

# INFECTIOUS DISEASE: GENITOURINARY LAB TESTING

Reference Number: LA.CP.CG.33

[Coding implications](#)

Date of Last Revision 3/24/25

[Revision Log](#)

## 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.

## POLICY REFERENCE TABLE

| Criteria Sections   | Example Tests (Labs)   | References |
|---|--|------------|
| <a href="#">Targeted Vaginitis/Vaginosis Pathogen Testing</a> | SureSwab Advanced Bacterial Vaginosis (BV), TMA (Kit by Hologic, Inc.; billing lab varies) | 1, 2, 3, 4 |

|  |   |            |
|--|---|------------|
|  | Vaginosis/Vaginitis (BV, Candida, Trich) by PCR (Kit by Becton Dickinson and Company; billing lab varies) |            |
|  | 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)   |            |
|  | Xpert® Xpress MVP (Cepheid)   |            |
| <a href="#">Expanded Multiplex Vaginitis/Vaginosis Pathogen Panels</a> | Bridge Women's Health Infectious Disease Detection Test (Bridge Diagnostics)                              | 1, 2, 3, 4 |
|  |   |            |
| <a href="#">Urine Culture for Asymptomatic Bacteriuria</a>             | Urine Culture, Routine (LabCorp)  | 5          |
| <a href="#">Molecular/Multiple x UTI Panels</a>                        | Bridge Urinary Tract Infection Detection and Resistance Test (Bridge Diagnostics)                         | 5, 6       |
|  | 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)  |            |

## 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

- 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 targets or fewer, with or without chlamydia and/or gonorrhea, may be 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 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 targets.

## Urinary Tract and Kidney Infections

### Urine Culture for Asymptomatic Bacteriuria

- I. Urine culture for asymptomatic bacteriuria may be considered **medically necessary** when:
  - A. The member/enrollee is pregnant, **OR**

- B. The member/enrollee will undergo an [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.

## 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

### 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).

#### *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)

#### *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.

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

### **Urine Culture for Asymptomatic Bacteriuria**

#### *Infectious Diseases Society of America*

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 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 the use of these tests. The following guidelines and publications were reviewed in-depth in September 2023: Infectious Disease Society of America, ACOG.

## Coding Implications

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**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 | Description  |
|-----------|--|
| 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 |
| 87086     | Culture, bacterial; quantitative colony count, urine   |
| 87088     | Culture, bacterial; with isolation and presumptive identification of each isolate, urine   |
| 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 probe technique   |

| CPT® Code | Description   |
|-----------|---|
| 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 |
| 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  |
| 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   |

| CPT® Code | Description  |
|-----------|--|
|           | 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   |
| 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  |
| 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   |
| 0352U*    | Infectious disease (bacterial vaginosis and vaginitis), multiplex amplified probe technique, for detection of bacterial vaginosis–associated bacteria (BVAB-2, Atopobium vaginae, and Megasphaera type 1), algorithm reported as detected or not detected and separate detection of Candida species (C. 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 |

## Reviews, Revisions, and Approvals

Revision  
Date

Approval  
Date

Effective  
Date



|                                      |             |        |               |
|--------------------------------------|-------------|--------|---------------|
| Converted corporate to local policy. | 03/24       | 5/1/24 | <u>7/1/24</u> |
| <u>Annual Review. No changes.</u>    | <u>7/25</u> |        |               |

## REFERENCES

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3. Vaginitis in Nonpregnant Patients: ACOG Practice Bulletin, Number 215. *Obstet Gynecol*. 2020;135(1):e1-e17. doi:10.1097/AOG.0000000000003604
4. Kong AM, Jenkins D, Troeger KA, Kim G, London RS. Diagnostic Testing of Vaginitis: Improving the Value of Care. *Popul Health Manag*. 2021;24(4):515-524. doi:10.1089/pop.2021.0143
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### **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.

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