VT, WI,                                                                                                                             |
| <b>Noridian Healthcare Solutions, LLC, Jurisdiction JE</b>         | CA, HI, NV, American Samoa, Guam, Northern Mariana Islands                                                                                                          |
| <b>Noridian Healthcare Solutions, LLC, Jurisdiction JF</b>         | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY                                                                                                                              |
| <b>Novitas Solutions, Inc</b>                                      | AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX,                                                                                                                     |
| <b>Palmetto GBA</b>                                                | AL, GA, TN NC, SC, VA, WV                                                                                                                                           |
| DME MAC Jurisdictions                                              |                                                                                                                                                                     |
| <b>CGS Administrators, LLC, Jurisdictions JB and JC</b>            | AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NM, NC, OH, OK, Puerto Rico, SC, TN, TX, VA, Virgin Island, WI, WV                                                  |
| <b>Noridian Healthcare Solutions, LLC, Jurisdictions JA and JD</b> | AK, American Soamoa, AZ, CA, CT, DE, DC, Guam, HI, ID, IA, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY, Northern Mariana Islands, OR, PA, RI, SD, UT, VT, WA, WY |

### Important Reminder

BCBSM and BCN follow CMS Medicare coverage guidance to limit coverage to items and services that are reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member. Medicare Advantage Medical Policies list the criteria BCBSM and BCN use to decide which medical services are considered

“reasonable and necessary” when Medicare coverage rules are not fully developed, or as otherwise may be permitted by CMS Medicare regulations. Individual member benefit plan documents, such as the Evidence of Coverage and Annual Notice of Change, as well as applicable laws govern benefit coverage, including any inclusion, exclusion, and/or other restrictions.

Medicare Advantage Medical policies are created when permitted by CMS Medicare regulations, reviewed regularly, and may be revised periodically. BCBSM/BCN Medical Policies are proprietary and should not be copied or disseminated without the express, prior written approval of BCBSM. All providers are required to review applicable BCBSM reimbursement policies prior to claim submission and bill for covered services in accordance with those policies. Additionally, providers contracted with BCBSM or BCN’s Medicare Advantage network(s) should review the provider manual for any additional claim submission requirements. Providers not contracted with BCBSM or BCN’s Medicare Advantage network may be required to submit documentation to BCBSM, BCN, or its delegated entity supporting billed claims, including but not limited to applicable medical records.

**Note:** U.S. Food and Drug Administration (FDA) approval for a specific indication or the issuance of a CPT code is not sufficient for a procedure to be considered medically reasonable and necessary. Similarly, the presence of a procedure/device code or payment amount for the service in the Medicare fee schedule does not necessarily indicate coverage. If a service is deemed not reasonable and necessary, to treat illness or injury for any reason (including lack of safety and efficacy because it is an experimental procedure, etc.), the procedure is considered not covered.

**Disclaimer:** This medical policy is not an authorization, certification, explanation of benefits, or a contract for the services, devices, or drugs that is referenced in the medical policy. Medical policies do not constitute medical advice and do not guarantee any results or outcomes or guarantee payment. The medical policy is not intended to replace independent medical judgment for the treatment of individuals. Treating physicians and health care providers are solely responsible for determining what care to provide to their patients. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another.

Pursuant to Section 1557 and Section 504, Blue Cross does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). This includes our rules, benefit designs and medical policies.

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## BCBSM/BCN Medicare Advantage Policy History

| Policy Effective Date | UM Committee Approval Date | Comments                              |
|-----------------------|----------------------------|---------------------------------------|
| 12/26/2025            | 11/26/2025                 | Medicare Advantage policy established |

