Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Laboratory: Pathogen Panel Testing

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Infectious diseases can be caused by a wide range of pathogens. Conventional diagnostic methods like culture, microscopy with or without stains and immunofluorescence, and immunoassay often lack sensitivity and specificity and have long turnaround times. Panels for pathogens using multiplex amplified probe techniques and multiplex reverse transcription can detect and identify multiple pathogens in one test using a single sample.

Indications and/or Limitations of Coverage

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

This policy is specific to testing in the outpatient setting. Criteria below do not apply to testing allowances in situations other than the outpatient setting.

1. For individuals with persistent diarrhea or diarrhea with signs or risk factors for severe disease (i.e., fever, bloody diarrhea, dysentery, dehydration, severe abdominal pain), multiplex PCR-based panel testing (up to 11 gastrointestinal pathogens [GIPs]) no more often than once every seven days **MEETS COVERAGE CRITERIA**.
2. For individuals who are displaying signs and symptoms of a respiratory tract infection (see **Note 1**), panel testing of up to five respiratory pathogens (antigen panel testing or multiplex PCR-based panel testing) **MEETS COVERAGE CRITERIA**.
3. 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 **MEETS COVERAGE CRITERIA**.
4. Multiplex PCR-based panel testing of 12 or more GIPs **DOES NOT MEET COVERAGE CRITERIA**.
5. For all situations not described above, antigen panel testing or multiplex PCR-based panel testing of six or more respiratory pathogens **DOES NOT MEET COVERAGE CRITERIA**.
6. Multiplex PCR-based panel testing of pathogens in cerebrospinal fluid (CSF) **DOES NOT MEET COVERAGE CRITERIA**.
7. Molecular detection-based panel testing of pathogens in the blood **DOES NOT MEET COVERAGE CRITERIA**.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

8. Molecular detection-based panel testing of urine pathogens for the diagnosis of urinary tract infections (e.g., GENETWORx Molecular PCR UTI Test) **DOES NOT MEET COVERAGE CRITERIA**.
9. Molecular-based panel testing to screen for or diagnose wound infections (e.g., GENETWORx PCR Wound Testing) **DOES NOT MEET COVERAGE CRITERIA**.
10. Molecular-based panel testing to screen for or diagnose joint infections (e.g., BIOFIRE® Joint Infection (JI) Panel, Synovasure® Comprehensive PJI Test Panel with SynTuition™) **DOES NOT MEET COVERAGE CRITERIA**.
11. Molecular-based panel testing for general screening of microorganisms (e.g., MicroGenDX qPCR+ NGS) **DOES NOT MEET COVERAGE CRITERIA**.

NOTES:
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. 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.

Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

Coding

Code	Description
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
87428	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B
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, 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
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 transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets
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, multiple types or subtypes, 12-25 targets
87627	Infectious agent detection by nucleic acid (DNA or RNA); joint space pathogens and drug resistance genes, multiplex amplified probe technique, 26 or more targets (effective for DOS beginning 12/02/2026)
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, multiple types or subtypes, 12-25 targets
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique

Code	Description
0068U	Candida species panel (C. albicans, C. glabrata, C. parapsilosis, C. kruseii, C tropicalis, and C. auris), amplified probe technique with qualitative report of the presence or absence of each species Proprietary test: MycoDART-PCR™ dual amplification real time PCR panel for 6 Candida species Lab/Manufacturer: RealTime Laboratories, Inc/MycoDART, Inc.
0086U	Infectious disease (bacterial and fungal), organism identification, blood culture, using rRNA FISH, 6 or more organism targets, reported as positive or negative with phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility Proprietary test: Accelerate PhenoTest™ BC kit Lab/Manufacturer: Accelerate Diagnostics, Inc.
0109U	Infectious disease (Aspergillus species), real-time PCR for detection of DNA from 4 species (*A. fumigatus, A. terreus, A. niger*, and *A. flavus*), blood, lavage fluid, or tissue, qualitative reporting of presence or absence of each species Proprietary test: MYCODART Dual Amplification Real Time PCR Panel for 4 Aspergillus species Lab/Manufacturer: RealTime Laboratories/MycoDART, Inc
0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene Proprietary test: MicroGenDX qPCR & NGS For Infection Lab/Manufacturer: MicroGenDX
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 Proprietary test: ePlex Respiratory Pathogen (RP) Panel Lab/Manufacturer: GenMark Diagnostics, Inc
0140U	Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected Proprietary test: ePlex® BCID Fungal Pathogens Panel Lab/Manufacturer: GenMark Diagnostics, Inc
0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected Proprietary test: ePlex® BCID Gram-Positive Panel Lab/Manufacturer: GenMark Diagnostics, Inc
0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected Proprietary test: ePlex® BCID Gram-Negative Panel Lab/Manufacturer: GenMark Diagnostics, Inc
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), DNA, PCR and next-generation sequencing, plasma, detection of >1,000 potential microbial organisms for significant positive pathogens Proprietary test: Karius® Test Lab/Manufacturer: Karius Inc
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 Proprietary test: BioFire® Respiratory Panel 2.1 (RP2.1) Lab/Manufacturer: BioFire® Diagnostics
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 Proprietary test: QIAstat-Dx Respiratory SARS CoV-2 Panel Lab/Manufacturer: QIAGEN GmbH
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets,

