CLINICAL POLICY
Concert Infectious Disease: Genitourinary Testing

Concert Infectious Disease: Genitourinary ~~Lab~~ Testing

Reference Number: LA.~~CG.CP.07~~CG.CP.MP.07—Coding implications
Date of Last Revision ~~7/25~~4/26 Revision Log

See Important Reminder **at the end of this policy for important regulatory and legal information.**

OVERVIEW

~~Genitourinary diseases are common ailments that affect all age ranges. Urinary tract infections are caused by microorganisms that enter the urethra from the surrounding skin which can be contaminated by vaginal pathogens, fecal remnants, or mechanically introduced (e.g., during urinary catheter insertion or sexual intercourse, or less commonly, arrive to the kidney via its blood flow from infection at a different site). Pathogens can infect the lower urinary tract, causing inflammation and painful urination, or the upper urinary tract, leading to complications such as kidney infection.~~

~~Vaginitis is inflammation specifically affecting the vagina. Bacterial vaginosis (BV) is a major cause of vaginitis along with yeast infections and infection with the protozoa *Trichomonas vaginalis*. Vaginitis, particularly when observed with cervicitis, can indicate chlamydia or gonorrhea infection. The cause of vaginitis cannot be determined based on symptoms alone. Additionally, coinfection with more than one organism is not uncommon. Untreated or improperly treated infectious vaginitis can lead to poor health outcomes and increased need for follow-up visits.~~

~~Testing urine and genital secretions may enable providers to choose precise therapy and afford the patient a better outcome. Cultures, microscopic examination and molecular identification are all common testing methods for evaluating the infectious causes of various genitourinary conditions.~~

~~This policy is intended for use in the outpatient setting.~~

This policy addresses the use of tests for vaginitis- and vaginosis-causing pathogens, as well as testing for urinary tract and kidney infections. These criteria are intended for use in the outpatient setting.

For additional information see the Background and Rationale section.

The tests, CPT codes, and ICD codes referenced in this policy are not comprehensive, and their inclusion does

POLICY REFERENCE TABLE

~~Criteria Sections~~COVERAGE CRITERIA SECTIONS	~~Example Tests (Labs)~~EXAMPLE TESTS (LABS)	~~References~~SUPPORT
~~Targeted Vaginitis/Vaginosis Pathogen Testing~~**Vaginitis and Vaginosis Pathogen Tests**		
Targeted Vaginitis/Vaginosis Pathogen Testing	Vaginosis/Vaginitis (BV, Candida, Trich) by PCR (Kit by Becton Dickinson and Company; billing lab varies)	Rationale/ References
	Bacterial Vaginosis/Vaginitis Panel (Quest Diagnostic Laboratory)	
	Vaginitis (VG), NuSwab (Mayo Clinic Laboratories)	
	Vaginitis Plus (VG+) With Candida (Six Species), NuSwab (LabCorp)	
	SureSwab Advanced Vaginitis Plus, TMA (Quest Diagnostic Laboratory)	
	~~Xpert® Xpress MVP (Cepheid)~~	
~~Expanded Multiplex Vaginitis/Vaginosis Pathogen Panels~~Expanded Multiplex Vaginitis/Vaginosis Pathogen Panels	Bridge Women's Health Infectious Disease Detection Test - (Bridge Diagnostics)	~~1, 2, 3, 4~~Rationale/ References
	Vaginal Infection Testing - (NxGen MDx, LLC)	

	Xpert Xpress MVP -(Cepheid)	
	HealthTrackRx Vaginitis (HealthTrackRx)	
Urinary Tract and Kidney Infections		
~~Urine Culture for Asymptomatic Bacteriuria~~Urine Culture for Asymptomatic Bacteriuria	Urine Culture, Routine (LabCorp~~)~~	~~5~~Rationale/ References
~~Molecular/Multiplex UTI Panels~~Molecular/Multiplex UTI Panels	Bridge Urinary Tract Infection Detection and Resistance Test - 0321U (Bridge Diagnostics)	~~5, 6~~Rationale/ References
	Qlear UTI (Lifescan Labs of Illinois, Thermo Fisher Scientific)	
	Qlear UTI – Reflex ABR (Lifescan Labs of Illinois, Thermo Fisher Scientific)	
	Urogenital Pathogen with Rx Panel (UPX) - (Lab Genomics LLC, Thermo Fisher Scientific)	
	~~GENETWORx UTI with ABR (RCA Laboratory Services LLC)~~Urinary Tract Infection Testing - (NxGen MDx, LLC)	

