

Medical Coverage Policy

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| Coverage Policy Number | 0530 |

Nucleic Acid Pathogen Testing

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COVID-19: In Vitro Diagnostic Testing Preventive Care Services

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide quidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy

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will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This Coverage Policy discusses a type of lab test called nucleic acid infectious pathogen testing.

Bacteria, viruses, parasites and fungi, including yeast, can cause infection. These are also known as pathogens. Nucleic acid testing works by finding parts of their gene material called DNA and RNA in the human body. Results of the tests can help decide how to treat the infection.

This Policy discusses testing for the DNA and/or RNA of several infection-causing bacteria, viruses and fungus that cause sexually transmitted diseases (STD). It can also find gene material of pathogens that can cause infections of the skin and nails, lungs, intestines, brain, kidneys, bladder, and other parts of the body.

When the test looks for more than one pathogen at the same time it is called panel testing.

This Policy does not discuss nucleic acid testing for SARS-CoV-2 (COVID-19) when the test only looks for this one virus. For that information, please see Cigna coverage policy 0557 COVID-19: In Vitro Diagnostic Testing.

Testing performed in an inpatient level of care setting is not discussed in this Policy.

Coverage Policy

Medically Necessary

Nucleic acid pathogen testing for certain sexually transmitted infections (see CPT® code list below) is considered medically necessary for EITHER of the following:

- Asymptomatic individual with any of the following:
 - high-risk behavior (e.g., exposure to possible infected partner)
 - o high-risk condition (e.g., pregnancy, HIV infection)
 - high-risk experience (e.g., assault)
 - o chlamydia screening in sexually active individual
 - o gonorrhea screening in sexually active individual
 - o human papillomavirus (HPV) cervical cancer screening
- Symptomatic individual consistent with suspected diagnosis listed in the <u>Coding</u> <u>Information section:</u>

| Pathogen | CPT® Codes |
|--|--|
| Candida | 81514, 87480, 87481, 0352U, 81515, 0557U |
| Chlamydia (Chlamydia trachomatis) | 87490, 87491, 87492 |
| Gardnerella vaginalis | 81513, 81514, 87510, 87511, 0557U |
| Herpes Simplex Virus (HSV) Types 1 and 2 | 87528, 87529, 0557U |

| Pathogen | CPT® Codes |
|---|---|
| Gonorrhea (Neisseria gonorrhea) | 87590, 87591, 0557U |
| Human Papillomavirus (HPV), highrisk types (e.g., types 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) | 87624, 87625, 87626 |
| Trichomoniasis (Trichomonas vaginalis) | 81514, 87660, 87661, 0352U, 81515, 0557U |

Infectious pathogen detection by nucleic acid panel is considered medically necessary for the following:

- respiratory pathogens, not to exceed one test per date of service, up to 12 tests per 12 rolling months (i.e., up to 11 targets)
- gastrointestinal pathogens (i.e., up to 11-targets)
- central nervous system pathogens (i.e., 12-25 targets)
- herpes simplex (HSV) (Types 1 & 2) and varicella-zoster virus panel

Not Covered or Reimbursable

Nucleic acid pathogen testing of single pathogen or by panel is not covered or reimbursable if performed in an outpatient level of care setting and the criteria described above are not met.

Metagenomic next-generation sequencing (mNGS) is not covered or reimbursable.

Nucleic acid pathogen testing is not covered or reimbursable for the diagnosis of ANY of the following indications if performed in an outpatient level of care setting (Please see Coding Information section):

- human papilloma virus (HPV), low-risk types (e.g., types 6, 11, 42, 43, 44)
- syphilis
- nail dystrophy
- skin and/or nail fungal infections (e.g., tinea, onychomycosis)
- infections of the urinary tract (i.e., pyelonephritis, cystitis, prostatitis)

Nucleic acid quantification to monitor for disease progression or therapy outcomes is not covered or reimbursable for the following pathogens:

- Gardnerella vaginalis
- non-invasive Candida
- Neisseria gonorrhea
- herpes simplex virus (HSV) Types 1 & 2

Antibiotic Resistant testing via panel testing is not covered or reimbursable.