Code	Description
	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 Proprietary test: ePlex® Respiratory Pathogen Panel 2 Lab/Manufacturer: GenMark Diagnostics
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 Proprietary test: Bridge Urinary Tract Infection Detection and Resistance Test Lab/Manufacturer: Bridge Diagnostics
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi Proprietary test: Johns Hopkins Metagenomic Next-Generation Sequencing Assay for Infectious Disease Diagnostics Lab/Manufacturer: Johns Hopkins Medical Microbiology Laboratory
0371U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogen, semiquantitative identification, DNA from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qPCR), urine Proprietary test: Clear UTI Lab/Manufacturer: Lifescan Labs of Illinois, Thermo Fisher Scientific
0480U	Infectious disease (bacteria, viruses, fungi, and parasites), cerebrospinal fluid (CSF), metagenomic next-generation sequencing (DNA and RNA), bioinformatic analysis, with positive pathogen identification Proprietary test: Bacteria, Viruses, Fungus, and Parasite Metagenomic Sequencing, Spinal Fluid (MSCSF) Lab/Manufacturer: Mayo Clinic, Laboratory Developed Test
0504U	Infectious disease (urinary tract infection), identification of 17 pathologic organisms, urine, real-time PCR, reported as positive or negative for each organism Proprietary test: Urinary Tract Infection Testing Lab/Manufacturer: NxGen MDx LLC
0528U	Lower respiratory tract infectious agent detection, 18 bacteria, 8 viruses, and 7 antimicrobial resistance genes, amplified probe technique, including reverse transcription for RNA targets, each analyte reported as detected or not detected with semiquantitative results for 15 bacteria Proprietary Test: BIOFIRE® FILMARRAY® Pneumonia (PN) Panel Lab/Manufacturer: bioMérieux
0531U	Infectious disease (acid-fast bacteria and invasive fungi), DNA (673 organisms), nextgeneration sequencing, plasma Proprietary test: NeXGenTM Fungal/AFB NGS Assay Lab/Manufacturer: Eurofins Viracor, LLC
0556U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific DNA and RNA by real-time PCR, 12 targets, nasopharyngeal or oropharyngeal swab, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected Proprietary test: HealthTrackRx Bronchitis, HealthTrackRx Lab/Manufacturer: Thermo Fisher Scientific
0563U	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 11 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative Proprietary test: BIOFIRE® SPOTFIRE® Respiratory/Sore Throat (R/ST) Panel – Respiratory Menu Lab/Manufacturer: bioMérieux
0564U	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 10 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative Proprietary test: BIOFIRE® SPOTFIRE® Respiratory/Sore Throat (R/ST) Panel – Sore Throat Menu, Lab/Manufacturer: bioMérieux
0590U	Infectious disease (bacterial and fungal), DNA of 44 organisms (34 bacteria, 10 fungi), urine, next-generation

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	sequencing, reported as positive or negative for each organism (Effective for DOS beginning June 1, 2026) Proprietary test: BIOTIA-IDTM Urine NGS Assay Lab/Manufacturer: Biotia Inc
0593U	Infectious disease (genitourinary pathogens), DNA, 46 targets (28 pathogens, 18 resistance genes), RT-PCR amplified probe technique, urine, each analyte reported as detected or not detected (Effective for DOS beginning June 1, 2026) Proprietary test: Taq Array Card Urinary Tract Infection PCR Panel Lab/Manufacturer: SoftCell Laboratories LLC, Doc Lab Inc
0600U	Infectious disease (wound infection), identification of 65 organisms and 30 antibiotic-resistance genes, wound swab, real-time PCR, reported as positive or negative for each organism (effective for DOS beginning 12/02/2026) Proprietary test: FidaLab Molecular Wound Infection Test Lab/Manufacturer: FidaLab LLC
0601U	Infectious disease (periprosthetic joint infection), analysis of 11 biomarkers (alpha defensins 1–3, C reactive protein, microbial antigens for Staphylococcus [SPA, SPB], Enterococcus, Candida, and C. acnes, total nucleated cell count, percent neutrophils, RBC count, and absorbance at 280 nm) using immunoassays, hematology, clinical chemistry, synovial fluid, and diagnostic algorithm reported as a probability score (effective for DOS beginning 12/02/2026) Proprietary test Synovasure® Comprehensive PJI Test Panel with SynTuition™ Lab/Manufacturer: CD Laboratories, Inc, a division of Zimmer Biomet
0610U	Infectious disease (antimicrobial susceptibility), phenotypic antimicrobial susceptibility testing of positive blood culture using microfluidic sensor technology to quantify bacterial growth response to multiple antibiotic types, reporting categorical susceptibility (susceptible, susceptible dose dependent, intermediate, resistant), minimum inhibitory concentration, and interpretive comments (effective for DOS beginning 12/02/2026) Proprietary test: LifeScale Gram Negative Kit (LSGN) with the LifeScale AST system Lab/Manufacturer: Affinity Biosensors, LLC