CRITERIA

It is the policy of Louisiana Healthcare Connections that the specific tests noted below are **medically necessary** when meeting the related criteria:
~~**Targeted Vaginitis/Vaginosis Pathogen Testing**~~

VAGINITIS AND VAGINOSIS PATHOGEN TESTS

Targeted Vaginitis/Vaginosis Pathogen Testing

I. Targeted vaginitis/vaginosis pathogen testing via direct probe for *Gardnerella vaginalis*, *Candida albicans*, and/or *Trichomonas vaginalis*, OR nucleic acid/PCR tests for bacterial vaginosis, candidiasis, and/or trichomoniasis, OR multipathogen panel of ~~6~~six targets or fewer, with or without chlamydia and/or gonorrhea~~, may be~~ is considered **medically necessary** when:

   A. The member/enrollee has at least one of the following:

      1. Abnormal vaginal discharge, **OR**
      2. Vulvovaginal itching, irritation, or redness (e.g., pruritus, erythema, edema), **OR**
      3. Painful sexual intercourse (dyspareunia), **OR**
      4. Painful urination (dysuria), **OR**
      5. Postcoital or contact bleeding.

II. Current evidence does not support the use of targeted vaginitis/vaginosis pathogen testing via direct probe for *Gardnerella vaginalis*, *Candida albicans*, and/or *Trichomonas vaginalis*, OR nucleic acid/PCR tests for bacterial vaginosis, candidiasis, and/or trichomoniasis, **OR** multipathogen panel of ~~6~~six targets or fewer, with or without chlamydia and/or gonorrhea for all other indications, including:

   A. Asymptomatic pregnant members/enrollees (regardless of preterm labor risk).

Expanded Multiplex Vaginitis/Vaginosis Pathogen Panels

I. Current evidence does not support the use of expanded multiplex vaginitis/vaginosis

pathogen panels with more than ~~6~~six targets for all indications.

~~Urinary Tract and Kidney Infections~~
URINARY TRACT AND KIDNEY INFECTIONS

Urine Culture for Asymptomatic Bacteriuria

I. Urine culture for asymptomatic bacteriuria ~~may be~~is considered **medically necessary** when:

   A. The member/enrollee is pregnant, **OR**

   B. The member/enrollee will undergo an ~~endoscopic urologic procedure with mucosal trauma~~endoscopic urologic procedure with mucosal trauma.

II. Current evidence does not support the use of urine culture for asymptomatic bacteriuria for all other indications.

Molecular/Multiplex UTI Panels

I. Current evidence does not support the use of molecular/multiplex UTI ~~Panels~~panels for all indications.

NOTES AND DEFINITIONS

1. **Endoscopic urologic procedure with mucosal trauma**: examples of such procedures include, but are not limited to: transurethral surgery of the prostate or bladder, ureteroscopy including lithotripsy, and percutaneous stone surgery.

BACKGROUND AND RATIONALE

VAGINITIS AND VAGINOSIS PATHOGEN TESTS

Targeted Vaginitis/Vaginosis Pathogen Testing

UpToDate

~~Targeted Vaginitis/Vaginosis Pathogen Testing~~
~~*Up To Date*~~

"Ideally, the abnormal vaginal discharge is tested for evidence of BV, Candida species, and

trichomonas when the patient is symptomatic… The traditional gold standard tests have been culture (for candida species and trichomoniasis) and microscopy with Nugent score, followed by Amsel criteria for indeterminate tests, for BV. However, NAATs have become an established alternative to both as NAATs have similar or better test sensitivity and specificity… NAATs can be used as the initial diagnostic tool or as a follow-up to negative microscopy in patients with high clinical suspicion" ~~(see algorithm 1 for additional details).~~

Sobel JD. Vaginitis in adults: Initial evaluation. In: UpToDate, Barbieri RL, Marrazzo JM (Eds), Eckler K (Deputy Ed), Wolters Kluwer. Last updated November 6, 2023. https://www.uptodate.com/contents/vaginitis-in-adults-and-adolescents-initial-evaluation

American College of Obstetricians and Gynecologists (ACOG)