Use of Not Otherwise Specified (NOS) CPT codes: 87797, 87798, 87799, for molecular microbe testing is not covered or reimbursable when a more specific CPT/HCPCS code is available for use.

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Coding Information

Notes:

- 1. This list of codes may not be all-inclusive since the American Medical Association (AMA) and Centers for Medicare and Medicaid Services (CMS) code updates may occur more frequently than policy updates.
- 2. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Candida

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

| CPT®* Codes | Description |
|----------------|---|
| 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 |

| ICD-10-CM | Description |
|-----------|---|
| Codes | |
| B20 | Human immunodeficiency virus [HIV] disease |
| B37.1 | Pulmonary candidiasis |
| B37.31 | Acute candidiasis of vulva and vagina |
| B37.32 | Chronic candidiasis of vulva and vagina |
| B37.41- | Candidiasis of other urogenital sites |
| B37.49 | |
| B37.5 | Candidal meningitis |
| B37.6 | Candidal endocarditis |
| B37.7 | Candidal sepsis |
| B37.81 | Candidal esophagitis |
| B37.82 | Candidal enteritis |
| B37.89 | Other sites of candidiasis |
| B97.35 | Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases |
| | classified elsewhere |
| L29.0 | Pruritis ani |
| L29.2 | Pruritis vulvae |
| L29.3 | Anogenital pruritus, unspecified |
| L29.8 | Other pruritis |
| N34.1 | Nonspecific urethritis |
| N34.2 | Other urethritis |
| N39.0 | Urinary tract infection, site not specified |
| N48.5 | Ulcer of penis |
| N72 | Inflammatory disease of cervix uteri |
| N76.0 | Acute vaginitis |
| N76.1 | Subacute and chronic vaginitis |
| N76.2 | Acute vulvitis |
| N76.3 | Subacute and chronic vulvitis |
| N76.5 | Ulceration of vagina |

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| ICD-10-CM | Description |
|------------------|--|
| Codes | Illegration of value |
| N76.6 N76.81- | Ulceration of vulva Other specified inflammation of vagina and vulva |
| N76.81- | Other specified inflammation of vagina and vulva |
| N77.0-N77.1 | Vulvovaginal ulceration and inflammation in diseases classified elsewhere |
| N89.8 | Other specified noninflammatory disorders of vagina |
| N90.60 | Unspecified hypertrophy of vulva |
| N90.89 | Other specified noninflammatory disorders of vulva and perineum |
| N94.10- | Dyspareunia |
| N94.10 | Dyspareuma |
| N94.810 | Vulvar vestibulitis |
| N94.818 | Other vulvodynia |
| 000.00- | Pregnancy, Childbirth and the Puerperium |
| O9A.53 | Tregnancy, Childen and the rule pendin |
| R10.20- | Pelvic and perineal pain |
| R10.24 | Trefvie and permean pain |
| R21 | Rash and other nonspecific skin eruption |
| R30.0 | Dysuria |
| R30.9 | Painful micturition, unspecified |
| T74.21XA- | Sexual abuse, confirmed |
| T74.22XS | |
| T74.51XA- | Forced sexual exploitation, confirmed |
| T74.52XS | , |
| T76.21XA- | Sexual abuse, suspected |
| T76.22XS | |
| T76.51XA- | Forced sexual exploitation, suspected |
| T76.52XS | |
| Y07.01- | Perpetrator of assault, maltreatment and neglect |
| Y07.9 | |
| Z03.71- | Encounter for suspected maternal and fetal conditions ruled out |
| Z03.79 | |
| Z04.41- | Encounter for examination and observation following alleged rape |
| Z04.42 | |
| Z04.81 | Encounter for examination and observation of victim following forced sexual exploitation |
| Z11.4 | Encounter for screening for human immunodeficiency virus [HIV] |
| Z20.6 | Contact with and (suspected) exposure to human immunodeficiency virus [HIV] |
| Z21 | Asymptomatic human immunodeficiency virus [HIV] infection status |
| Z32.01 | Encounter for pregnancy test, result positive |
| Z33.1 | Pregnant state, incidental |
| Z33.3 | Pregnant state, gestational carrier |
| Z34.00- | Encounter for supervision of normal pregnancy |
| Z34.93 | |
| Z36.0-Z36.9 | Encounter for antenatal screening of mother |
| Z3A.00- | Weeks of gestation |
| Z3A.49 | |
| Z37.0 | Single live birth |
| Z37.2 | Twins, both liveborn |
| Z37.3 | Twins, one liveborn and one stillborn |

