Clinical Policy: Polymerase Chain Reaction Respiratory Viral Panel Testing

Reference Number: CP.MP.181 Coding Implications
Date of Last Revision: 03/23 Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Medical necessity criteria for multiplex respiratory polymerase chain reaction (PCR) testing.

Note: *For PCR testing for COVID-19, refer to CP.CPC.03 Preventive Health and Clinical Practice Guidelines*

Policy/Criteria

I. It is the policy of Centene Corporation® that respiratory viral panels (RVPs) testing for five pathogens or fewer are considered **medically necessary** when meeting all of the following[1-7]:

A. The member/enrollee has one of the following clinical indications for infectious disease testing:
   1. The member/enrollee is immunocompetent, and the clinical indication includes a presumption of active infection or infection-associated complications (which may include exacerbation of underlying disease) that require the identification of a causative organism for appropriate management. Note: Atypical clinical presentations of disease are considered appropriate indications for special populations who may not present with classic symptoms of infection (i.e., the elderly);
   2. The member/enrollee is immunocompromised (i.e., those with weakened immune systems including those with human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS), those who are taking immunosuppressive medications (i.e., chemotherapy, biologics, transplant-related immunosuppressive drugs, high-dose systemic corticosteroids) and those with inherited diseases that affect the immune system (i.e., congenital immunoglobulin deficiencies). Note: atypical clinical presentations of disease are considered appropriate indications for testing. In this population, testing may be performed once as part of a pre-transplant evaluation, regardless of the presence of symptoms;

B. The results of testing will impact clinical management in a manner already demonstrated in the peer-reviewed published literature to improve outcomes;

C. Testing is performed according to the intended use of the test in the intended population for which the test was developed and validated;

D. Targeted testing is not appropriate (i.e., will not provide sufficient information for the appropriate clinical management);

E. The panel performed includes at least the minimum pathogens required for clinical decision making for its intended use that can be reasonably detected by the test;

F. The registered test demonstrates equivalent or superior test performance characteristics - analytical validity (AV) and clinical validity (CV) - to established standard-of-care (SOC) methods (i.e., culture, pathogen-specific PCR) for the majority of targets included on the panel;

G. Documentation of the following is clearly stated in the medical record:
   1. Specific clinical indications for testing (i.e., clinical suspicion of a pathogen as the cause of the medical condition);
   2. Specific reasons for performing panel testing;
   3. Provider type/specialty and Place of Service.

II. It is the policy of Centene Corporation that RVPs testing for six pathogens or more are considered **medically necessary** when meeting the following:
   A. The criteria in section I are met, and any of the following:
      1. Performed in a healthcare setting that cares for critically ill individuals, such as the emergency department or inpatient hospital, and includes those in observation status;
      2. Member/enrollee is immunocompromised, as defined in section I.A.2.;
      3. Member/enrollee is immunocompetent and both of the following:
         a. A severe and established underlying respiratory pathology is present (i.e., severe asthma, chronic obstructive pulmonary disease (COPD), cystic fibrosis, pulmonary fibrosis, radiation therapy to the lung);
         b. Treatment with antibiotics may be indicated according to established guidelines.[17, 18]

Background

Polymerase chain reaction (PCR) respiratory viral panels (RVPs) may detect the RNA or DNA of multiple types of respiratory viruses as a single test, often through a nasal, nasopharyngeal, or oropharyngeal swab.[6] Viral pathogens are the most common cause of respiratory tract infections.[8] Rhinovirus, parainfluenza virus, coronavirus, adenovirus, respiratory syncytial virus (RSV), Coxsackie virus, human metapneumovirus, and influenza virus account for most cases of viral respiratory infections.[9] Immunocompromised patients can develop severe lower respiratory tract infections from common respiratory viral pathogens that otherwise cause mild upper respiratory tract infections in healthy patients.[10]

