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## **Billing Coding/Physician Documentation Information**

See the table above for CPT coding.

<b>ICD-10 Codes</b>	
<b>A04.7</b>	Enterocolitis due to Clostridium difficile
<b>A15.0-A19.9</b>	Tuberculosis, code range
<b>A30.0-A30.9</b>	Leprosy, code range
<b>A31.0-A31.9</b>	Mycobacteria infection, code range
<b>A48.1-A48.2</b>	Legionnaires' disease, code range
<b>A54.0-A54.9</b>	Gonococcal infection, code range
<b>A59.00- A59.09</b>	Urogenital trichomoniasis, code range
<b>A74.0</b>	Chlamydial conjunctivitis
<b>A74.81- A74.89</b>	Other chlamydial diseases
<b>A74.9</b>	Chlamydial infection, unspecified
<b>B00.0-B00.9</b>	Herpesviral simplex, code range
<b>B16.0-B16.9</b>	Acute hepatitis B with Delta-agent, code range
<b>B17.10- B17.11</b>	Acute viral hepatitis C, code range
<b>B18.0-B18.1</b>	Chronic viral hepatitis B, code range
<b>B18.2</b>	Chronic viral hepatitis C
<b>B19.10- B19.11</b>	Unspecified viral hepatitis B, code range
<b>B19.20- B19.21</b>	Unspecified viral hepatitis C, code range
<b>B20</b>	HIV, symptomatic

<b>B25.0-B25.9</b>	Cytomegaloviral disease, code range
<b>B97.7</b>	Papillomavirus
<b>J09.010- J11.89</b>	Influenza, code range
<b>P35.0-P35.9</b>	Congenital viral diseases, code range (includes cytomegalovirus, herpesviral, hepatitis, other and unspecified viral diseases)
<b>Z21</b>	Asymptomatic HIV
<b>Z36</b>	Encounter for antenatal screening of mother

### **Additional Policy Key Words**

N/A

### **Policy Implementation/Update Information**

- 5/1/06 New policy.
- 5/1/07 Policy statement revised to include CPT code 87653 in the table.
- 5/1/08 Policy statement revised to include medically necessary indications added for *Staphylococcus aureus* and methicillin resistant *Staph aureus*.
- 6/1/08 Policy statement revised to include investigational indication for Enterovirus.
- 5/1/09 Policy statement revised to include medically necessary indication for vancomycin resistance (e.g., enterococcus), 87500.
- 5/1/10 No policy statement changes.
- 5/1/11 No policy statement changes.
- 5/1/12 Medically necessary indications added for *clostridium difficile* and influenza virus.
- 5/1/13 New medically necessary indication added for respiratory virus panel amplified probes. New investigational indications added for *Mycoplasma pneumoniae*
- 5/1/14 *Candida* species amplified probe 87481 changed from investigational to medically necessary.
- 11/1/14 Gastrointestinal pathogen panel added to the policy as investigational. Information was added to the Policy Statement notes on *Candida* subspecies identification. New CPT codes were added.
- 5/1/15 No policy statement changes.
- 2/1/16 Updated description and policy statement to clarify. Updated coding. Direct and amplified assays (without quantification) grouped for medically necessary statements. Medically necessary statement added for nonquantified nucleic acid-based testing for enterovirus, *Legionella pneumophila*, *Mycoplasma pneumoniae*, and *Bartonella spp*, and for quantified testing for human herpes virus 6. *Borrelia* testing removed from policy.
- 5/1/16 Corrections/clarifications made to policy statements: *C. difficile* added to list of medically necessary probes (omitted with last update) and investigational policy statement added for probes with quantification of viral load that do not meet criteria for quantification.
- 11/1/16 No policy statement changes.
- 5/1/17 No policy statement changes.

- 12/1/17 No policy statement changes.
  - 5/1/18 Investigational statement added for central nervous system pathogen panel. Added CPT 87483
  - 11/1/18 No policy statement changes.
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