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| ICD-10-CM | Description |
|-------------|---|
| Codes | |
| Z37.50- | Other multiple births |
| Z37.69 | |
| Z37.9 | Outcome of delivery, unspecified |
| Z38.00- | Liveborn infants according to place of birth and type of delivery |
| Z38.8 | |
| Z39.0-Z39.2 | Encounter for maternal postpartum care and examination |
| Z71.7 | Human immunodeficiency virus [HIV] counseling |
| Z72.51- | High risk sexual behavior |
| Z72.53 | |

| ICD-10-CM Codes | Description |
|--------------------|-----------------|
| | All other codes |

Not Covered or Reimbursable:

| CPT®* | Description |
|-------|--|
| Codes | |
| 87482 | Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification |

| ICD-10-CM | Description |
|-----------|---|
| Codes | |
| B37.0 | Candidal stomatitis |
| B37.2 | Candidiasis of skin and nail |
| B37.31 | Acute candidiasis of vulva and vagina |
| B37.32 | Chronic candidiasis of vulva and vagina |
| B37.41- | Candidiasis of other urogenital sites |
| B37.49 | |
| B37.83 | Candidal cheilitis |
| B37.84 | Candidal otitis externa |
| B37.9 | Candidiasis, unspecified |
| L29.0 | Pruritis ani |
| L29.2 | Pruritis vulvae |
| L29.3 | Anogenital pruritus, unspecified |
| L29.8 | Other pruritis |
| N34.1 | Nonspecific urethritis |
| N34.2 | Other urethritis |
| N39.0 | Urinary tract infection, site not specified |
| N48.5 | Ulcer of penis |
| N72 | Inflammatory disease of cervix uteri |
| N76.0 | Acute vaginitis |
| N76.1 | Subacute and chronic vaginitis |
| N76.2 | Acute vulvitis |
| N76.3 | Subacute and chronic vulvitis |
| N76.5 | Ulceration of vagina |
| N76.6 | Ulceration of vulva |

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| ICD-10-CM | Description |
|-------------|---|
| Codes | |
| N76.81- | Other specified inflammation of vagina and vulva |
| N76.89 | |
| N77.0-N77.1 | Vulvovaginal ulceration and inflammation in diseases classified elsewhere |
| N89.8 | Other specified noninflammatory disorders of vagina |
| N90.60 | Unspecified hypertrophy of vulva |
| N90.89 | Other specified noninflammatory disorders of vulva and perineum |
| N94.10- | Dyspareunia |
| N94.19 | |
| N94.810 | Vulvar vestibulitis |
| N94.818 | Other vulvodynia |
| R10.20- | Pelvic and perineal pain |
| R10.24 | |
| R21 | Rash and other nonspecific skin eruption |
| R30.0 | Dysuria |
| R30.9 | Painful micturition, unspecified |

Chlamydia (Chlamydia trachomatis)

