Seasonal Respiratory Testing: Ordering Guide

Purpose: This guide summarizes payer expectations for influenza, COVID-19, RSV, and related respiratory testing to support appropriate ordering, complete documentation, and awareness of tests that may not be covered during respiratory virus season.

When Testing Is Considered Medically Necessary

- The patient has signs or symptoms of acute respiratory infection, such as fever, cough, sore throat, congestion, shortness of breath, wheezing, fatigue, or influenza-like illness.
- There is clinical suspicion for COVID-19, influenza, RSV, or another respiratory viral illness and the result will guide diagnosis or treatment.
- There is known or suspected exposure to COVID-19 or another transmissible respiratory pathogen and testing is clinically indicated.
- Results are expected to affect patient management, including antiviral treatment decisions, isolation or infection control guidance

Documentation Needed to Support Medical Necessity

- Document the patient's symptoms, onset, severity, and clinical presentation.
- Include exposure history, epidemiologic risk, and high-risk factors when applicable.
- State why testing is needed and how results will guide treatment, isolation, infection control, or other patient management.
- Use diagnosis codes that support the patient's condition, symptoms, exposure, or confirmed infection.

What Is Not Covered

- Routine screening or asymptomatic testing for employment, school, travel, return-to-work clearance, sports, general population screening, or administrative purposes is not covered.
- Broad respiratory pathogen panels with greater than five targets are often non-covered in the outpatient setting. Payer-specific coverage for expanded panels is limited to symptomatic patients with immunocompromised status or another high-risk indication.
- Repeat respiratory testing within a short time frame or multiple respiratory panels on the same date of service may not be covered.

Coverage Differences by Payer Type

- **Medicare:** Medicare generally covers targeted respiratory testing when symptoms or documented exposure support medical necessity and results will guide care. Pathogen panels with more than five targets are not covered.
- **Medicaid:** Medicaid coverage varies by state and managed care plan. Many plans cover symptom-driven testing. Expanded respiratory panels are not covered.
- **Commercial payers:** Commercial payers often require symptoms, exposure, or high-risk factors and may restrict expanded multiplex panels to immunocompromised or other high-risk patients.

Coding and Billing Considerations

- Use ICD-10-CM codes that support symptoms, exposure, confirmed infection, or another covered indication. Screening codes such as Z11.52 or Z11.59 alone are not covered.
- Verify payer-specific coverage for expanded panels, including 0202U and other high-target respiratory profiles, before ordering in the outpatient setting.
- Follow payer frequency limits for same-day panels and repeat respiratory testing.

Additional Resources

For additional billing, coding, and Medicare coverage information, please review:

- **Respiratory Pathogen Panel Testing: Medicare Billing and Coding Guidance (PDF)**
- **HNL Lab Medicine Medicare Coverage Policies**

HNL Lab Medicine can provide guidance regarding coverage policies, billing requirements, and documentation expectations for testing. However, HNL Lab Medicine cannot recommend specific ests or assign diagnosis codes on behalf of providers. Test selection and diagnosis coding should be based on the provider's clinical assessment, documentation, and medical necessity for each individual patient.