Q: What CPT^{1} codes should be used to report Influenza A/B testing, Group A Streptococcus (“Strep A”) and Influenza A/B & RSV tests when performed by the Roche cobas®^{2} Liat (cobas Liat)?

A: Decisions about specific CPT codes to report for clinical laboratory testing are the responsibility of the lab. The following CPT codes may be used to describe these tests when performed by the cobas Liat:

**Influenza A/B Test:**
CPT code 87502: *Infectious agent detection by nucleic acid (DNA or RNA); influenza virus for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types*

**Strep A Test:**
CPT code 87651: *Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique*

**Influenza A/B & RSV Test:**
CPT code 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*

Modifiers may be added to a CPT code to convey further information about the service provided. The QW modifier is used to indicate that a test is a Clinical Laboratory Improvement Amendment (CLIA)-waived test. As of July 2016, only the Influenza A/B and the Strep A tests when performed by the cobas Liat are CLIA-waived tests as determined by the FDA and implemented by CMS.^{3,4}

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT code</th>
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<tbody>
<tr>
<td>CLIA-waived Influenza A/B test</td>
<td>87502QW</td>
</tr>
<tr>
<td>CLIA-waived Strep A test</td>
<td>87651QW</td>
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Q: What is the 2016 Medicare payment amount for CPT codes describing Influenza A/B, Strep A and Influenza A/B & RSV tests when performed by the cobas Liat?

A: The 2016 Medicare National Limitation Amounts (NLAs) for CPT codes describing Influenza A/B testing, Strep A and Influenza A/B & RSV follow below. Local rates may vary. Private payer and Medicaid rates will vary.

**Influenza A/B:**
CPT code 87502 (with or without the QW modifier): **$ 115.92**

**Strep A:**
CPT code 87651 (with or without the QW modifier): **$ 47.80**

**Influenza A/B & RSV:**
CPT code 87631: **$ 174.76**

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^{2} COBAS is a trademark of Roche


^{4} Although the Influenza A/B & RSV test performed on the cobas Liat is cleared and approved as CLIA-waived by the FDA, CMS must announce to the contractors – via transmittal – the waiver of this test and the identification of the relevant code and QW modifier. Until the implementation of that transmittal, which will be retroactive to the date of the FDA waiver clearance, providers should not bill Medicare for this test using the QW modifier.
Q: Are there special Medicare payment considerations that apply to these tests?

A: Yes. While Medicare generally covers medically necessary lab testing, separate payment may not be available in certain circumstances. For example, lab tests performed in physician offices are eligible for separate Medicare payment under the Medicare Clinical Laboratory Fee Schedule (CLFS). Lab tests performed in an outpatient hospital setting may be eligible for separate payment under the Medicare CLFS if performed alone or with other laboratory tests. When performed with other non-lab services, generally, there is no separate payment for the lab test(s) because payment is included in the amount for the outpatient visit under the Hospital Outpatient Prospective Payment System.

In an Emergency Department, similar to the outpatient hospital setting, payments for most lab tests reimbursed under the CLFS are bundled into the payment for other services provided on the same date of service unless the test is performed alone or only with other laboratory tests.

In addition, there is no separate payment for inpatient hospital lab testing because payment is included in the lump sum amount for the hospital admission (i.e., the MS-DRG payment).

Q: Will Medicare patients have any out-of-pocket costs for covered Influenza A/B, Strep A and/or Influenza A/B & RSV tests?

A: Medicare payment for lab tests is generally made under the CLFS. The CLFS is not subject to coinsurance or deductible amounts (i.e., there is no out-of-pocket cost for covered tests provided to Medicare beneficiaries). If other services (e.g., evaluation and management services) are provided on the same date of service to Medicare beneficiaries, coinsurance or deductible amounts may apply for these services.

Q: How do private payers and Medicaid reimburse for the cobas Liat tests?

A: Private payer and Medicaid reimbursement policies, including deductibles, co-payments and/or co-insurance amounts, vary by plan and are not generally publicly available. Providers should check with their patients’ respective plans for these reimbursement policies.

Q: Where should I direct customers with additional questions regarding reimbursement for Roche tests?

A: Roche Diagnostics Corporation maintains a unique-in-the-industry, in-house reimbursement email inquiry systems for our customers. Lab providers and other health care professionals should be directed to email inquiries to diagnostics.reimbursement@roche.com.

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Note: This information is provided as a courtesy for informational purposes only and is not intended to be, and should not be interpreted as, reimbursement or billing advice. Health care professionals are responsible for determining appropriate reimbursement policies, including applicable CPT code assignment. Roche Diagnostics Corporation does not guarantee third-party coverage or payment for Roche products or provide remuneration to customers for claims that are denied by third-party payers.