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

| CPT®* | Description |
|-------|---|
| Codes | |
| 87490 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct 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 |

| ICD-10-CM | Description |
|-------------|---|
| Codes | |
| A54.00- | Gonococcal infection |
| A54.9 | |
| A55 | Chlamydial lymphogranuloma (venereum) |
| A56.00- | Other sexually transmitted chlamydial diseases |
| A56.8 | |
| A64 | Unspecified sexually transmitted disease |
| A71.0-A71.9 | Trachoma |
| A74.0-74.9 | Other diseases caused by chlamydiae |
| B20 | Human immunodeficiency virus [HIV] disease |
| B97.35 | Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases |
| | classified elsewhere |
| H10.011- | Conjunctivitis |
| H10.9 | |
| K62.89 | Other specified diseases of anus and rectum |
| N30.00- | Cystitis |
| N30.21 | |

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| ICD-10-CM | Description |
|-------------|---|
| Codes | |
| N30.80- | Other cystitis |
| N30.81 | |
| N30.90- | Cystitis, unspecified |
| N30.91 | |
| N33 | Bladder disorders in diseases classified elsewhere |
| N34.1 | Nonspecific urethritis |
| N34.2 | Other urethritis |
| N39.0 | Urinary tract infection, site not specified |
| N41.0 | Acute prostatitis |
| N45.1-N45.3 | Orchitis and epididymitis |
| N48.29 | Other inflammatory disorders of penis |
| N48.5 | Ulcer of penis |
| N49.2 | Inflammatory disorders of scrotum |
| N49.8 | Inflammatory disorders of other specified male genital organs |
| N50.811- | Testicular pain |
| N50.819 | |
| N50.82 | Scrotal pain |
| N50.89 | Other specified disorders of the male genital organs |
| N50.9 | Disorder of male genital organs, unspecified |
| N71.0-N71.9 | Inflammatory disease of uterus, except cervix |
| N72 | Inflammatory disease of cervix uteri |
| N73.9 | Female pelvic inflammatory disease, unspecified |
| N76.0 | Acute vaginitis |
| N76.1 | Subacute and chronic vaginitis |
| N76.2 | Acute vulvitis |
| N76.5 | Ulceration of vagina |
| N76.6 | Ulceration of vulva |
| N76.89 | Other specified inflammation of vagina and vulva |
| N77.0 | Ulceration of vulva in diseases classified elsewhere |
| N77.1 | Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere |
| N89.8 | Other specified noninflammatory disorders of vagina |
| N93.0 | Postcoital and contact bleeding |
| N94.10- | Dyspareunia |
| N94.19 | |
| 000.00- | Pregnancy, Childbirth and the Puerperium |
| O9A.53 | |
| R10.20- | Pelvic and perineal pain |
| R10.24 | |
| R30.0 | Dysuria |
| R30.9 | Painful micturition, unspecified |
| R35.0 | Frequency of micturition |
| R36.0 | Urethral discharge without blood |
| R36.9 | Urethral discharge, unspecified |
| R82.81 | Pyuria |
| S00.521A- | Blister (nonthermal) of lip and oral cavity |
| S00.522S | Distance (a south source) of other action is |
| S00.82XA- | Blister (nonthermal) of other part of head |
| S00.82XS | |