PCR testing is generally effective for confirming respiratory viral infections with very high sensitivity and specificity.[7,11] Respiratory viral infections often have nonspecific clinical presentations and, therefore, accurate and timely identification through PCR testing has the potential to optimize antiviral use when appropriate, decrease the spread of any viral infection, and to reduce the number of patients being treated with antibiotics unnecessarily.[8,12,13,14,15] Multiplex PCR testing can detect a variety of respiratory viruses depending on the type and brand of testing being used.[12] However, the diagnostic role and importance of these multi-pathogen panels in identifying specific viruses in the setting of a respiratory infection is quite limited because the care and management of the individual patient is rarely altered based upon the pathogen identified.[16]

Infectious Disease Society of America (IDSA)

The IDSA recommends that "clinicians should use multiplex RT-PCR assays targeting a panel of respiratory pathogens, including influenza viruses, in hospitalized immunocompromised patients." Further, "clinicians can consider using multiplex RT-PCR assays targeting a panel of respiratory pathogens, including influenza viruses, in hospitalized patients who are not immunocompromised if it might influence care (e.g., aid in cohorting decisions, reduce testing, or decrease antibiotic use)."[6(p898)]

Coding Implications

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Table 1: CPT codes that support medical necessity in any place of service, without diagnosis code requirements

CPT Codes®	Description
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.

Table 2: CPT codes that support medical necessity when billed with place of service codes in table 3, or a diagnosis code in both table 4 and table 5, or a diagnosis code in table 6

CPT Codes®	Description
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
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

Table 3: Place of service codes supporting medical necessity for codes in table 2

Place of Service Code	Place of Service Name	Place of Service Description
19	Off Campus-Outpatient Hospital	A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
21	Inpatient Hospital	A facility other than psychiatric which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22*	Outpatient Hospital (Observation)	A portion of a hospital which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or

		institutionalization.
23	Emergency Room – Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.

Table 4: ICD-10 Diagnosis Codes that Support Medical Necessity for CPT Codes in Table 2 when Billed with a Diagnosis Code in Table 5

ICD 10 CM Code	Description
A37.00	Whooping cough due to Bordetella pertussis without pneumonia
A37.01	Whooping cough due to Bordetella pertussis with pneumonia
A37.10	Whooping cough due to Bordetella parapertussis without pneumonia
A37.11	Whooping cough due to Bordetella parapertussis with pneumonia
A37.80	Whooping cough due to other Bordetella species without pneumonia
A37.81	Whooping cough due to other Bordetella species with pneumonia
A37.90	Whooping cough, unspecified species without pneumonia
A37.91	Whooping cough, unspecified species with pneumonia
A41.81	Sepsis due to Enterococcus
A41.89	Other specified sepsis
A41.9	Sepsis, unspecified organism
A48.1	Legionnaires' disease
A48.2	Nonpneumonic Legionnaires' disease [Pontiac fever]
B25.0	Cytomegaloviral pneumonitis
B33.23	Viral pericarditis
B33.24	Viral cardiomyopathy
B59	Pneumocystosis
B97.21	SARS-associated coronavirus as the cause of diseases classified elsewhere
B97.29	Other coronavirus as the cause of diseases classified elsewhere
J05.0	Acute obstructive laryngitis [croup]
J06.9	Acute upper respiratory infection, unspecified
J09.X1	Influenza due to identified novel influenza A virus with pneumonia
J09.X2	Influenza due to identified novel influenza A virus with other respiratory manifestations
J09.X3	Influenza due to identified novel influenza A virus with gastrointestinal manifestations
J09.X9	Influenza due to identified novel influenza A virus with other manifestations
J10.01	Influenza due to other identified influenza virus with the same other identified influenza virus pneumonia
J10.08	Influenza due to other identified influenza virus with other specified pneumonia
J10.1	Influenza due to other identified influenza virus with other respiratory manifestations
J10.2	Influenza due to other identified influenza virus with gastrointestinal manifestations