In ACOG Practice Bulletin #215 which discusses vaginitis in nonpregnant patients, Table 1 delineates the symptoms and clinical findings associated with the various causes of vaginitis: abnormal textured/colored/malodorous vaginal discharge; pruritus, irritation, dysuria, burning, dyspareunia; vaginal or cervical-vaginal erythema with petechiae; edema, excoriations, and fissures. (p. e4) The guidelines also state that "...symptomatic patients with trichomoniasis may report…postcoital bleeding." (p. e2)

"Nucleic acid amplification testing is recommended for the diagnosis of trichomoniasis." (p. e11)

Vaginitis in Nonpregnant Patients: ACOG Practice Bulletin, Number 215. Obstet Gynecol. 2020 Jan;135(1):e1-e17. PMID: 31856123. doi:10.1097/AOG.0000000000003604.

Kong et al.

"This study tracks health care spending among women diagnosed with vaginitis and finds that nucleic acid amplification tests (NAATs) are cost-effective for the diagnosis of vaginal symptoms. Women who receive a NAAT on the day of their diagnosis have significantly lower 12-month follow-up costs compared to women who receive a direct probe test or those women who are clinically evaluated without the use of a molecular test." (p. 515)

United States Preventive Services Task Force

The USPSTF published guidelines in 2020 discussing bacterial vaginosis (BV) screening in pregnant individuals. The guidelines recommend against screening for BV in pregnant patients who are not at increased risk for preterm labor. These guidelines also state that there is insufficient evidence to conclusively determine if BV screening for pregnant patients at increased risk for preterm labor is beneficial.

Bacterial Vaginosis in Pregnant Persons to Prevent Preterm Delivery: Screening. United States Preventive Services Task Force. Updated April 7, 2020. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/bacterial-vaginosis-in-pregnancy-to-prevent-preterm-delivery-screening

Expanded Multiplex Vaginitis/Vaginosis Pathogen Panels

~~There are no professional guidelines or recommendations we identified to support the use of these tests. The following guidelines and publications were reviewed in-depth in September 2023: United States Preventive Services Task Force,~~ *Concert Evidence Review for Coverage Determination (Published 08/01/2025).*

This review focused on a search for evidence-based guidelines and peer-reviewed, published evidence of the clinical validity and utility of multiplex vaginitis/vaginosis pathogen panels from ule 21, 2015 through July 21, 2025. A total of 42 abstracts were identified and 7 references were fully reviewed, none of which met the inclusion criteria due to lack of discussion of expanded panels and/or studies of their clinical validity/utility.

At this time, there are no known guidelines that explicitly address expanded vaginitis panels, and there was no peer reviewed literature identified to include in the evidence review.

There is INSUFFICIENT EVIDENCE in published guidelines and peer-reviewed literature to definitively demonstrate improved health outcomes from the use of expanded multiplex vaginitis/vaginosis pathogen panels, such as Bridge Women's Health Infectious Disease Test, Xpert Xpress MVP, Vaginal Infection Tewsting by NxGen MDx LLC, and HealthTrackRx Vaginitis, as compared to the current standard of care. At this time, the available evidence does not support health plan coverage of these tests compared to other, guideline-supported testing methodologies.

Concert. Evidence Review for Coverage Determination for Expanded Multiplex Vaginitis/Vaginosis Pathogen Panels. Published 08/01/2025.

URINARY TRACT AND KIDNEY INFECTIONS

~~*UpToDate*, American College of Obstetricians and Gynecologists, Kong et al.~~

Urine Culture for Asymptomatic Bacteriuria

Infectious Diseases Society of America (IDSA)

The IDSA published an updated guideline in 2019 with clinical practice recommendations for the management of asymptomatic bacteriuria (ASB). The guidelines recommend screening for ASB in pregnant individuals (p. e85), and in individuals who are undergoing endoscopic urologic procedures associated with mucosal trauma (p. e86).