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| ICD-10-CM | Description |
|--------------------|--|
| Codes | |
| S30.822A- | Blister (nonthermal) of pelvis and external genitalia |
| S30.827S | and once the second of period and once the germana |
| T74.21XA- | Sexual abuse, confirmed |
| T74.22XS | Sexual abase, committee |
| T74.51XA- | Forced sexual exploitation, confirmed |
| T74.52XS | Torced Sexual exploitation, committed |
| T76.21XA- | Sexual abuse, suspected |
| T76.22XS | Sexual abase, suspected |
| T76.51XA- | Forced sexual exploitation, suspected |
| T76.52XS | Torced Sexual exploration, Suspected |
| Y07.01- | Perpetrator of assault, maltreatment and neglect |
| Y07.9 | Telepetrator of assault, materical ment and negrees |
| Z00.00- | Encounter for general adult medical examination |
| Z00.01 | Encounter for general addit medical examination |
| Z00.110- | Newborn health examination |
| Z00.110 Z00.111 | The state of the s |
| Z00.121- | Encounter for routine child health examination |
| Z00.121 | Encounter for roughle child nearth examination |
| Z00.3 | Encounter for examination for adolescent development state |
| Z00.8 | Encounter for other general examination |
| Z01.10- | Encounter for examination of ears and hearing |
| Z01.10 | Linebulicer for examination of ears and hearing |
| Z01.30- | Encounter for examination of blood pressure |
| Z01.30 | Litebulited for examination of blood pressure |
| Z01.411- | Encounter for routine gynecological examination |
| Z01.42 | Liteburiter for routine gynecological examination |
| Z03.71- | Encounter for suspected maternal and fetal conditions ruled out |
| Z03.79 | Encounted for purposeed material and recal containing raise out |
| Z04.41- | Encounter for examination and observation following alleged rape |
| Z04.42 | |
| Z04.81 | Encounter for examination and observation of victim following forced sexual |
| | exploitation |
| Z11.1 | Encounter for screening for respiratory tuberculosis |
| Z11.3 | Encounter for screening for infections with a predominantly sexual mode of |
| | transmission |
| Z11.4 | Encounter for screening for human immunodeficiency virus [HIV] |
| Z11.51- | Encounter for screening for other viral diseases |
| Z11.59 | |
| Z11.8 | Encounter for screening for other infectious and parasitic diseases |
| Z12.10 | Encounter for screening for malignant neoplasm of intestinal tract, unspecified |
| Z12.11 | Encounter for screening for malignant neoplasm of colon |
| Z12.12 | Encounter for screening for malignant neoplasm of rectum |
| Z12.13 | Encounter for screening for malignant neoplasm of small intestine |
| Z12.31 | Encounter for screening mammogram for malignant neoplasm of breast |
| Z12.39 | Encounter for other screening for malignant neoplasm of breast |
| Z12.4 | Encounter for screening for malignant neoplasm of cervix |
| Z12.5 | Encounter for screening for malignant neoplasm of prostate |
| Z13.1 | Encounter for screening for diabetes mellitus |
| Z13.220 | Encounter for screening for lipoid disorders |
| 21J.22U | Literatives for selecting for lipola disorders |

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| ICD-10-CM Codes | Description |
|--------------------|--|
| Z13.31 | Encounter for screening for depression |
| Z13.32 | Encounter for screening for maternal depression |
| Z13.41 | Encounter for autism screening |
| Z13.42 | Encounter for screening for global developmental delays (milestones) |
| Z13.49 | Encounter for screening for other developmental delays |
| Z13.6 | Encounter for screening for cardiovascular disorders |
| Z13.820 | Encounter for screening for osteoporosis |
| Z13.88 | Encounter for screening for disorder due to exposure to contaminants |
| Z20.1 | Contact with and (suspected) exposure to tuberculosis |
| Z20.2 | Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission |
| Z20.5 | Contact with and (suspected) exposure to viral hepatitis |
| Z20.6 | Contact with and (suspected) exposure to human immunodeficiency virus [HIV] |
| Z21 | Asymptomatic human immunodeficiency virus [HIV] infection status |
| Z23 | Encounter for immunization |
| Z30.014 | Encounter for initial prescription of intrauterine contraceptive device |
| Z30.430 | Encounter for insertion of intrauterine contraceptive device |
| Z30.433 | Encounter for removal and reinsertion of intrauterine contraceptive device |
| Z31.5 | Encounter for procreative genetic counseling |
| Z32.01 | Encounter for pregnancy test, result positive |
| Z33.1 | Pregnant state, incidental |
| Z33.3 | Pregnant state, gestational carrier |
| Z34.00- | Encounter for supervision of normal pregnancy |
| Z34.93 | |
| Z36.0-Z36.9 | Encounter for antenatal screening of mother |
| Z3A.00- | Weeks of gestation |
| Z3A.49 | Cinale live high |
| Z37.0 | Single live birth |
| Z37.2 | Twins, both liveborn |
| Z37.3 | Twins, one liveborn and one stillborn |
| Z37.50- | Other multiple births |
| Z37.69 | Outcome of delivery unapposition |
| Z37.9 Z38.00- | Outcome of delivery, unspecified |
| Z38.8 | Liveborn infants according to place of birth and type of delivery |
| Z39.0-Z39.2 | Encounter for maternal postpartum care and examination |
| Z71.3 | Dietary counseling and surveillance |
| Z71.7 | Human immunodeficiency virus [HIV] counseling |
| Z71.83 | Encounter for nonprocreative genetic counseling |
| Z72.51- Z72.53 | High risk sexual behavior |
| Z73.9 | Problem related to life management difficulty, unspecified |
| Z76.1 | Encounter for health supervision and care of foundling |
| Z76.2 | Encounter for health supervision and care of other healthy infant and child |
| Z76.81 | Expectant parent(s) prebirth pediatrician visit |
| Z80.0 | Family history of malignant neoplasm of digestive organs |
| Z80.3 | Family history of malignant neoplasm of breast |
| Z80.41 | Family history of malignant neoplasm of ovary |
| Z80.42 | Family history of malignant neoplasm of prostate |

