



BlueCross BlueShield of Oklahoma

If a conflict arises between a Clinical Payment and Coding Policy (“CPCP”) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. “Plan documents” include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSOK may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act (“HIPAA”) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (“UB”) Editor, American Medical Association (“AMA”), Current Procedural Terminology (“CPT®”), CPT® Assistant, Healthcare Common Procedure Coding System (“HCPCS”), ICD-10 CM and PCS, National Drug Codes (“NDC”), Diagnosis Related Group (“DRG”) guidelines, Centers for Medicare and Medicaid Services (“CMS”) National Correct Coding Initiative (“NCCI”) Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Identification of Microorganisms Using Nucleic Acid Probes

Policy Number: CPCPLAB063

Version 1.0

Enterprise Clinical Payment and Coding Policy Committee Approval Date: July 17, 2023

Plan Effective Date: November 1, 2023

Description

BCBSOK has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

A discussion of every infectious agent that might be detected with a probe technique is beyond the scope of this policy. Many probes have been combined into panels of tests. For the purposes of this policy, only individual probes are reviewed.

For information on nucleic acid identification of *Candida* in vaginitis, please see CPCPLAB059 Diagnosis of Vaginitis Including Multi-Target PCR Testing.

1. The reimbursement status of nucleic acid identification using direct probe, amplified probe, or quantification for the microorganism's procedure codes is summarized in Table 1 below. "MBR" in the table below indicates that the test **may be reimbursable** while "INR" tests indicates that the test, **is not reimbursable**.

Table 1

Microorganism	Direct Probe	Amplified Probe	Quantification
<i>Bartonella henselae</i> or <i>quintana</i>		87471(MBR)	87472 (INR)
Non-vaginal <i>Candida</i> <i>species</i>	87480 (INR)	87481 (INR)	87482 (INR)
<i>Chlamydia</i> <i>pneumoniae</i>	87485 (MBR)	87486 (MBR)	87487 (INR)
<i>Clostridium difficile</i>		87493 (MBR)	
<i>Cytomegalovirus</i>	87495 (MBR)	87496 (MBR)	87497 (MBR)
<i>Enterococcus</i> , Vancomycin-resistant (e.g., enterococcus vanA, vanB)		87500 (MBR)	
<i>Enterovirus</i>		87498 (MBR)	
Hepatitis G	87525 (INR)	87526 (INR)	87527 (INR)
Herpes-virus-6	87531 (MBR)	87532 (INR)	87533 (MBR)
<i>Legionella</i> <i>pneumophila</i>	87540 (MBR)	87541 (MBR)	87542 (INR)
<i>Mycoplasma</i> <i>pneumoniae</i>	87580 (MBR)	87581 (MBR)	87582 (INR)
<i>Mycoplasma</i> <i>genitalium</i>		87563 (MBR)	
Orthopoxvirus		87593 (MBR)	
Respiratory syncytial virus		87634 (MBR)	
<i>Staphylococcus</i> <i>aureus</i>		87640 (MBR)	
<i>Staphylococcus</i> <i>aureus</i> , methicillin resistant		87641 (MBR)	

*MRB – may be reimbursable; INR – is not reimbursable

2. Simultaneous ordering of any combination of direct probe, amplified probe, and/or quantification for the same organism in a single encounter **is not reimbursable**.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
87471, 87472, 87480, 87481, 87482, 87485, 87486, 87487, 87493, 87495, 87496, 87497, 87498, 87500, , 87525, 87526, 87527, 87531, 87532, 87533, 87540, 87541, 87542, 87563, 87580, 87581, 87582, 87593, 87634, 87640, 87641,

References:

AAP Committee on Infectious Diseases. (2018). *Red Book® 2018*.

CDC. (2018, November 14). Non-Polio Enterovirus, CDC Laboratory Testing & Procedures. Retrieved from <https://www.cdc.gov/non-polio-enterovirus/lab-testing/testing-procedures.html>

CDC. (2019a, February 6). Methicillin-resistant Staphylococcus aureus (MRSA), Laboratory Testing. Retrieved from https://www.cdc.gov/mrsa/lab/index.html#anchor_1548439781

CDC. (2019b, December 5). Salmonella, Diagnostic and Public Health Testing. Retrieved from <https://www.cdc.gov/salmonella/general/diagnosis-treatment.html>

CDC. (2020a, May 29). Identification of Candida auris. Retrieved from <https://www.cdc.gov/fungal/candida-auris/identification.html>