Evidence-based Scientific References

1. Palavecino E. One Sample, Multiple Results The Use of Multiplex PCR for Diagnosis of Infectious Syndromes. Webpage. Clinical Laboratory News. 2019;2018(11/1)doi:10.1016/j.idc.2019.10.006
2. CDC. About Respiratory Illnesses. Updated August 18, 2025. https://www.cdc.gov/respiratory-viruses/about/index.html
3. AAP. Respiratory Syncytial Virus. Red Book: 2021–2024 Report of the Committee on Infectious Diseases. 2021:0. doi:10.1542/9781610025782-S3_114
4. CDC. About Strep Throat. Updated January 15, 2026. https://www.cdc.gov/group-a-strep/about/strep-throat.html
5. CDC. RSV in Infants and Young Children. Updated February 20, 2026. https://www.cdc.gov/rsv/infants-young-children/index.html
6. CDC. Respiratory Viruses and Young Children. Updated August 18, 2025. https://www.cdc.gov/respiratory-viruses/risk-factors/young-children.html
7. CMS. Local Coverage Determination (LCD): Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification Tests (NAATs) (L37766). https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=37766
8. Leber W, Lammel O, Siebenhofer A, Redlberger-Fritz M, Panovska-Griffiths J, Czypionka T. Comparing the diagnostic accuracy of point-of-care lateral flow antigen testing for SARS-CoV-2 with RT-PCR in primary care (REAP-2). eClinicalMedicine. 2021;38doi:10.1016/j.eclinm.2021.101011
9. WHO. Diarrhoeal disease. Updated March 7, 2024. https://www.who.int/news-room/fact-sheets/detail/diarrhoeal-disease
10. Scallan E, Griffin PM, Angulo FJ, Tauxe RV, Hoekstra RM. Foodborne illness acquired in the United States--unspecified agents. Emerging infectious diseases. Jan 2011;17(1):16-22. doi:10.3201/eid1701.091101p2
11. Riddle MS, DuPont HL, Connor BA. ACG Clinical Guideline: Diagnosis, Treatment, and Prevention of Acute Diarrheal Infections in Adults. The American journal of gastroenterology. May 2016;111(5):602-22. doi:10.1038/ajg.2016.126
12. Scallan Walter EJ CZ, Tierney R, Griffin PM, Hoekstra RM, Payne DC, et al. Foodborne Illness Acquired in the United States—Major Pathogens, 2019. Emerging Infectious Diseases. 2025;31(4):669-677doi:10.3201/eid3104.240913
13. Miller JM, Binnicker MJ, Campbell S, et al. Guide to Utilization of the Microbiology Laboratory for Diagnosis of Infectious Diseases: 2024 Update by the Infectious Diseases Society of America (IDSA) and the American Society for Microbiology (ASM). Clin Infect Dis. Mar 5 2024;doi:10.1093/cid/ciae104
14. Humphries RM, Linscott AJ. Laboratory diagnosis of bacterial gastroenteritis. Clin Microbiol Rev. Jan 2015;28(1):3-31. doi:10.1128/cmr.00073-14

