

FebriDx™ Reimbursement Information



FebriDx® is a rapid Point-of-Care test to aid in the diagnosis of acute respiratory infection and differentiate bacterial from non-bacterial etiology.

FebriDx® Coding Summary

| PLA CPT Code | Code Descriptor | 2026 CMS CLFS | CLIA Status | Modifier |
|--------------|---|---------------|-------------|----------|
| 0442U | Infectious disease (respiratory infection), Myxovirus resistance protein A (MxA) and C-reactive protein (CRP), fingerstick whole blood specimen, each biomarker reported as present or absent | \$41.38 | Waived | QW |

Follow these 3 steps to submit clean claims:

STEP 1

Prep the chart

- Record symptoms, fever timing, and symptom duration.
- State clinical uncertainty: bacterial vs non-bacterial. Document FebriDx® test was administered
- Document the FebriDx® result and how it changed management.

STEP 2

Build the claim

- Bill PLA code 0442U with modifier QW and link ICD-10 code(s) that support medical necessity.
- Include the performing site's active CLIA number and any auth data.
- Add any payor or MAC required modifier(s) and keep a copy of the note/result.

STEP 3

If denied

- Pull the denial or EOB plus the original claim details.
- Send the visit note, FebriDx® result/date of service, and CLIA proof.
- Add a short appeal letter explaining why the test informed care.

Chart Documentation to Keep on File

- Acute respiratory symptoms clearly noted
- Symptom duration less than 7 days at time of testing
- Clinical uncertainty between bacterial vs non-bacterial etiology explicitly documented
- Test result documented in the note and tied to clinical management/decision making

Important Reminders

- Always verify current payor and MAC requirements before billing.
- Check current authorization requirements
- Coverage and payment are not guaranteed.

Coverage, edits, and payment vary by payor, plan, site of care, and MAC.
<https://www.cms.gov/medicare/payment/fee-schedules/clinical-laboratory-fee-schedule-clfs>

FebriDx™ Claim Guidelines

Coverage Snapshot

Medicare

PLA code 0442U is listed on the CLFS at \$41.38. Claims remain subject to Medicare rules, CLIA edits, and local MAC requirements.

Commercial

Coverage varies by payor, plan, and contract language. Pre-service verification and chart support can reduce avoidable denials.

Medicaid

Coverage varies by state and plan. Check policy, fee schedule, and any authorization requirements.

Best Practices to Support Clean Claims

- 1 Verify benefits before testing.** Check the plan policy, prior authorization need, network status, and claim pathway for the site of care.
- 2 Confirm site enrollment and CLIA certification.** Make sure the performing location's CLIA Certificate of Waiver and billing enrollment match the claim.
- 3 Document medical necessity.** Record symptoms, fever timing, clinical uncertainty, the FebriDx® result, and how it informed management.
- 4 Submit a clean claim with PLA code 0442U, supported by medical necessity.** Use diagnosis codes supported by the chart and include any required modifier(s) or payor/MAC data.
- 5 Appeal with records and rationale, if necessary.** Send the note, result, denial reason, and concise medical-necessity support; include proof of CLIA-waived status, if requested.

Which claim form should you use?



Professional office / clinic

CMS-1500

21

ICD-10-CM diagnosis code(s) supporting medical necessity

23

Prior auth number, or CLIA number for lab services when no auth is used

24D/E

Report PLA code 0442U and the diagnosis pointer

19

Optional short note if your payor or clearinghouse wants context

Best for physician office, urgent care, or other professional claims.



Facility / outpatient setting

CMS-1450

PLA/CPT

Use the 0442U PLA code for the FebriDx test performed

ICD-10

Link diagnosis code(s) that support medical necessity

CLIA #

Route the performing site's CLIA number to the institutional claim field/EDI segment your MAC requires

Auth/ref

Include payor required authorization or reference information

Institutional claim mapping can vary by MAC, clearinghouse, and 837I build.

FAQ's



Do I always need prior auth?

No. Requirements vary by payor and plan. Check policy or pre-service review rules before testing.



Do I always use PLA code 0442U?

Yes. PLA code 0442U is the only code for FebriDx®.



Does CLIA waived mean auto-coverage?

No. It expands where the test can be performed, but payor policy and medical necessity still drive payment.

Coverage, edits, and payment vary by payor, plan, site of care, and MAC.
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