CLINICAL MEDICAL POLICY	
Policy Name:	Respiratory Infection Pathogen Panel (RIPP) Molecular Testing
Policy Number:	MP-148-MD-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	05/01/2026
Effective Date:	07/01/2026
Next Annual Review:	01/2027
Implementation Date:	01/21/2026
Products:	Highmark Wholecare℠ Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 7

Policy History

Date	Action
07/01/2026	Provider Effective date
01/21/2026	QI/UM Committee review
01/21/2026	Policy initially developed

Disclaimer

Highmark Wholecare℠ medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark Wholecare℠ may provide coverage under the laboratory benefits of the Company's Medicaid products for medically necessary Respiratory Infection Pathogen Panel (RIPP) molecular testing.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

Definitions

Respiratory infection Pathogens panel (RIPP) – a multipaneled diagnostic test designed to detect bacterial, viral and fungal pathogens responsible for respiratory infections. The test can assist clinicians differentiate between bacterial, viral and fungal infections to guide targeted treatment decisions.

Immunocompromise - having a weakened immune system. Individuals who are immunocompromised have a reduced ability to fight infections and other diseases. This may be caused by certain diseases or conditions, such as AIDS, cancer, diabetes, malnutrition, and certain genetic disorders. It may also be caused by certain medicines or treatments, such as anticancer drugs, radiation therapy, and stem cell or organ transplant. Also called immunosuppressed.

Procedures

1. The medical necessity of molecular respiratory infection pathogen panel (RIPP) testing is determined using the following clinical criteria. Inpatient services are beyond the scope and domain of this guideline. Although outbreak investigations may sometimes require use of RIPP testing, the public health evaluations of such outbreaks are beyond the scope and domain of this guideline.

   Panels of fewer than six (6) pathogens are medically necessary when an individual has acute respiratory symptoms and testing is necessary to direct treatment.

   It is rarely medically necessary to order large panels in excess of five (5) pathogens except in situations as noted below:

   - The presence of acute respiratory symptoms in individuals of any age who are:
     - Immunocompromised; OR
     - Immunocompetent and receiving care for their acute respiratory symptoms in a hospital setting.

   No more than one (1) respiratory pathogen panel should be necessary on a single date of service.

   Because there are no indications for repeat testing, no more than one (1) respiratory pathogen panel should be necessary within a two (2) week time frame.

   More than one (1) type of test for the same organism is not medically necessary on the same date of service.

   Note: Molecular R Molecular RIPP testing is limited to the minimum number of targets needed for therapeutic decision making. When ordering any configuration of infectious disease targets, whether using RIPP or conventional testing, the medical record should clearly indicate the differential diagnosis of possible microorganisms based upon patient history and presenting signs/symptoms. For clinical indications of broad target pathogen testing, there should be consideration of the merits of a defined pathogen panel in RIPP as opposed to the traditional method of culture with antibiotic sensitivity.

2. Contraindications
   The following are contraindications to RIPP testing:
   - Presence of respiratory symptoms in an immunocompetent individual that suggest a specific respiratory pathogen.
   - Presence of respiratory symptoms in an immunocompetent individual that appear to represent a self-limited or improving infection when the results of testing will not change clinical management.
   - Repeat testing for the same respiratory episode, including RIPP as a test of cure. If it is medically necessary to ensure the causative organism is cleared, only testing targeted to that organism is considered medically necessary.

3. Post-payment Audit Statement
   The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare℠ at any time pursuant to the terms of your provider agreement.

4. Place of Service
   The proper place of service for molecular respiratory infection pathogen panel (RIPP) testing is outpatient.

Operational Guidelines *Do not include on external version*

- This medical policy will be applied on a post-service/prepayment basis for both facility and professional providers.

Governing Bodies Approval

CLIA
RIPP testing is offered as laboratory-developed tests under Clinical Laboratory Improvement Amendments (CLIA) licensed laboratories. Clinical laboratories may develop and validate tests in-house and market them as a laboratory service; laboratories offering such tests as a clinical service must meet general regulatory standards of CLIA and must be licensed by CLIA for high complexity testing.

Summary of Literature

Respiratory pathogens panel testing is the use of molecular technologies to detect respiratory pathogens directly in a clinical sample.

- In spite of the continued utilization of conventional diagnostic methods in clinical microbiology laboratories, the expanded availability of molecular methods for detection of pathogens directly in clinical specimens is changing the paradigm for diagnosis and management of individuals with infectious diseases. One of the recent reasons for these changes has been the development of syndromic-based multiplex molecular panels, in this case, for respiratory presentations, with the ability to simultaneously detect, differentiate, and even subtype viral/bacterial pathogens in specimens.
- Viral pathogens are the most common cause of respiratory tract infections. Seasonal influenza contributes to substantial morbidity and mortality each year in the United States. However, in a

large portion of individuals with respiratory tract infections, other viruses and non-cultivable organisms have been found to cause substantial morbidity and mortality.