15. Zhang H, Morrison S, Tang YW. Multiplex polymerase chain reaction tests for detection of pathogens associated with gastroenteritis. Clinics in laboratory medicine. Jun 2015;35(2):461-86. doi:10.1016/j.cll.2015.02.006
16. Fernandez-Soto P, Sanchez-Hernandez A, Gandasegui J, et al. Strong-LAMP: A LAMP Assay for Strongyloides spp. Detection in Stool and Urine Samples. Towards the Diagnosis of Human Strongyloidiasis Starting from a Rodent Model. PLoS Negl Trop Dis. Jul 2016;10(7):e0004836. doi:10.1371/journal.pntd.0004836
17. La Hoz RM, Morris MI. Intestinal parasites including Cryptosporidium, Cyclospora, Giardia, and Microsporidia, Entamoeba histolytica, Strongyloides, Schistosomiasis, and Echinococcus: Guidelines from the American Society of Transplantation Infectious Diseases Community of Practice. Clin Transplant. Sep 2019;33(9):e13618. doi:10.1111/ctr.13618
18. BioFire. The BioFire® FilmArray® Gastrointestinal (GI) Panel. Updated 2026. https://www.biofiredx.com/products/the-filmarray-panels/filmarraygi/
19. Luminex. xTAG® Gastrointestinal Pathogen Panel (GPP). Updated 2026. https://www.luminexcorp.com/gastrointestinal-pathogen-panel/
20. BioCode. FDA-Cleared Gastrointestinal Pathogen Panel (GPP). Updated 2026. https://www.apbiocode.com/gi_panel.htm
21. Thomas M, Bomar PA. Upper Respiratory Tract Infection. StatPearls. StatPearls Publishing LLC.; 2026. https://pubmed.ncbi.nlm.nih.gov/30422556/
22. Hansen LS, Lykkegaard J, Thomsen JL, Hansen MP. Acute lower respiratory tract infections: Symptoms, findings and management in Danish general practice. Eur J Gen Pract. Dec 2020;26(1):14-20. doi:10.1080/13814788.2019.1674279
23. Ginocchio CC. Detection of respiratory viruses using non-molecular based methods. Journal of clinical virology : the official publication of the Pan American Society for Clinical Virology. Nov 2007;40 Suppl 1:S11-4. doi:10.1016/s1386-6532(07)70004-5
24. Bonnin P, Miszczak F, Kin N, et al. Study and interest of cellular load in respiratory samples for the optimization of molecular virological diagnosis in clinical practice. journal article. August 09 2016;16(1):384. doi:10.1186/s12879-016-1730-9
25. Pammi M. Neonatal bacterial sepsis: Clinical features and diagnosis in neonates born at less than 35 weeks gestation. Updated March 2, 2026. https://www.uptodate.com/contents/neonatal-bacterial-sepsis-clinical-features-and-diagnosis-in-neonates-born-at-less-than-35-weeks-gestation
26. Caliendo AM. Multiplex PCR and Emerging Technologies for the Detection of Respiratory Pathogens. Clinical Infectious Diseases. 2011;52(suppl_4):S326-S330. doi:10.1093/cid/cir047
27. Yan Y, Zhang S, Tang YW. Molecular assays for the detection and characterization of respiratory viruses. Seminars in respiratory and critical care medicine. Aug 2011;32(4):512-26. doi:10.1055/s-0031-1283288