CDC. (2020b, June 5). Mycoplasma pneumoniae Infections - Diagnostic methods Retrieved from <https://www.cdc.gov/pneumonia/atypical/mycoplasma/hcp/diagnostic-methods.html>

CDC. (2021a, November 15). Chlamydia pneumoniae Infection, Diagnostic Methods. Retrieved from <https://www.cdc.gov/pneumonia/atypical/cpneumoniae/hcp/diagnostic.html>

CDC. (2021b, March 1). Diagnosis and Treatment Information for Medical Professionals. Retrieved from <https://www.cdc.gov/parasites/giardia/medical-professionals.html>

CDC. (2021c, March 25). Legionella (Legionnaires' Disease and Pontiac Fever) - Diagnosis, Treatment, and Prevention. Retrieved from <https://www.cdc.gov/legionella/clinicians/diagnostic-testing.html>

CDC. (2021d, July 22). Sexually Transmitted Infections Treatment Guidelines, 2021. Retrieved from <https://www.cdc.gov/std/treatment-guidelines/mycoplasmagenitalium.htm>

CDC. (2022a, January 10). Bartonella Infection. Retrieved from <https://www.cdc.gov/bartonella/bartonella-henselae/index.html>

CDC. (2022b, July 22). Case Definitions† for Use in the 2022 Monkeypox Response. Retrieved from <https://www.cdc.gov/poxvirus/monkeypox/clinicians/case-definition.html>

CDC. (2022c, December 8). Ebola (Ebola Virus Disease), Diagnosis. Retrieved from <https://www.cdc.gov/vhf/ebola/diagnosis/index.html>

CDC. (2022d, October 28). Respiratory Syncytial Virus Infection (RSV), For Healthcare Professionals. Retrieved from <https://www.cdc.gov/rsv/clinical/index.html#lab>

ECDC. (2022a). *Interim advice on Risk Communication and Community Engagement during the monkeypox outbreak in Europe, 2022*. Retrieved from <https://www.ecdc.europa.eu/sites/default/files/documents/Joint-ECDC-WHO-interim-advice-on-RCCE-for-Monkeypox-2-June-2022.pdf>

ECDC. (2022b). *Risk assessment: Monkeypox multi-country outbreak*. Retrieved from <https://www.ecdc.europa.eu/en/publications-data/risk-assessment-monkeypox-multi-country-outbreak>

FDA. (2022, April 19). Nucleic Acid Based Tests. Retrieved from <https://www.fda.gov/medical-devices/vitro-diagnostics/nucleic-acid-based-tests>

Khan, A. (2014). Rapid Advances in Nucleic Acid Technologies for Detection and Diagnostics of Pathogens. *J Microbiol Exp*, 1(2). doi:10.15406/jmen.2014.01.00009

Miller, J. M., Binnicker, M. J., Campbell, S., Carroll, K. C., Chapin, K. C., Gilligan, P. H., . . . Yao, J. D. (2018). A Guide to Utilization of the Microbiology Laboratory for Diagnosis of Infectious Diseases: 2018 Update by the Infectious Diseases Society of America and the American Society for Microbiology. *Clinical Infectious Diseases*, ciy381-ci381. doi:10.1093/cid/ciy381

Mothershed, E. A., & Whitney, A. M. (2006). Nucleic acid-based methods for the detection of bacterial pathogens: present and future considerations for the clinical laboratory. *Clin Chim Acta*, 363(1-2), 206-220. doi:10.1016/j.cccn.2005.05.050

UKHSA. (2023, February 15). Monkeypox: diagnostic testing. Retrieved from <https://www.gov.uk/guidance/monkeypox-diagnostic-testing>

WHO. (2022). Monkeypox. Retrieved from https://www.who.int/health-topics/monkeypox/#tab=tab_1

Policy Update History:

7/17/2023	Document updated with literature review. The following changes were made to Reimbursement Information: In Table 1, references to <i>Candida</i> testing for vaginitis removed; now specifies “non-vaginal <i>Candida</i> ”; Code for <i>Clostridium difficile</i> moved from “Direct Probe” to “Amplified Probe” column. Hepatitis B removed from the table as Hepatitis B testing is addressed on CPCPLAB015 Hepatitis Testing. Removed “For any other microorganism without a specific CPT code, PCR testing may be reimbursable. References revised.
-----------	---

7/17/2023	Document updated with literature review. Reimbursement information revised to include Orthopoxvirus in Table 1. Remaining reimbursement information revised for clarity. References revised.
11/1/2022	New policy