- The ability to detect a large number of pathogens rapidly and with high sensitivity and specificity has the potential to transform clinical microbiology as a continuing critical component of laboratory medicine. However, it is important to consider whether these tests should be front-line tests used for all individuals with acute respiratory illness or whether their use should be limited to specific individuals.

Coding Requirements

Only one (1) unit of the same panel code will be reimbursable and two different panel codes (e.g. 87631, 87632 or 87633) cannot be billed on the same date of service.

Any respiratory pathogen panel (e.g. 87631, 87632 or 87633) billed within fourteen (14) days of another will not be reimbursable.

Respiratory pathogen panel testing is reimbursable for panels of six (6) or more pathogens in any of the following situations:

- An individual is symptomatic and is immunocompromised as indicated by the presence of an ICD code from the *ICD Codes Indicating Cancer, Transplant, or Other Immunocompromised* table (listed below); OR
- An individual is symptomatic and testing is performed in a hospital setting as demonstrated by the following:
  - Place of service code on the claim is: 19, 22, or 23; OR
  - Bill type code on the claim is: 13X or 14X.

All organisms tested as part of a respiratory panel, viral or otherwise, will be considered part of the same panel and billable with a single panel code (e.g., 87631-87633) regardless of the code description. No component of that panel may be billed separately.

More than one type of test for the same organism will not be reimbursable for the same date of service (e.g., 87631 and 87634 may not be billed on the same date of service).

A code representing only the minimum panel necessary to detect the necessary targets should be billed. If the laboratory's testing platform consists solely of a panel of multiple targets, yet only a subset of the organisms are considered medically necessary based on the above criteria, the laboratory will only receive reimbursement for the subset of organisms that are medically necessary. Therefore, the laboratory should bill using a procedure code that does not represent all organisms included on the panel (e.g., bill 87632 if only 8 targets are necessary even if 12 or more targets were tested as part of a panel usually billed with 87633).

Procedure Codes

CPT Code	Description
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARSCoV-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 (SARSCoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, 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 (eg, 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 (eg, 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

Diagnosis Codes

ICD Codes Indicating Cancer, Transplant, or Other Immunocompromise

ICD-10 Code or Range	Description
A40.X	Streptococcal sepsis
A41.X	Other sepsis
B20	Human immunodeficiency virus [HIV] disease
B59	Pneumocystosis
C00.X-C96.X	Malignant neoplasms
D37.X-D48.X	Neoplasms of uncertain behavior, polycythemia vera and myelodysplastic syndromes
D60.X-D64.X	Aplastic and other anemias and other bone marrow failure syndromes
D70.X-D77	Other disorders of blood and bloodforming organs
D80.X-D89.X	Certain disorders involving the immune mechanism
E40-E46	Malnutrition
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
J4A.X	Chronic lung allograft dysfunction

K50.X	Crohn's disease [regional enteritis]
K51.0X	Ulcerative (chronic) pancolitis
K51.2X	Ulcerative (chronic) proctitis
K51.3X	Ulcerative (chronic) rectosigmoiditis
K51.81X	Other ulcerative colitis with complications
K51.9X	Ulcerative colitis, unspecified
K91.2	Postsurgical malabsorption, not elsewhere classified
M35.9	Systemic involvement of connective tissue, unspecified
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N19	Unspecified kidney failure
O98.7X	Human immunodeficiency virus [HIV] disease complicating pregnancy, childbirth and the puerperium
R65.2X	Severe sepsis
T80.82XA-T80.82XS	Complication of immune effector cellular therapy
T86.X	Complications of transplanted organs and tissue
Z48.2X	Encounter for aftercare following organ transplant
Z49.X	Encounter for care involving renal dialysis
Z51.1X	Encounter for antineoplastic chemotherapy and immunotherapy
Z79.6X	Long term (crnt) use of immunomodulator & immunosuppressant
Z92.21	Personal history of antineoplastic chemotherapy
Z92.22	Personal history of monoclonal drug therapy
Z92.241	Personal history of systemic steroid therapy
Z92.25	Personal history of immunosuppression therapy
Z92.26	Personal history of immune checkpoint inhibitor therapy
Z92.3	Personal history of irradiation
Z92.85X	Personal history of cellular therapy
Z92.86	Personal history of gene therapy
Z94.X	Transplanted organ and tissue status
Z99.2	Dependence on renal dialysis

Reimbursement

Participating facilities will be reimbursed per their Highmark Wholecare℠ contract.

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