28. Lewinski MA, Alby K, Babady NE, et al. Exploring the Utility of Multiplex Infectious Disease Panel Testing for Diagnosis of Infection in Different Body Sites: A Joint Report of the Association for Molecular Pathology, American Society for Microbiology, Infectious Diseases Society of America, and Pan American Society for Clinical Virology. The Journal of Molecular Diagnostics. 2023;25(12):857-875. doi:10.1016/j.jmoldx.2023.08.005
29. Baghdadi JD, Tung CC, Johnson JK, Morgan DJ, Harris AD. Changes in use of multiplex respiratory panel testing during the COVID-19 pandemic. Infect Control Hosp Epidemiol. Oct 10 2024:1-6. doi:10.1017/ice.2024.163
30. Brendish NJ, Poole S, Naidu VV, et al. Clinical impact of molecular point-of-care testing for suspected COVID-19 in hospital (COV-19POC): a prospective, interventional, non-randomised, controlled study. The Lancet Respiratory Medicine. 2020;8(12):1192-1200. doi:10.1016/S2213-2600(20)30454-9
31. ASM. Making Sense of Respiratory Viral Panel Results. Updated March 2, 2020. https://asm.org/articles/2020/march/making-sense-of-respiratory-viral-panel-results
32. BioFire. The BioFire® FilmArray® Respiratory 2.1 (RP2.1) Panel. Updated 2026. https://www.biofiredx.com/products/the-filmarray-panels/filmarrayrp/
33. GenMark. Respiratory Pathogen (RP) Panel and NEW Respiratory Pathogen Panel 2 (RP2). Updated 2026. https://www.medical-xprt.com/products/genmark-respiratory-pathogen-panels-750159
34. BioCode. FDA-Cleared Respiratory Pathogen Panel (RPP). Updated 2026. https://apbiocode.com/rpp_panel.htm
35. Diasorin. NxTAG® Respiratory Pathogen Panel v2. Updated 2026. https://us.diasorin.com/en/molecular-diagnostics/kits-reagents/nxtag-respiratory-pathogen-panel-V2
36. QIAGEN. QIAstat-Dx Respiratory SARS-CoV-2 Panel. Updated 2026. https://www.qiagen.com/us/products/diagnostics-and-clinical-research/infectious-disease/qiastat-dx-syndromic-testing/qiastat-dx-eua-us/
37. Visseaux B, Le Hingrat Q, Collin G, et al. Evaluation of the QIAstat-Dx Respiratory SARS-CoV-2 Panel, the First Rapid Multiplex PCR Commercial Assay for SARS-CoV-2 Detection. Journal of Clinical Microbiology. 2020;58(8):e00630-20. doi:10.1128/JCM.00630-20
38. Veritor B. BD Veritor™ Plus System for Rapid Detection of SARS-CoV-2 & Flu A+B. Updated 2026. https://bdveritor.bd.com/en-us/products/cov2-flu-a-b
39. Healthcare O. QuickFinder™ COVID-19 / Flu Antigen Self Test. Updated 2026. https://www.osanghc.com/en/product/detail?idx=116
40. QuidelOrtho. QuickVue® COVID-19 Test. Updated 2026. https://www.quidelortho.com/global/en/consumers/quickvue-otc
41. Dando SJ, Mackay-Sim A, Norton R, et al. Pathogens penetrating the central nervous system: infection pathways and the cellular and molecular mechanisms of invasion. Clin Microbiol Rev. Oct 2014;27(4):691-726. doi:10.1128/cmr.00118-13