J10.81	Influenza due to other identified influenza virus with encephalopathy
J10.82	Influenza due to other identified influenza virus with myocarditis
J10.83	Influenza due to other identified influenza virus with otitis media
J10.89	Influenza due to other identified influenza virus with other manifestations
J11.08	Influenza due to unidentified influenza virus with specified pneumonia
J11.1	Influenza due to unidentified influenza virus with other respiratory manifestations
J11.2	Influenza due to unidentified influenza virus with gastrointestinal manifestations
J11.81	Influenza due to unidentified influenza virus with encephalopathy
J11.82	Influenza due to unidentified influenza virus with myocarditis
J11.83	Influenza due to unidentified influenza virus with otitis media
J11.89	Influenza due to unidentified influenza virus with other manifestations
J12.0	Adenoviral pneumonia
J12.1	Respiratory syncytial virus pneumonia
J12.2	Parainfluenza virus pneumonia
J12.3	Human metapneumovirus pneumonia
J12.81	Pneumonia due to SARS-associated coronavirus
J12.82	Pneumonia due to coronavirus disease 2019
J12.89	Other viral pneumonia
J12.9	Viral pneumonia, unspecified
J13	Pneumonia due to Streptococcus pneumoniae
J15.0	Pneumonia due to Klebsiella pneumoniae
J15.1	Pneumonia due to Pseudomonas
J15.20	Pneumonia due to staphylococcus, unspecified
J15.211	Pneumonia due to Methicillin susceptible Staphylococcus aureus
J15.212	Pneumonia due to Methicillin resistant Staphylococcus aureus
J15.29	Pneumonia due to other staphylococcus
J15.3	Pneumonia due to streptococcus, group B
J15.4	Pneumonia due to other streptococci
J15.7	Pneumonia due to Mycoplasma pneumoniae
J15.8	Pneumonia due to other specified bacteria
J15.9	Unspecified bacterial pneumonia
J16.0	Chlamydial pneumonia
J16.8	Pneumonia due to other specified infectious organisms
J18.0	Bronchopneumonia, unspecified organism
J18.1	Lobar pneumonia, unspecified organism
J18.2	Hypostatic pneumonia, unspecified organism
J18.8	Other pneumonia, unspecified organism
J18.9	Pneumonia, unspecified organism
J20.0	Acute bronchitis due to Mycoplasma pneumoniae
J20.1	Acute bronchitis due to Hemophilus influenzae
J20.2	Acute bronchitis due to streptococcus
J20.3	Acute bronchitis due to coxsackievirus
J20.4	Acute bronchitis due to parainfluenza virus

J20.5	Acute bronchitis due to respiratory syncytial virus
J20.6	Acute bronchitis due to rhinovirus
J20.8	Acute bronchitis due to other specified organisms
J20.9	Acute bronchitis, unspecified
J21.9	Acute bronchiolitis, unspecified
J22	Unspecified acute lower respiratory infection
J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
J45.31	Mild persistent asthma with (acute) exacerbation
J45.32	Mild persistent asthma with status asthmaticus
J45.41	Moderate persistent asthma with (acute) exacerbation
J45.42	Moderate persistent asthma with status asthmaticus
J45.51	Severe persistent asthma with (acute) exacerbation
J45.52	Severe persistent asthma with status asthmaticus
J45.901	Unspecified asthma with (acute) exacerbation
J45.902	Unspecified asthma with status asthmaticus
J84.116	Cryptogenic organizing pneumonia
J84.117	Desquamative interstitial pneumonia
J84.2	Lymphoid interstitial pneumonia
J85.0	Gangrene and necrosis of lung
J85.1	Abscess of lung with pneumonia
J85.2	Abscess of lung without pneumonia
J85.3	Abscess of mediastinum
R05.1	Acute cough
R05.2	Subacute cough
R05.3	Chronic cough
R05.8	Other specified cough
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R06.2	Wheezing
R50.9	Fever, unspecified
R65.20	Severe sepsis without septic shock
R65.21	Severe sepsis with septic shock
R78.81	Bacteremia
T86.33	Heart-lung transplant infection
T86.812	Lung transplant infection
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Z20.822	Contact with and (suspected) exposure to COVID-19
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
U07.1	COVID-19

