

Molecular Diagnostic Panel Testing for Pathogens Contractor Advisory Committee Meeting Key Questions

Meeting Date: January 11, 2021

| Key Questions |
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| 1. Multiplex testing has advantages over a la carte tests when evaluating for upper respiratory viral infections. |
| 2. Syndromic testing (e.g. >7 organisms per panel not including subtypes) is reasonable and necessary in the inpatient setting. |
| 3. Syndromic testing is reasonable and necessary for immunocompromised patients. |
| 4. Cultures have an advantage over molecular diagnostic testing for gram-negative bacterial infections because of the need for antibiotic sensitivity analysis. |
| 5. Molecular diagnostic testing is reasonable and necessary to diagnose and treat suspected infection in skin/nails. |
| 6. Molecular diagnostic panels are useful in determining antibiotic resistance in gram positive organisms (e.g., methicillin resistance). |
| 7. Antibiotic stewardship is necessary for achieving optimal outcomes in multiple panel testing in an outpatient setting. |
| 8. When respiratory viral infection is suspected, molecular diagnostic testing is the standard of care in an outpatient setting (e.g., ER, urgent care, clinic). |
| 9. Molecular diagnostic testing is the diagnostic test of choice for suspected infections involving the CNS. |
| 10. Syndromic panel testing (>7 organisms/panel) is not reasonable or necessary in immunocompetent patients in the outpatient setting. |
| 11. Improved coverage of molecular diagnostic testing in the outpatient setting improves access to Medicare beneficiaries to rapid diagnosis and treatment of infections. |