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. BCBSNM may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM 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

Plan CMO Approval Date: July 27, 2022

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Description

BCBSNM 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. The 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
Bartonella henselae or *quintana*		87471(MBR)	87472 (INR)
Candida species (For vaginitis, please review CPCPLAB059 Diagnosis of Vaginitis Including Multi-Target PCR Testing)	87480 (MBR) for vaginitis 87480 (INR) for all other situations except vaginitis	87481 (INR) for all situations	87482 (INR) for all situations
Chlamydia pneumoniae	87485 (MBR)	87486 (MBR)	87487 (INR)
Clostridium difficile	87493 (MBR)		
Cytomegalovirus	87495 (MBR)	87496 (MBR)	87497 (MBR)
Enterococcus, Vancomycin-resistant (e.g., enterococcus vanA, vanB)		87500 (MBR)	
Enterovirus		87498 (MBR)	
Hepatitis B		87516 (MBR)	87517 (MBR)
Hepatitis G	87525 (INR)	87526 (INR)	87527 (INR)
Herpes-virus-6	87531 (MBR)	87532 (INR)	87533 (MBR)
Legionella pneumophila	87540 (MBR)	87541 (MBR)	87542 (INR)
Mycoplasma pneumoniae	87580 (MBR)	87581 (MBR)	87582 (INR)
Mycoplasma genitalium		87563 (MBR)	
Respiratory syncytial virus		87634 (MBR)	
Staphylococcus aureus		87640 (MBR)	
Staphylococcus aureus, methicillin resistant		87641 (MBR)	

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

2. The technique for quantification includes both amplification and direct probes; therefore, simultaneous coding for both amplification or direct probes **is not reimbursable**

3. PCR testing for the following microorganisms that do not have specific CPT codes **may be reimbursable** (not an all-inclusive list):
    a. Actinomyces, for identification of actinomyces species in tissue specimens;
    b. Adenovirus, to diagnose adenovirus myocarditis, and to diagnose adenovirus infection in immunocompromised hosts, including transplant recipients
    c. *Bacillus Anthracis;*
    d. BK polyomavirus in transplant recipients receiving immunosuppressive therapies and persons with immunosuppressive diseases;
    e. *Bordetella pertussis* and *B. parapertussis*, for diagnosis of whooping cough in individuals with coughing;

f. *Brucella spp.*, for members with signs and symptoms of Brucellosis, and history of direct contact with infected animals and their carcasses or secretions or by ingesting unpasteurized milk or milk products;

g. Burkholderia infections (including B. cepacia, B. gladioli), diagnosis;

h. Chancroid (*Haemophilus ducreyi*), for diagnosis of persons with genital ulcer disease;

i. *Coxiella burnetii*, for confirmation of acute Q fever;

j. EBOLA;

k. Epidemic typhus (Rickettsia prowazekii), diagnosis;

l. Epstein Barr Virus (EBV): for detection of EBV in post-transplant lymphoproliferative disorder; or for testing for EBV in persons with lymphoma; or for those who are immunocompromised for other reasons.;

m. *Francisella tularensis*, for presumptive diagnosis of tularemia;

n. Hantavirus, diagnosis;

o. Hemorrhagic fevers and related syndromes caused by viruses of the family *Bunyaviridae* (Rift Valley fever, Crimean-Congo hemorrhagic fever, hemorrhagic fever with renal syndromes), for diagnosis in acute phase in persons with clinical presentation suggestive of these conditions;

p. Hepatitis D virus, for confirmation of active infection in persons with anti-HDV antibodies;

q. Hepatitis E virus, for definitive diagnosis in persons with anti-HEV antibodies

r. Human T Lymphotropic Virus type 1 and type 2 (HTLV-I and HTLV-II), to confirm the presence of HTLV-I and HTLV-II in the cerebrospinal fluid of persons with signs or symptoms of HTLV-I/HTLV-II;

s. Human metapneumovirus;

t. JC polyomavirus, in transplant recipients receiving immunosuppressive therapies, in persons with immunosuppressive diseases, and for diagnosing progressive multifocal leukoencephalopathy in persons with multiple sclerosis or Crohn's disease receiving natalizumab (Tysabri);

u. Leishmaniasis, diagnosis;

v. Measles virus (Morbilliviruses), for diagnosis of measles;

w. Mumps;

x. *Neisseria meningitidis*, to establish diagnosis where antibiotics have been started before cultures have been obtained;

y. Parvovirus, for detecting chronic infection in immunocompromised persons;

z. Psittacosis, for diagnosis of *Chlamydophila (Chlamydia) psittaci* infection;

aa. Rubella, diagnosis;

bb. *Toxoplasma gondii*, for detection of T. gondii infection in immunocompromised persons with signs and symptoms of toxoplasmosis, and for detection of congenital Toxoplasma gondii infection (including testing of amniotic fluid for toxoplasma infection);

cc. Varicella-Zoster infections;

dd. Whipple's disease (T. whippeli), biopsy tissue from small bowel, abdominal or peripheral lymph nodes, or other organs of persons with signs and symptoms, to establish the diagnosis;

ee. *Yersinia Pestis.*

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, other than the respiratory virus panel, only individual probes are reviewed.

Procedure Codes

Codes
87471, 87472, 87480, 87481, 87482, 87485, 87486, 87487, 87493, 87495, 87496, 87497, 87498, 87500, 87516, 87517, 87525, 87526, 87527, 87531, 87532, 87533, 87540, 87541, 87542, 87563, 87580, 87581, 87582, 87634, 87640, 87641, 87797, 87798, 87799

References:

CDC. (2015). 2015 Sexually Transmitted Diseases Treatment Guidelines, Emerging Issues. Retrieved from https://www.cdc.gov/std/tg2015/emerging.htm#myco

CDC. (2016). Bartonella Infection (Cat Scratch Disease, Trench Fever, and Carrión's Disease). Retrieved from https://www.cdc.gov/bartonella/testing-faq/index.html

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, January 10). Chlamydia pneumoniae Infection, Diagnostic Methods. Retrieved from https://www.cdc.gov/pneumonia/atypical/cpneumoniae/hcp/diagnostic.html

CDC. (2019b, November 5). Ebola (Ebola Virus Disease), Diagnosis. Retrieved from https://www.cdc.gov/vhf/ebola/diagnosis/index.html

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

CDC. (2019d, 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. (2020c, December 18). Respiratory Syncytial Virus Infection (RSV), For Healthcare Professionals. Retrieved from https://www.cdc.gov/rsv/clinical/index.html#lab

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

CDC. (2021b, March 1). Parasites - Giardia for Medical Professionals. Retrieved from https://www.cdc.gov/parasites/giardia/medical-professionals.html

FDA. (2021, March 10). 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-ciy381. 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

Pediatrics, C. o. I. D. A. A. o. (2018). Red Book® 2018.

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1/1/2023	New policy