



**Louisiana Department of Health  
Informational Bulletin 24-31  
September 18, 2024**

**Coverage of Respiratory Viral Panels (87631, 87632 and 87633)**

Effective September 1, 2024, Louisiana Medicaid covers the current procedural terminology (CPT) codes for respiratory viral panel codes 87631, 87632 and 87633.

**CPT code 87631 is deemed medically necessary in the following instances:**

- Infants receiving monthly RSV prophylaxis with palivizumab because of high-risk conditions such as prematurity, respiratory disease or cardiac disease.
- Long-term care facility residents returning to a facility, or a person of any age returning to a congregate setting.

**PLEASE NOTE:** A primary care physician may perform this 3-5 panel test if medically necessary.

**CPT codes 87632 and 87633 are deemed potentially medically necessary only for:**

- Beneficiaries with serious or critical illness or at imminent risk of becoming seriously or critically ill, immunodeficiency, and/or severe underlying condition contributory to testing using an expanded syndromic panel.

Testing is approved for the following places of service (POS):

- **Places of service (POS) 19 – off-campus outpatient hospital, 21 – inpatient hospital, 22 – on-campus outpatient hospital, 23 – emergency room.**

**PLEASE NOTE:** Tests should be ordered as follows (for healthcare POS other than those listed in the above bullet):

Testing for these services should only occur in accordance with one or more of the following instances:

- For immune-competent beneficiaries, the test must be ordered by an infectious disease specialist or pulmonologist who is diagnosing and treating the beneficiary.
- For immune-compromised beneficiaries, the test must be ordered by a clinician specialist in one of the following: infectious diseases, oncology, transplant (for any panel), or pulmonologist who is diagnosing and treating the beneficiary.

**PLEASE NOTE:** Regarding the previous two bullets, an exception may be made within geographic locations where the specialist(s) cannot be reasonably reached by the beneficiary; AND the beneficiary is under the care of one of these providers: infectious diseases, oncology, transplant (for any panel), or pulmonologist; AND the ordering provider is located closer to the beneficiary's place of residence than the nearest specialist.

**This exception is intended for beneficiaries living in rural locations with limited clinical specialist access only.**

Questions regarding this message and fee-for-service claims are to be directed to Gainwell Technologies at (800) 473-2783 or (225) 924-5040.

Questions regarding managed care claims should be directed to the appropriate managed care organization (MCO).

Each MCO must update their system to reflect the changes above within 30 days of this notification (Section 2.18.9.5 of the contract). MCOs shall also notify providers of their process and timeline for implementing the fee schedule update.