The guidelines recommend against screening for ASB, or make no recommendations for or against screening for ASB, in most other individuals, including:

- Infants and children

- ~~Health~~Healthy nonpregnant people
- Functionally impaired older adults
- Older residents of long-term care facilities
- Recipients of a solid organ transplant (including kidney)
- Individuals with neutropenia
- Individuals with impaired voiding following a spinal cord injury
- Individuals with an indwelling urethral catheter~~-~~
- Individuals undergoing elective nonurologic surgery~~-~~
- Individuals with a urologic implant, or who are undergoing surgical implantation of a urologic device (p. e85 and e86)

Molecular/Multiplex UTI Panels

~~There are no professional guidelines or recommendations we identified to support~~*Infectious Diseases Society of America (IDSA).*

In the ~~use of these tests. The following guidelines and publications were reviewed in-depth in September 2023:~~2019 update "Clinical Practice Guideline for the Management of Asymptomatic Bacteriuria" by the Infectious Disease Society of America (ISDA), there is no mention of utilizing molecular/multiplex UTI panels in the workup of urinary tract infections.

Nicolle LE, Gupta K, Bradley SF, et al. Clinical Practice Guideline for the Management of Asymptomatic Bacteriuria: 2019 Update by the Infectious Diseases Society of America. Clin Infect Dis. 2019;68(10):~~,~~ e83-e110.

In the 2024 update "Guide to Utilization of the Microbiology Laboratory for Dignosis of Infectious Diseases" by the Infectious Diseases Society of America (IDSA) and the American Society for Microbiology (ASM), it is noted that there are currently no rapid molecular-based FDA approved tests available for the diagnosis of urinary tract infections. Furthermore, molecular panels for the diagnosis of urinary tract infections (UTIs) are not appropriate for all patient populations and clinical presentations and there is concern that use of these panels will lead to overtreatment with antibiotics. Very few studies evaluating the utilization of molecular panels for UTIs exist and more evidence is required before these tests become widely adopted.

Miller JM, Binnicker MJ, Campbell S, et al. Guide to Utilization of the Microbiology Laboratory for Diagnosis of Infectious Diseases: 2024 Update by the Infectious Diseases Society of America (IDSA) and the American Society for Microbiology (ASM). Clin Infect Dis. Published online March 5, 2024. doi:10.1093/cid/ciae104

*American College of Obstetricians and Gynecologists (*ACOG~~.~~*)*

In the 2023 American College of Obstetricians and Gynecologists (ACOG) clinical consensus Urinary Tract Infections in Pregnant Individuals, it is recommended to use urine culture for screening of asymptomatic pregnant individuals as well as for patients with symptoms of acute cystitis or a positive urinalysis indicative of urinary tract infection. Molecular/multiplex panels are not mentioned as a recommendation or suggestion as part of the diagnostic workup or

screening.

Urinary Tract Infections in Pregnant Individuals. Obstet Gynecol. 2023;142(2):435-445. doi:10.1097/AOG.0000000000005269

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 20232025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only and may not support medical necessity. Inclusion or exclusion of any codes does not guarantee coverage.
Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

NOTE: Coverage is subject to each requested code's inclusion on the corresponding LDH fee schedule. Non-covered codes are denoted (*) and are reviewed for Medical Necessity for members under 21 years of age on a per case basis.

CPT® Code Codes	Description
0064U*	Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative
0065U*	Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR)
0210U*	Syphilis test, non-treponemal antibody, immunoassay, quantitative (RPR)
0219U*	Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie, protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility
0321U*	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique
0330U*	Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab
0371U*	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogen, semiquantitative identification, DNA from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qPCR), urine

0372U*	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score
0374U*	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine
0455U*	Infectious agents (sexually transmitted infection), Chlamydia trachomatis, Neisseria gonorrhoeae, and Trichomonas vaginalis, multiplex amplified probe technique, vaginal, endocervical, gynecological specimens, oropharyngeal swabs, rectal swabs, female or male urine, each pathogen reported as detected or not detected
0504U*	Infectious disease (urinary tract infection), identification of 17 pathologic organisms, urine, real-time PCR, reported as positive or negative for each organism
0505U*	Infectious disease (vaginal infection), identification of 32 pathogenic organisms, swab, real-time PCR, reported as positive or negative for each organism
0557U*	Infectious disease (bacterial vaginosis and vaginitis), real-time amplification of DNA markers for Atopobium vaginae, Gardnerella vaginalis, Megasphaera types 1 and 2, bacterial vaginosis associated bacteria-2 and -3 (BVAB-2, BVAB-3), Mobiluncus species, Trichomonas vaginalis, Neisseria gonorrhoeae, Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. glabrata, C. krusei), Herpes simplex viruses 1 and 2, vaginal fluid, reported as detected or not detected for each organism
0590U*	Infectious disease (bacterial and fungal), DNA of 44 organisms (34 bacteria, 10 fungi), urine, next-generation sequencing, reported as positive or negative for each organism
0593U*	Infectious disease (genitourinary pathogens), DNA, 46 targets (28 pathogens, 18 resistance genes), RT-PCR amplified probe technique, urine, each analyte reported as detected or not detected
0607U*	Reproductive medicine (endometrial microbiome assessment), real-time PCR analysis for 31 bacterial DNA targets from endometrial biopsy, reported with quantified levels of bacterial presence and targeted treatment recommendations
81513	Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis
81514	Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for Gardnerella vaginalis, Atopobium vaginae, Megasphaera type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and Lactobacillus species (L. crispatus and L. jensenii), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and/or Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata, Candida krusei, when reported
82120	Amines, vaginal fluid, qualitative
86060	Antistreptolysin 0; titer

