



**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.

## **Diagnosis of Vaginitis Including Multi-target PCR Testing**

**Policy Number: CPCPLAB059**

**Version 1.0**

**Approval Date: April 12, 2023**

**Plan Effective Date: August 15, 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:**

1. For individuals with symptoms of vaginitis, testing of pH, testing for the presence of amines, saline wet mount, hydrogen peroxide (KOH) wet mount and microscopic examination of vaginal fluids **may be reimbursable**.
2. For individuals with symptoms of vaginitis, direct Probe DNA-based identification of *Gardnerella*, *Trichomonas*, and *Candida* (e.g., BD Affirm™ VPIII) **may be reimbursable**
3. For individuals with clinical signs and symptoms of vaginitis, but with negative findings on wet-mount preparations and a normal pH test, vaginal cultures for *Candida* species for the diagnosis of vulvovaginal candidiasis **may be reimbursable**.
4. For individuals with symptoms of vaginitis, measurement of sialidase activity in vaginal fluid for the diagnosis of bacterial vaginosis **may be reimbursable**.
5. For individuals with symptoms of vaginitis, nucleic Acid Amplification Test (NAAT) or Polymerase Chain Reaction (PCR)-based identification of *Trichomonas vaginalis* **may be reimbursable**.
6. For individuals with risk factors for *Trichomonas* (new or multiple partners; history of sexually transmitted infections [STIs], especially HIV; exchange of sex for payment; incarceration; or injection drug use) a screening for *Trichomonas* **may be reimbursable**.
7. For individuals with complicated vulvovaginal candidiasis (VVC), Polymerase Chain Reaction (PCR) based identification of *Candida* to confirm clinical diagnosis and identify non-*albicans* *Candida* **may be reimbursable**.
8. For individuals with symptoms of bacterial vaginosis (BV), Nucleic Acid Amplification Test (NAAT, specific to the diagnosis of BV (e.g., Aptima® BV, OneSwab® BV Panel PCR with Lactobacillus Profiling by qPCR; SureSwab® Advanced BV, TMA) and single or multitarget PCR testing for the diagnosis of BV **may be reimbursable**.
9. NAAT panel testing designed to detect more than one type of vaginitis (VVC, BV, and/or trichomoniasis; e.g., BC MAX™ Vaginal Panel, NuSwab® VG, Xpert® Xpress MVP) **is not reimbursable**.
10. For asymptomatic individuals, including asymptomatic pregnant individuals at an average or high risk for premature labor, screening for trichomoniasis and bacterial vaginosis **is not reimbursable**.
11. For individuals with symptoms of vaginitis, rapid identification of *Trichomonas* by enzyme immunoassay **is not reimbursable**.
12. Testing for microorganisms involved in vaginal flora imbalance and/or infertility using molecular-based panel testing **is not reimbursable**.
13. All other tests for vaginitis not addressed above **are 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
81513, 81514, 82120, 83986, 87070, 87149, 87150, 87210, 87480, 87481, 87482, 87510, 87511, 87512, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 87808, 87905, 0352U, Q0111

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### Policy Update History:

11/1/2022	New policy
8/15/2023	Document updated with literature review. Reimbursement information revised for clarity. Added specific NAAT testing language to #8 and #9. References revised; some added, others removed.