

Article - Billing and Coding: CPT Code 87641 (Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique) (A52379)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
National Government Services, Inc.	MAC - Part A	06101 - MAC A	J - 06	Illinois
National Government Services, Inc.	MAC - Part B	06102 - MAC B	J - 06	Illinois
National Government Services, Inc.	MAC - Part A	06201 - MAC A	J - 06	Minnesota
National Government Services, Inc.	MAC - Part B	06202 - MAC B	J - 06	Minnesota
National Government Services, Inc.	MAC - Part A	06301 - MAC A	J - 06	Wisconsin
National Government Services, Inc.	MAC - Part B	06302 - MAC B	J - 06	Wisconsin
National Government Services, Inc.	A and B and HHH MAC	13101 - MAC A	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13102 - MAC B	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13201 - MAC A	J - K	New York - Entire State
National Government Services, Inc.	A and B and HHH MAC	13202 - MAC B	J - K	New York - Downstate
National Government Services, Inc.	A and B and HHH MAC	13282 - MAC B	J - K	New York - Upstate
National Government Services, Inc.	A and B and HHH MAC	13292 - MAC B	J - K	New York - Queens
National Government Services, Inc.	A and B and HHH MAC	14111 - MAC A	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14112 - MAC B	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14211 - MAC A	J - K	Massachusetts

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
National Government Services, Inc.	A and B and HHH MAC	14212 - MAC B	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14311 - MAC A	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14312 - MAC B	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14411 - MAC A	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14412 - MAC B	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14511 - MAC A	J - K	Vermont
National Government Services, Inc.	A and B and HHH MAC	14512 - MAC B	J - K	Vermont

Article Information

General Information

Article ID

A52379

Article Title

Billing and Coding: CPT Code 87641 (Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique)

Article Type

Billing and Coding

Original Effective Date

10/01/2015

Revision Effective Date

12/01/2019

Revision Ending Date

N/A

Retirement Date

N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

CPT codes, descriptions and other data only are copyright 2021 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Current Dental Terminology © 2021 American Dental Association. All rights reserved.

Copyright © 2013 - 2022, the American Hospital Association, Chicago, Illinois. Reproduced by CMS with permission. No portion of the American Hospital Association (AHA) copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic

CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Code of Federal Regulations:

42 CFR Sections 409 et al include the Medicare Program Prospective Payment System for Hospital Outpatient Services Final Rule published in the FR Vol. 65, No. 68, April 7, 2000.

CMS Publications:

CMS Publication 100-04, *Medicare Claims Processing Manual*, Chapter 1:

60–60.1.1 Required Hospital Notice to Beneficiaries

Article Guidance

Article Text

The purpose of this article is to alert providers that National Government Services considers CPT code 87641 to be a test used for screening purposes for which payment will not be allowed.

Screening tests are statutorily non-covered based on Title VIII of the Social Security Act, Section 1862(a)(1)(A) which excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Background:

Methicillin-resistant *S. aureus* (MRSA) was first described in 1961 and now constitutes more than 50% of *S. aureus* isolates that cause infections in the hospital setting.

The worldwide emergence of MRSA is mainly the result of the extensive spread of a limited number of strains in hospitals, which are high risk settings for MRSA infection. *Staphylococcus aureus* is an opportunistic pathogen that mainly infects patients who have had surgery or who have invasive devices (such as intravascular catheters). The epidemiology of MRSA has changed recently— infections are no longer confined to the hospital setting, but also appear in healthy people in the community with no established risk factors for acquiring MRSA. These community associated MRSA strains differ from hospital associated strains. Most carriers of *S aureus*, both hospital inpatients and others, are healthy asymptomatic people without evident infection. In hospitals where MRSA is endemic, patients

risk being colonized by spread from other patients or healthcare workers. Colonization with *S aureus* in hospital is a risk factor for subsequent infection. (Kluytmans J, 2009).