Table 5: ICD-10 Diagnosis Codes that Support Medical Necessity for CPT codes in Table 2 when Billed with a Diagnosis Code in Table 4

ICD 10 CM Code	Description
B20	Human immunodeficiency virus [HIV] disease
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
D57.01	Hb-SS disease with acute chest syndrome
D61.09	Other constitutional aplastic anemia
D61.1	Drug-induced aplastic anemia
D61.2	Aplastic anemia due to other external agents
D61.3	Idiopathic aplastic anemia
D61.810	Antineoplastic chemotherapy induced pancytopenia
D61.811	Other drug-induced pancytopenia
D61.818	Other pancytopenia
D61.82	Myelophthisis
D61.89	Other specified aplastic anemias and other bone marrow failure syndromes
D61.9	Aplastic anemia, unspecified
D64.81	Anemia due to antineoplastic chemotherapy
D64.89	Other specified anemias
D70.0	Congenital agranulocytosis
D70.1	Agranulocytosis secondary to cancer chemotherapy
D70.2	Other drug-induced agranulocytosis
D70.3	Neutropenia due to infection
D70.4	Cyclic neutropenia
D70.9	Neutropenia, unspecified
D80.0	Hereditary hypogammaglobulinemia
D80.1	Nonfamilial hypogammaglobulinemia
D80.2	Selective deficiency of immunoglobulin A [IgA]
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses
D80.4	Selective deficiency of immunoglobulin M [IgM]
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
D80.8	Other immunodeficiencies with predominantly antibody defects
D80.9	Immunodeficiency with predominantly antibody defects, unspecified
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis
ICD 10 CM Code	**Description**

D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D81.30	Adenosine deaminase deficiency, unspecified
D81.31	Severe combined immunodeficiency due to adenosine deaminase deficiency
D81.32	Adenosine deaminase 2 deficiency
D81.39	Other adenosine deaminase deficiency
D81.4	Nezelof's syndrome
D81.5	Purine nucleoside phosphorylase [PNP] deficiency
D81.6	Major histocompatibility complex class I deficiency
D81.7	Major histocompatibility complex class II deficiency
D81.810	Biotinidase deficiency
D81.818	Other biotin-dependent carboxylase deficiency
D81.82	Activated Phosphoinositide 3-kinase Delta Syndrome [APDS]
D81.89	Other combined immunodeficiencies
D81.9	Combined immunodeficiency, unspecified
D82.0	Wiskott-Aldrich syndrome
D82.1	Di George's syndrome
D82.2	Immunodeficiency with short-limbed stature
D82.3	Immunodeficiency following hereditary defective response to Epstein-Barr virus
D82.4	Hyperimmunoglobulin E [IgE] syndrome
D82.8	Immunodeficiency associated with other specified major defects
D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function
D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells
D83.8	Other common variable immunodeficiencies
D83.9	Common variable immunodeficiency, unspecified
D84.0	Lymphocyte function antigen-1 [LFA-1] defect
D84.1	Defects in the complement system
D84.821	Immunodeficiency due to drugs
D84.822	Immunodeficiency due to external causes
D84.89	Other immunodeficiencies
D84.9	Immunodeficiency, unspecified
D89.0	Polyclonal hypergammaglobulinemia
D89.1	Cryoglobulinemia
D89.3	Immune reconstitution syndrome
D89.41	Monoclonal mast cell activation syndrome
D89.42	Idiopathic mast cell activation syndrome
D89.43	Secondary mast cell activation
ICD 10 CM Code	**Description**