86485	Skin test; candida
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)
86593	Syphilis test, non-treponemal antibody; quantitative
86602	Antibody; actinomyces
86609	Antibody; bacterium, not elsewhere specified
86625	Antibody; Campylobacter
86628	Antibody; Candida
86631	Antibody; Chlamydia
86632	Antibody; Chlamydia, IgM
86635	Antibody; Coccidioides
86638	Antibody; Coxiella burnetii (Q fever)
86641	Antibody; Cryptococcus
86671	Antibody; fungus, not elsewhere specified
86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)
86694	Antibody; herpes simplex, non-specific type test
86695	Antibody; herpes simplex, type 1
86696	Antibody; herpes simplex, type 2
86701	Antibody; HIV-1
86702	Antibody; HIV-2
86703	Antibody; HIV-1 and HIV-2, single result
86711	Antibody; JC (John Cunningham) virus
86713	Antibody; Legionella
86720	Antibody; Leptospira
86723	Antibody; Listeria monocytogenes
86727	Antibody; lymphocytic choriomeningitis
86735	Antibody; mumps
86738	Antibody; mycoplasma
86759	Antibody; rotavirus
86762	Antibody; rubella
86765	Antibody; rubeola
86780	Antibody; Treponema pallidum
86784	Antibody; Trichinella
86790	Antibody; virus, not elsewhere specified
86793	Antibody; Yersinia
87003	Animal inoculation, small animal, with observation and dissection
87015	Concentration (any type), for infectious agents
87040	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates
87071	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification

	of isolates, any source except urine, blood or stool
87073	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool
87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates
87076	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
87081	Culture, presumptive, pathogenic organisms, screening only;
87084	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart
87086	Culture, bacterial; quantitative colony count, urine
87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine
87101	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail
87102	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)
87103	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; blood
87106	Culture, fungi, definitive identification, each organism; yeast
87107	Culture, fungi, definitive identification, each organism; mold
87109	Culture, mycoplasma, any source
87110	Culture, chlamydia, any source
87116	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates
87118	Culture, mycobacterial, definitive identification, each isolate
87140	Culture, typing; immunofluorescent method, each antiserum
87143	Culture, typing; gas liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method
87147	Culture, typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum
87149	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed
87150	Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed
87153	Culture, typing; identification by nucleic acid sequencing method, each isolate (eg, sequencing of the 16S rRNA gene)
87154*	Culture, typing; identification of blood pathogen and resistance typing, when performed, by nucleic acid (DNA or RNA) probe, multiplexed amplified probe technique including multiplex reverse transcription, when performed, per culture or isolate, 6 or more targets

87158	Culture, typing; other methods
87164	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection
87166	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection
87168	Macroscopic examination; arthropod
87169	Macroscopic examination; parasite
87176	Homogenization, tissue, for culture
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)
87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)
87185	Susceptibility studies, antimicrobial agent; enzyme detection (eg, beta lactamase), per enzyme
87186	usceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate
87187	Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure)
87188	Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87206	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)
87230	Toxin or antitoxin assay, tissue culture (eg, Clostridium difficile toxin)
87250	Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect
87253	Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate
87254	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus
87255	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
87273	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2

87274	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1
87285	Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum
87299	Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism
87300	Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum
87301	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; adenovirus enteric types 40/41
87320	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Chlamydia trachomatis
87385	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Histoplasma capsulatum
87389	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result
87390	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1
87391	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-2
87430	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Streptococcus, group A
87449	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; not otherwise specified, each organism
87451	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; polyvalent for multiple organisms, each polyvalent antiserum
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique

