

# **Respiratory Viral Panel Testing**

**Plan: AmeriHealth Caritas Louisiana**

**Clinical Policy ID: CCP.4052**

**Recent review date: 12/2024**

**Next review date: 4/2026**

**Policy contains: Respiratory viral panels; respiratory syncytial virus prophylaxis; palivizumab prophylaxis.**

*AmeriHealth Caritas has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas' clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered, on a case by case basis, by AmeriHealth Caritas when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas' clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas' clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas will update its clinical policies as necessary. AmeriHealth Caritas' clinical policies are not guarantees of payment.*

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## **Policy statement**

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**Respiratory viral panel testing may be medically necessary for members who present with clinical conditions indicative of heightened risk for severe respiratory illness and require accurate, multiplexed laboratory analysis to guide appropriate treatment and management.**

### **Criteria for Limited Respiratory Viral Panel Testing**

**Limited respiratory viral panel testing is clinically proven and, therefore, may be medically necessary when performed once per medically necessary episode of care if the member has any of the following:**

- **An infant receiving prophylactic therapy against severe respiratory infections due to high-risk factors (e.g., prematurity, chronic respiratory conditions, cardiac disease).**
- **A member, including residents of long-term care facilities, who is returning to a facility or other congregate setting, and whose health status warrants diagnostic evaluation to ensure the safety and wellbeing of the member and others.**

### **Criteria for Expanded Respiratory Viral Panel Testing**

**Expanded respiratory viral panel testing may be clinically proven and, therefore, may be medically necessary for members who meet one or more of the following criteria:**

- Presence of serious or critical illness, or a clinical scenario where the member is at imminent risk of becoming severely ill.
- Documented immunodeficiency or a severe underlying condition that necessitates broader diagnostic testing to guide therapeutic decisions.

#### Facility and Ordering Requirements

For members receiving expanded respiratory viral panel testing in healthcare settings such as inpatient hospitals, on-campus or off-campus outpatient hospitals, or emergency departments, testing must be performed under the direction of a clinician with the expertise to interpret and act upon the results.

In healthcare settings other than those listed above, ordering of expanded respiratory viral panel testing is subject to the following:

- For members with normal immune function, testing must be ordered by a specialist (e.g., infectious disease or pulmonology) who is actively involved in the member's care.
- For members with compromised immunity, testing must be ordered by a clinician specializing in infectious disease, oncology, transplantation, or pulmonology, who is actively involved in the member's care.

#### Exceptions for Limited Specialist Access

If the member resides in a geographically remote or underserved area with limited access to the appropriate specialists, an exception may be made. In these circumstances, the ordering provider may request authorization to ensure the member receives necessary testing closer to their home environment. The member must still be under the care of an appropriate specialist (infectious disease, oncology, transplant, or pulmonology) who provides consultation or oversight.

#### Non-Covered Services

Respiratory viral panel testing that does not meet the criteria outlined above is not considered medically necessary and, therefore, will not be covered.

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## References

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Louisiana Department of Health. Informational bulletin 24-31: Coverage of respiratory viral panels. Issued 09/18/2024. [https://ldh.la.gov/assets/docs/BayouHealth/Informational Bulletins/2024/IB24-31.pdf](https://ldh.la.gov/assets/docs/BayouHealth/Informational%20Bulletins/2024/IB24-31.pdf).

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## Policy updates

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Initial review date: 1/2/2025