CPT code 87641 was established to report methicillin resistant *Staphylococcus aureus* (MRSA) by amplified probe technique and it is used to bill for "assays that detect methicillin resistance and identify *Staphylococcus aureus* using a single nucleic acid sequence." (*CPT Changes 2007 – An Insider’s View*)

The availability of nucleic acid probes has permitted the rapid direct identification of microorganisms’ DNA or RNA. Amplification techniques, including, but not limited to the polymerase chain reaction (PCR), results in the doubling of copies of specified target DNA with each round of amplification, eventually resulting in millionfold levels of amplification. The product of the amplification (i.e., DNA) is then detected using a variety of techniques. (©Blue Cross & Blue Shield of Mississippi. Identification of Microorganisms Using Nucleic Acid Probes)Although some hospitals are screening patients prior to inpatient or outpatient hospitalization to identify carriers of methicillin resistant *Staphylococcus aureus* as an infection control measure, additional research will be required to demonstrate whether the use of universal rapid MRSA admission screening will reduce nosocomial MRSA infection in hospitals compared to the use of alternative control measures against MRSA.

Screening tests are statutorily non-covered based on Title VIII of the Social Security Act, Section 1862(a)(1)(A) which excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member. This purpose of this article is to alert providers that National Government Services considers CPT code 87641 to be a test used for screening purposes for which payment will not be allowed.

Specific Coding Guideline:

Claims for CPT Code 87641 (Infectious agent detection by nucleic acid (DNA or RNA); *Staphylococcus aureus*, methicillin resistant, amplified probe technique) services are not payable under Medicare Part B for screening purposes and will be denied.

When billing CPT code 87641 for screening purposes (statutorily non-covered), ICD-10-CM codes, including but not limited to those listed below, may be reported. The –GY modifier should be reported, as applicable.

Coding Information:

Procedure codes may be subject to National Correct Coding Initiative (NCCI) edits or OPPS packaging edits. Refer to NCCI and OPPS requirements prior to billing Medicare.

For services requiring a referring/ordering physician, the name and NPI of the referring/ordering physician must be reported on the claim.

A claim submitted without a valid ICD-10-CM diagnosis code will be returned to the provider as an incomplete claim under Section 1833(e) of the Social Security Act.

The diagnosis code(s) must best describe the patient's condition for which the service was performed. For diagnostic tests, report the result of the test if known; otherwise the symptoms prompting the performance of the test should be reported.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes: (1 Code)

CODE	DESCRIPTION
87641	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STAPHYLOCOCCUS AUREUS, METHICILLIN RESISTANT, AMPLIFIED PROBE TECHNIQUE

CPT/HCPCS Modifiers

N/A

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes: (1 Code)

CODE	DESCRIPTION
XX000	Not Applicable

ICD-10-CM Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

There are no diagnoses for which this service is covered. The following diagnoses are identified herein to emphasize that we have specifically considered them and have determined that this service is not covered for them.

When billing CPT code 87641 for screening purposes (statutorily non-covered), ICD-10-CM codes, including but not limited to those listed below, may be reported. The -GY modifier should be reported, as applicable.

Group 1: Codes

Group 1 Codes: (8 Codes)

CODE	DESCRIPTION
Z01.812	Encounter for preprocedural laboratory examination
Z01.84	Encounter for antibody response examination

CODE	DESCRIPTION
Z11.2	Encounter for screening for other bacterial diseases
Z11.8	Encounter for screening for other infectious and parasitic diseases
Z22.31	Carrier of bacterial disease due to meningococci
Z22.321	Carrier or suspected carrier of Methicillin susceptible Staphylococcus aureus
Z22.322	Carrier or suspected carrier of Methicillin resistant Staphylococcus aureus
Z22.39	Carrier of other specified bacterial diseases

Additional ICD-10 Information

N/A

Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
12/01/2019	R1	This article was converted to a Billing and Coding Article type.

Associated Documents

Related Local Coverage Documents

N/A

Related National Coverage Documents

N/A

Statutory Requirements URLs

N/A

Rules and Regulations URLs

N/A

CMS Manual Explanations URLs

N/A

Other URLs

N/A

Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
04/30/2020	12/01/2019 - N/A	Currently in Effect (This Version)
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.		

Keywords

N/A