



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.

β - Hemolytic Streptococcus Testing

Policy Number: CPCPLAB053

Version 1.0

Enterprise Clinical Payment and Coding Policy Committee Approval Date: July 5, 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:

Note 1: For prenatal screening of Group B Streptococcus, please review policy CPCPLAB014.

- 1) For the detection of a streptococcal infection causing respiratory illness, bacterial culture testing from a throat swab **may be reimbursable** when **one** of the following conditions is met:
 - a) When the individual has a modified Centor criteria score of 3 or greater (See **Note 2**

below).

- b) When the individual is suspected of having bacterial pharyngitis in the absence of viral features, including cough, oral ulcers, and rhinorrhea.
 - c) Following a negative rapid antigen diagnostic test (RADT) in a symptomatic child or adolescent.
- 2) Blood culture testing for a streptococcal infection **may be reimbursable** when **one** of the following conditions is met:
 - a) In individuals who fail to demonstrate clinical improvement and in those who have progressive symptoms or clinical deterioration after initiation of antibiotic therapy.
 - b) In cases of suspected prosthetic joint infection.
 - 3) In cases of skin and/or soft tissue infections, bacterial culture testing for a streptococcal infection from a skin swab or from pus **may be reimbursable**.
 - 4) In cases of suspected viral pharyngitis, bacterial culture testing for streptococci from a throat swab **is not reimbursable**.
 - 5) Except in cases of asymptomatic children under the age of three years who have a mitigating circumstance (including a symptomatic family member), RADT for a streptococcal infection **is not reimbursable** in **any** of the following situations:
 - a) As a follow-up test to either a positive or negative bacterial culture test for a streptococcal infection.
 - b) As a screening method in an asymptomatic patient.
 - c) In cases of suspected viral pharyngitis.
 - 6) Except in cases of suspected acute rheumatic fever (ARF) or post-streptococcal glomerulonephritis (PSGN), serological titer testing **is not reimbursable**.
 - 7) The simultaneous coding for BOTH amplification and direct probes **is not reimbursable**.
 - 8) The following tests **are not reimbursable**:
 - a) Panel tests that screen and identify multiple streptococcal strains (*S. pyogenes* [group A], *S. agalactiae* [group B], *S. dysgalactiae* [groups C/G], α -hemolytic streptococcus, and/or β -hemolytic streptococcus), using either immunoassay or nucleic acid-based assays, such as the Solana Strep Complete Assay and the Lyra Direct Strep Assay.
 - b) MALDI-TOF identification of streptococcus.
 - c) Anti-streptolysin O immunoassay (EXCEPT in cases of suspected ARF or PSGN).
 - d) The quantification of any strain of streptococcus using nucleic acid amplification, including PCR.
 - e) Hyaluronidase activity or anti-hyaluronidase immunoassay (EXCEPT in cases of suspected ARF or PSGN).
 - f) Streptokinase activity or anti-streptokinase immunoassay (EXCEPT in cases of suspected ARF or PSGN).
 - g) Nicotinamide-adenine dinucleotidase activity or anti-nicotinamide-adenine

immunoassay.

Note 2: Centor criteria includes tonsillar exudates, tender anterior cervical lymphadenopathy, fever, and absence of cough with each criterion being worth one point (Chow, 2022).

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
86060, 86063, 86215, 86317, 86318, 87040, 87070, 87071, 87077, 87081, 87340, 87650, 87651, 87652, 87797, 87798, 87799, 87880

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7/5/2023	Document updated with literature review. Reimbursement Information revised for clarity only; no new information added. References revised.
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