42. CDC. About Bacterial Meningitis. Updated September 9, 2025. https://www.cdc.gov/meningitis/about/bacterial-meningitis.html
43. CDC. About Fungal Meningitis. Updated September 9, 2025. https://www.cdc.gov/meningitis/about/fungal-meningitis.html
44. CDC. About Meningococcal Disease. Updated February 1, 2024. https://www.cdc.gov/meningococcal/about/index.htm
45. Petti CA, Polage CR. Molecular diagnosis of central nervous system infections. Updated July 30, 2025. https://www.uptodate.com/contents/molecular-diagnosis-of-central-nervous-system-infections
46. BioFire. The BioFire® FilmArray® Meningitis/Encephalitis (ME) Panel. Updated 2026. https://www.biofiredx.com/products/the-filmarray-panels/filmarrayme/
47. CDC. About Sepsis. Updated August 19, 2025. https://www.cdc.gov/sepsis/about/
48. Gyawali B, Ramakrishna K, Dhamoon AS. Sepsis: The evolution in definition, pathophysiology, and management. SAGE Open Med. 2019;7:2050312119835043. doi:10.1177/2050312119835043
49. Liesenfeld O, Lehman L, Hunfeld KP, Kost G. Molecular diagnosis of sepsis: New aspects and recent developments. European journal of microbiology & immunology. 2014;4(1):1-25. doi:10.1556/EuJMI.4.2014.1.1
50. Lamy B, Sundqvist M, Idelevich EA. Bloodstream infections - Standard and progress in pathogen diagnostics. Clin Microbiol Infect. Feb 2020;26(2):142-150. doi:10.1016/j.cmi.2019.11.017
51. Banerjee R, Teng CB, Cunningham SA, et al. Randomized Trial of Rapid Multiplex Polymerase Chain Reaction-Based Blood Culture Identification and Susceptibility Testing. Clin Infect Dis. Oct 1 2015;61(7):1071-80. doi:10.1093/cid/civ447
52. Diagnostics R. cobas® eplex Blood Culture Identification Panels. Updated 2026. https://diagnostics.roche.com/us/en/products/params/eplex-bcid-panels.html
53. BioFire. The BioFire® FilmArray® Blood Culture Identification (BCID) Panel. Updated 2026. https://www.biofiredx.com/products/the-filmarray-panels/filmarraybcid/
54. Bonkat G, Bartoletti R, Bruyere F, et al. European Association of Urology (EAU) Guidelines on Urological Infections. Updated March 2026. http://uroweb.org/guideline/urological-infections/#3
55. Gupta K. Acute complicated urinary tract infection (including pyelonephritis) in adults. Updated November 25, 2025. https://www.uptodate.com/contents/acute-complicated-urinary-tract-infection-including-pyelonephritis-in-adults
56. Meyrier A. Sampling and evaluation of voided urine in the diagnosis of urinary tract infection in adults. Updated Febraury 28, 2025. https://www.uptodate.com/contents/sampling-and-evaluation-of-voided-urine-in-the-diagnosis-of-urinary-tract-infection-in-adults
57. MircoGenDX. UroKEY. Updated 2026. https://patients.microgendx.com/products/urokey
58. Pathnostics. Guidance UTI. Updated 2026. https://pathnostics.com/tests/guidance-uti/#1647110828433-7f31d2bd-54d7
59. Armstrong D, Meyr A. Principles of acute wound management. Updated May 29, 2025. https://www.uptodate.com/contents/principles-of-acute-wound-management
60. GenetWorx. Wounds Pathogen Panel. Updated 2026. https://www.genetworx.com/services/wound-pathogen-panel
61. MicroGenDX. Wound Care Updated March 2, 2026. https://microgendx.com/wound-care/
62. Goldenberg DL, Sexton DJ. Septic arthritis of native joints in adults. Updated August 1, 2025. https://www.uptodate.com/contents/septic-arthritis-of-native-joints-in-adults
63. Baddour LM, Chen AF. Periprosthetic joint infection: Epidemiology, microbiology, clinical manifestations, and diagnosis. Updated March 23, 2026. https://www.uptodate.com/contents/periprosthetic-joint-infection-epidemiology-microbiology-clinical-manifestations-and-diagnosis
64. Wu KAK, D.N.; Seidelman, J.L.; Seyler, T.M. Native Joint Septic Arthritis. Antibiotics 2024;13, 596.
65. bioMérieux. The BioFire® Joint Infection (JI) Panel. Updated 2026. https://www.biomerieux.com/us/en/our-offer/clinical-products/biofire-joint-infection-panel.html
66. Buss SN, Leber A, Chapin K, et al. Multicenter evaluation of the BioFire FilmArray gastrointestinal panel for etiologic diagnosis of infectious gastroenteritis. J Clin Microbiol. Mar 2015;53(3):915-25. doi:10.1128/jcm.02674-14
67. Claas EC, Burnham CA, Mazzulli T, Templeton K, Topin F. Performance of the xTAG(R) gastrointestinal pathogen panel, a multiplex molecular assay for simultaneous detection of bacterial, viral, and parasitic causes of infectious gastroenteritis. Journal of microbiology and biotechnology. 2013;23(7):1041-5.
68. Onori M, Coltella L, Mancinelli L, et al. Evaluation of a multiplex PCR assay for simultaneous detection of bacterial and viral enteropathogens in stool samples of paediatric patients. Diagnostic microbiology and infectious disease. Jun 2014;79(2):149-54. doi:10.1016/j.diagmicrobio.2014.02.004
69. Humphrey JM, Ranbhise S, Ibrahim E, et al. Multiplex Polymerase Chain Reaction for Detection of Gastrointestinal Pathogens in Migrant Workers in Qatar. 2016;95(6):1330-1337. doi:10.4269/ajtmh.16-0464
70. Liu J, Kabir F, Manneh J, et al. Development and assessment of molecular diagnostic tests for 15 enteropathogens causing childhood diarrhoea: a multicentre study. The Lancet Infectious diseases. Aug 2014;14(8):716-724. doi:10.1016/s1473-3099(14)70808-4
71. Operario DJ, Houpt E. Defining the causes of diarrhea: novel approaches. Current opinion in infectious diseases. Oct 2011;24(5):464-71. doi:10.1097/QCO.0b013e32834aa13a
72. Couturier MR, Lee B, Zelyas N, Chui L. Shiga-toxigenic Escherichia coli detection in stool samples screened for viral gastroenteritis in Alberta, Canada. J Clin Microbiol. Feb 2011;49(2):574-8. doi:10.1128/jcm.01693-10

