



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

### 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

### 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

### 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>

## 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.

### FAQs

#### 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.