

Reimbursement FAQ for the BD MAX™ Staph SR Assay for Pre-Surgical Screening

Medicare

1. When does Medicare pay for *Staphylococcus aureus* (SA)/ Methicillin resistant *Staphylococcus aureus* (MRSA) testing for pre-surgical screening “separately” from the inpatient DRG payment?

*All testing performed on the day of admission, during the inpatient stay, and each of the 3 full days **prior** to the day of admission is included in the DRG payment. Thus, if a patient is admitted at any time on a Monday, any testing performed at any time on the previous Friday, Saturday, or Sunday would be included in the DRG payment and not be separately billable. In this scenario, testing performed on or before the previous Thursday would be potentially eligible for outpatient or non-patient status and separate billing through the clinical laboratory fee schedule.*

2. How do I know whether Medicare considers testing reasonable and necessary, and therefore whether testing will be reimbursed?

There is no National Coverage Determination applying to pre-surgical screening for SA / MRSA, and therefore coverage (the decision of ‘reasonable and necessary’) is determined by each individual Medicare Administrative Contractor. Individual clinical decision-making by the physician is important; however, the payer will have the final determination as to whether the service is paid. One Medicare Administrative Contractor – National Government Services – has determined that pre-surgical screening is not covered because it is a screening service¹. This impacts New York, Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire, and Maine. However, you should contact your local Medicare contractor to find out what specific policies are in place in your region.

Commercial

3. From a commercial payer perspective, which patients are eligible for reimbursement under CPT codes?

The payment depends in part on the kind of policy the patient has (indemnity, managed care, etc.) and in part on the payment mechanism established between the insurer and the service provider through contract, if any (negotiated fee-for-service, DRG, per diem, case rates, capitation, etc.). Under DRGs, per diems, capitation, and case rates, separate payment for lab services may or may not be available. Contact your individual payers to determine their specific payment mechanisms and policies. (This applies to both outpatients and inpatients).

¹ [Local Coverage Article: CPT Code 87641 \(Infectious agent detection by nucleic acid \(DNA or RNA\): *Staphylococcus aureus*, methicillin resistant, amplified probe technique\) - Medical Policy Article \(A52379\)](#)

4. How do I know whether a commercial payer will reimburse SA / MRSA testing for pre-surgical screening?

Payment for outpatient testing is covered according to a payer's medical policy. Again, individual physician decision-making regarding medical necessity is typically important, but the payer has the final say. Please notify your BD representative if you become aware that a particular payer does not cover the test.

CPT Coding

5. The BD MAX StaphSR assay simultaneously identifies MRSA and MSSA. Can we bill for both organisms using a single test?

*According to instructions in the CPT 2019 Professional Edition manual that precede the primary source "infectious agent antigen detection" section, where applicable codes for MRSA and MSSA by nucleic acid amplified probe technique are found, the coder is directed as follows: "**When separate results are reported for different species or strain of organisms, each result should be coded separately.**" This same publication goes on to clarify in the following additional instruction: "**For assays that detect methicillin resistance and identify Staphylococcus aureus using a single nucleic acid sequence, use 87641.**"² In other words, if only a single nucleic acid sequence is used to detect both MRSA and MSSA, then only 87641 would be reported. The BD MAX™ StaphSR assay detects MRSA via the proprietary junction region at the insertion site of the SCCmec cassette in *S. aureus*, and detects MSSA via the separate nuc gene. Thus, this assay meets the CPT criteria for providing separate results using multiple (2) nucleic acid sequences and may be properly coded with codes 87640 and 87641. However, individual payer policies may vary from CPT directions. You should consult with payers in your area to confirm their policies.*

Please visit <http://www.codemap.com/BDMAX> for more information.

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