73. Xie J, Kim K, Berenger BM, et al. Comparison of a Rapid Multiplex Gastrointestinal Panel with Standard Laboratory Testing in the Management of Children with Hematochezia in a Pediatric Emergency Department: Randomized Controlled Trial. Microbiol Spectr. Jun 15 2023;11(3):e0026823. doi:10.1128/spectrum.00268-23
74. Cybulski RJ, Jr., Bateman AC, Bourassa L, et al. Clinical Impact of a Multiplex Gastrointestinal Polymerase Chain Reaction Panel in Patients With Acute Gastroenteritis. Clin Infect Dis. Nov 13 2018;67(11):1688-1696. doi:10.1093/cid/ciy357
75. Beal SG, Tremblay EE, Toffel S, Velez L, Rand KH. A Gastrointestinal PCR Panel Improves Clinical Management and Lowers Health Care Costs. J Clin Microbiol. Jan 2018;56(1)doi:10.1128/jcm.01457-17
76. Zhan Z, Guo J, Xiao Y, et al. Comparison of BioFire FilmArray gastrointestinal panel versus Luminex xTAG Gastrointestinal Pathogen Panel (xTAG GPP) for diarrheal pathogen detection in China. Int J Infect Dis. Oct 2020;99:414-420. doi:10.1016/j.ijid.2020.08.020
77. van Asten SAV, Boers SA, de Groot JDF, Schuurman R, Claas ECJ. Evaluation of the Genmark ePlex® and QIAstat-Dx® respiratory pathogen panels in detecting bacterial targets in lower respiratory tract specimens. BMC Microbiol. Aug 26 2021;21(1):236. doi:10.1186/s12866-021-02289-w
78. Uyeki TM, Bernstein HH, Bradley JS, et al. Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenzaa. 2018;doi:10.1093/cid/ciy866
79. Mormeneo Bayo S, López González E, Bellés Bellés A, et al. Detection and pathological role of intestinal protozoa in children. Parasitol Int. Jun 2022;88:102558. doi:10.1016/j.parint.2022.102558
80. Ward C, Stocker K, Begum J, Wade P, Ebrahimsa U, Goldenberg SD. Performance evaluation of the Verigene(R) (Nanosphere) and FilmArray(R) (BioFire(R)) molecular assays for identification of causative organisms in bacterial bloodstream infections. European journal of clinical microbiology & infectious diseases : official publication of the European Society of Clinical Microbiology. Mar 2015;34(3):487-96. doi:10.1007/s10096-014-2252-2
81. Chang S-S, Hsieh W-H, Liu T-S, et al. Multiplex PCR System for Rapid Detection of Pathogens in Patients with Presumed Sepsis – A Systemic Review and Meta-Analysis. PLOS ONE. 2013;8(5):e62323. doi:10.1371/journal.pone.0062323
82. Almonacid DE, Kraal L, Ossandon FJ, et al. 16S rRNA gene sequencing and healthy reference ranges for 28 clinically relevant microbial taxa from the human gut microbiome. PLOS ONE. 2017;12(5):e0176555. doi:10.1371/journal.pone.0176555
83. Watts GS, Youens-Clark K, Slepian MJ, et al. 16S rRNA gene sequencing on a benchtop sequencer: accuracy for identification of clinically important bacteria. Journal of applied microbiology. 2017;123(6):1584-1596. doi:10.1111/jam.13590
84. V. Wintzingerode F, Göbel UB, Stackebrandt E. Determination of microbial diversity in environmental samples: pitfalls of PCR-based rRNA analysis. 1997;21(3):213-229. doi:doi:10.1111/j.1574-6976.1997.tb00351.x
85. Medical Diagnostics. One Vial, Multiple Pathogens. Updated 2026. https://www.mdlab.com/
86. McCarty TP, Cumagun P, Meeder J, et al. Test Performance and Potential Clinical Utility of the GenMark Dx ePlex Blood Culture Identification Gram-Negative Panel. Microbiol Spectr. Feb 14 2023;11(1):e0409222. doi:10.1128/spectrum.04092-22
87. Esteban J, Salar-Vidal L, Schmitt BH, et al. Multicenter evaluation of the BIOFIRE Joint Infection Panel for the detection of bacteria, yeast, and AMR genes in synovial fluid samples. J Clin Microbiol. Nov 21 2023;61(11):e0035723. doi:10.1128/jcm.00357-23
88. Surawicz CM, Brandt LJ, Binion DG, et al. Guidelines for diagnosis, treatment, and prevention of Clostridium difficile infections. The American journal of gastroenterology. Apr 2013;108(4):478-98; quiz 499. doi:10.1038/ajg.2013.4
89. ACG. ACG updates clinical guidelines on prevention, diagnosis, treatment of C. difficile infection. ACP Gastroenterology Monthly Newsletter: American College of Gastroenterology; 2021.
90. Kelly CR, Fischer M, Allegretti JR, et al. ACG Clinical Guidelines: Prevention, Diagnosis, and Treatment of Clostridioides difficile Infections. Official journal of the American College of Gastroenterology | ACG. 2021;116(6):1124-1147. doi:10.14309/ajg.0000000000001278
91. Rubin DT, Ananthakrishnan AN, Siegel CA, Barnes EL, Long MD. ACG Clinical Guideline Update: Ulcerative Colitis in Adults. The American journal of gastroenterology. Jun 3 2025;120(6):1187-1224. doi:10.14309/ajg.0000000000003463
92. Shane AL, Mody RK, Crump JA, et al. 2017 Infectious Diseases Society of America Clinical Practice Guidelines for the Diagnosis and Management of Infectious Diarrhea. Clin Infect Dis. Nov 29 2017;65(12):1963-1973. doi:10.1093/cid/cix959
93. McDonald LC, Gerding DN, Johnson S, et al. Clinical Practice Guidelines for Clostridium difficile Infection in Adults and Children: 2017 Update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA). Clin Infect Dis. Mar 19 2018;66(7):e1-e48. doi:10.1093/cid/cix1085
94. Hanson KE, Azar MM, Banerjee R, et al. Molecular Testing for Acute Respiratory Tract Infections: Clinical and Diagnostic Recommendations From the IDSA's Diagnostics Committee. Clin Infect Dis. Dec 17 2020;71(10):2744-2751. doi:10.1093/cid/ciaa508
95. Hayden M, Hanson K, Englund J, et al. Infectious Diseases Society of America Guidelines on the Diagnosis of COVID-19: Molecular Diagnostic Testing. Infectious Diseases Society of America. Updated September 6, 2023. https://www.idsociety.org/practice-guideline/covid-19-guideline-diagnostics/