D89.44	Hereditary alpha tryptasemia
D89.49	Other mast cell activation disorder
D89.810	Acute graft-versus-host disease
D89.811	Chronic graft-versus-host disease
D89.812	Acute on chronic graft-versus-host disease
D89.813	Graft-versus-host disease, unspecified
D89.82	Autoimmune lymphoproliferative syndrome [ALPS]
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
E84.0	Cystic fibrosis with pulmonary manifestations
J44.9	Chronic obstructive pulmonary disease, unspecified
J45.991	Cough variant asthma
J70.1	Chronic and other pulmonary manifestations due to radiation
J84.01	Alveolar proteinosis
J84.02	Pulmonary alveolar microlithiasis
J84.03	Idiopathic pulmonary hemosiderosis
J84.10	Pulmonary fibrosis, unspecified
J84.112	Idiopathic pulmonary fibrosis
J84.114	Acute interstitial pneumonitis
J84.170	Interstitial lung disease with progressive fibrotic phenotype in diseases classified elsewhere
J84.178	Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere
J84.81	Lymphangioleiomyomatosis
J84.82	Adult pulmonary Langerhans cell histiocytosis
J84.89	Other specified interstitial pulmonary diseases
O98.711	Human immunodeficiency virus [HIV] disease complicating pregnancy, first trimester
O98.712	Human immunodeficiency virus [HIV] disease complicating pregnancy, second trimester
O98.713	Human immunodeficiency virus [HIV] disease complicating pregnancy, third trimester
T80.82XS	Complication of immune effector cellular therapy, sequela
Z51.11	Encounter for antineoplastic chemotherapy
Z92.850	Personal history of Chimeric Antigen Receptor T-cell therapy
Z92.858	Personal history of other cellular therapy
Z92.86	Personal history of gene therapy
Z94.0	Kidney transplant status
Z94.1	Heart transplant status
Z94.2	Lung transplant status

Z94.3	Heart and lungs transplant status
Z94.4	Liver transplant status
Z94.5	Skin transplant status
Z94.6	Bone transplant status
Z94.81	Bone marrow transplant status
Z94.82	Intestine transplant status
Z94.83	Pancreas transplant status
Z94.84	Stem cells transplant status
Z94.89	Other transplanted organ and tissue status

Table 6: ICD-10 Diagnosis Codes that Support Medical Necessity for CPT codes in Table 2

ICD 10 CM Code	Description
Z94.0	Kidney transplant status
Z94.1	Heart transplant status
Z94.2	Lung transplant status
Z94.3	Heart and lungs transplant status
Z94.4	Liver transplant status
Z94.5	Skin transplant status
Z94.6	Bone transplant status
Z94.81	Bone marrow transplant status
Z94.82	Intestine transplant status
Z94.83	Pancreas transplant status
Z94.84	Stem cells transplant status
Z94.89	Other transplanted organ and tissue status

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy developed	12/19	01/20
Added a note to refer to CP.MP.183 for 2019-novel coronavirus testing.	03/20	
Split medical necessity statements to address panels of 5 pathogens or less and panels of 6 or more separately. Added criteria for panels of 5 or fewer pathogens in the outpatient setting: specified that the test will influence the plan of care, and added the following as indications: testing for other pathogens when COVID-19 suspected and COVID-19 testing is not available soon enough to influence the plan of care, when immunocompromised, or when ordered by an ID or when an ID is not available. Moved codes 87632 and 87633 to a table of medically necessary codes when billed with POS codes in Table 3. Added codes 0098U, 0099U, 0100U, and 0115U as medically necessary when billed with POS codes in Table 3. References reviewed and updated.	08/20	08/20
References reviewed, updated and reformatted. CPT codes 0098U, 0099U and 0100U deleted 04/21. Changed “review date” in the header to “date of last revision” and “date” in the revision log header to “revision date.” Specialist review.	07/21	

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Removed criteria specific to Covid 19 testing in I.A.	08/21	08/21
Annual review. References reviewed and updated. Updated background with no clinical significance. Specialist reviewed.	03/22	03/22
Annual review. Replaced prior criteria in sections I. and II. with current criteria. Removed policy statement III. Background updated with no impact on criteria. Updated verbiage in Table 2 description to include new diagnosis code requirements. Added Place of Service Code 19 in Table 3. Added Table 4, Table 5, and Table 6 which include ICD-10 diagnosis codes. References reviewed and updated.	03/23	03/23

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the

administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.