87481	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique
87482	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, ~~direct~~amplified probe technique
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis,- amplified probe technique
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification
87498	Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe- technique, includes reverse transcription when performed
87500	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (eg, enterococcus species van A, van B), amplified probe technique
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique
87511	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique
87512	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis,- quantification
87528	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique
87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique
87530	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification
87532	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique
87533	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed

87551	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique
87556	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis,- amplified probe technique
87561	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium- intracellulare, amplified probe technique
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification
87640	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique
87641	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique
87650	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique
87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique
87652	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification
87653	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique
87797	Infectious agent detection by nucleic acid (DNA or RNA),); not otherwise specified; direct probe technique, each organism
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism
87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique
87802	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group B
87806	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies

87808	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis
87810	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Chlamydia trachomatis
87850	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Neisseria gonorrhoeae
87899	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; not otherwise specified
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics
87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions
~~0321U*~~87903	Infectious agent ~~detection~~phenotype analysis by nucleic acid (DNA or RNA~~), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic~~) with drug resistance ~~genes, multiplex amplified probe technique~~tissue culture analysis, HIV 1; first through 10 drugs tested
87904	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; each additional drug tested (List separately in addition to code for primary procedure)
87905	nfectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)
87906	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (eg, integrase, fusion)
87910	Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus
87999	Unlisted microbiology procedure
~~0330U*~~G0432*	Infectious agent antibody detection by ~~nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe~~enzyme immunoassay (EIA) technique, ~~vaginal swab~~HIV-1 and/or HIV-2, screening
~~0352U*~~G0433	~~Infectious disease (bacterial vaginosis and vaginitis), multiplex amplified probe technique, for detection of bacterial vaginosis associated bacteria (BVAB-2, Atopobium vaginae, and Megasphera type 1), algorithm reported as detected or not detected and separate detection of Candida species (C.~~ Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening~~albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata/Candida krusei, and trichomonas vaginalis, vaginal fluid specimen, each result reported as detected or not detected~~
G0435*	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening
G0475*	HIV antigen/antibody, combination assay, screening
Q0111*	Wet mounts, including preparations of vaginal, cervical or skin specimens
Q0112*	All potassium hydroxide (KOH) preparations

Reviews, Revisions, and Approvals	Revision Date	Approval Date	Effective Date
Converted corporate to local policy.	03/24	5/1/24	7/1/24
Annual Review. No changes.	7/25	9/22/25	10/22/25

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1. ~~Vaginitis in Nonpregnant Patients: ACOG Practice Bulletin, Number 215. Obstet Gynecol.~~ 2020;135(1):e1-e17. doi:10.1097/AOG.0000000000003604

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~~Nicolle LE, Gupta K, Bradley SF, et al. Clinical Practice Guideline for the Management of Asymptomatic Bacteriuria: 2019 Update by the Infectious Diseases Society of America. Clin Infect Dis. 2019;68(10):~~1611-1615. ~~doi:10.1093/cid/ciz021~~

~~Urinary Tract Infections in Pregnant Individuals. Obstet Gynecol. 2023;142(2):435-445. doi:10.1097/AOG.0000000000005269~~

Annual review. Added policy number to header. Minor rewording without clinical significance. For Urine Culture for Asymptomatic Bacteriuria: Addition of Urinary Tract Infection Testing (NxGen MDx, LLC) to Policy Reference Table. Changed policy statements for the following criteria sections from "may be considered medically necessary" to "are considered medically necessary": Targeted Vaginitis/Vaginosis Pathogen Testing, For Expanded Multiplex Vaginitis/Vaginosis Pathogen Panels: Addition of Vaginal Infection Testing (NxGen MDx, LLC) to Policy Reference Table. Additional codes added to coding table: 87510, 87660, 87808, 87810, 87850, 0371U, 0372U, 0374U, 0504U, 81515, 87528, 87529, 87530, 87531, 87532, 87533, 87534, 87535, 87536, 87537, 87538, 87539, 87901, 87903, 87904, 87906. Removed deleted code 0352U. Background and references updated.	04/26		

REVISION LOG

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.
The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

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Providers, members/enrollees and their representatives are bound to the terms and conditions

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