96. Osmon DR, Berbari EF, Berendt AR, et al. Diagnosis and Management of Prosthetic Joint Infection: Clinical Practice Guidelines by the Infectious Diseases Society of Americaa. Clinical Infectious Diseases. 2012;56(1):e1-e25. doi:10.1093/cid/cis803
97. Woods CR, Bradley JS, Chatterjee A, et al. Clinical Practice Guideline by the Pediatric Infectious Diseases Society (PIDS) and the Infectious Diseases Society of America (IDSA): 2023 Guideline on Diagnosis and Management of Acute Bacterial Arthritis in Pediatrics. Journal of the Pediatric Infectious Diseases Society. 2023;13(1):1-59. doi:10.1093/jpids/piad089
98. American Society for Microbiology. MolDX: Multiplex Nucleic Acid Amplified Tests for RespiratoryViral Panels (DL37301). https://www.amp.org/AMP/assets/File/position-statements/2017/JointCommentLettertoNoridioanJEforMultiplexViralPanelTests-Respiratory-DL37301.pdf
99. Schultz G, Bjarnsholt T, James GA, et al. Consensus guidelines for the identification and treatment of biofilms in chronic nonhealing wounds. Wound Repair Regen. Sep 2017;25(5):744-757. doi:10.1111/wrr.12590
100. Rhodes A, Evans LE, Alhazzani W, et al. Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock: 2016. Critical care medicine. Mar 2017;45(3):486-552. doi:10.1097/ccm.0000000000002255
101. Weiss SL, Peters MJ, Alhazzani W, et al. Surviving Sepsis Campaign International Guidelines for the Management of Septic Shock and Sepsis-Associated Organ Dysfunction in Children. Pediatr Crit Care Med. Feb 2020;21(2):e52-e106. doi:10.1097/pcc.0000000000002198
102. O'Grady NP, Alexander E, Alhazzani W, et al. Society of Critical Care Medicine and the Infectious Diseases Society of America Guidelines for Evaluating New Fever in Adult Patients in the ICU. Critical care medicine. 2023;51(11):1570-1586. doi:10.1097/ccm.0000000000006022
103. Hill AT, Gold PM, El Solh AA, Metlay JP, Ireland B, Irwin RS. Adult Outpatients With Acute Cough Due to Suspected Pneumonia or Influenza: CHEST Guideline and Expert Panel Report. Chest. Jan 2019;155(1):155-167. doi:10.1016/j.chest.2018.09.016
104. CDC. Clinical Testing and Diagnosis for CDI. Updated March 6, 2024. https://www.cdc.gov/c-diff/hcp/diagnosis-testing/index.html
105. CDC. Clinical Guidance for Patients with Acute Respiratory Illness Being Hospitalized When SARS-CoV-2 and Influenza Viruses are Co-Circulating. Updated December 6, 2023. https://www.cdc.gov/flu/hcp/clinical-guidance/testing-guidance-for-clinicians-hospitalized.html
106. CDC. Multiplex Assays Authorized for Simultaneous Detection of Influenza Viruses and SARS-CoV-2 by FDA. CDC. Updated December 19, 2025. https://www.cdc.gov/flu/hcp/testing-methods/flu-covid19-detection.html
107. ASCP. ASCP Expands List of Commonly Used Tests Physicians and Patients Should Question. https://www.ascp.org/news/news-details/2019/09/10/ascp-expands-list-of-commonly-used-tests-physicians-and-patients-should-question
108. Ravn C, Neyt J, Benito N, et al. Guideline for management of septic arthritis in native joints (SANJO). J Bone Joint Infect. 2023;8(1):29-37. doi:10.5194/jbji-8-29-2023

Publication History

12/01/2026:	Reviewed and updated coverage criteria; removed codes 0441U and 0442U; added codes 87627, 0600U, 0601U, and 0610U, effective for DOS beginning Dec. 1, 2026
04/01/2026:	Annual policy review; added 0509U and 0593U to coding grid, effective for DOS beginning June 1, 2026; administrative edits
09/01/2025:	Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.