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| ICD-10-CM | Description |
|-----------|---|
| Codes | |
| Z80.44 | Family history of malignant neoplasm of fallopian tube(s) |
| Z82.62 | Family history of osteoporosis |
| Z83.3 | Family history of diabetes mellitus |
| Z83.42 | Family history of familial hypercholesterolemia |
| Z83.71 | Family history of colonic polyps |
| Z85.3 | Personal history of malignant neoplasm of breast |
| Z85.43 | Personal history of malignant neoplasm of ovary |
| Z85.4A | Personal history of malignant neoplasm of fallopian tube(s) |
| Z86.32 | Personal history of gestational diabetes |

| ICD-10-CM Codes | Description |
|--------------------|-----------------|
| | All other codes |

Gardnerella vaginalis

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

| CPT®* | Description |
|-------|--|
| Codes | |
| 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 |
| 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 |

| ICD-10-CM Codes | Description |
|--------------------|--|
| B20 | Human immunodeficiency virus [HIV] disease |
| B97.35 | Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere |
| N30.80- N30.81 | Other cystitis |
| N34.1 | Nonspecific urethritis |
| N34.2 | Other urethritis |
| N76.0 | Acute vaginitis |
| N76.2 | Acute vulvitis |
| N89.8 | Other specified noninflammatory disorders of vagina |
| O00.00- | Pregnancy, Childbirth and the Puerperium |
| O9A.53 | |
| R30.0 | Dysuria |
| R30.9 | Painful micturition, unspecified |
| R82.81 | Pyuria |

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| ICD-10-CM | Description |
|-----------------------|--|
| Codes | |
| T74.21XA- T74.22XS | Sexual abuse, confirmed |
| T74.51XA- T74.52XS | Forced sexual exploitation, confirmed |
| T76.21XA- T76.22XS | Sexual abuse, suspected |
| T76.51XA- T76.52XS | Forced sexual exploitation, suspected |
| Y07.01- Y07.9 | Perpetrator of assault, maltreatment and neglect |
| Z03.71- Z03.79 | Encounter for suspected maternal and fetal conditions ruled out |
| Z04.41- Z04.42 | Encounter for examination and observation following alleged rape |
| Z04.81 | Encounter for examination and observation of victim following forced sexual exploitation |
| Z11.3 | Encounter for screening for infections with a predominantly sexual mode of transmission |
| Z11.4 | Encounter for screening for human immunodeficiency virus [HIV] |
| Z20.2 | Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission |
| Z20.6 | Contact with and (suspected) exposure to human immunodeficiency virus [HIV] |
| Z21 | Asymptomatic human immunodeficiency virus [HIV] infection status |
| Z32.01 | Encounter for pregnancy test, result positive |
| Z33.1 | Pregnant state, incidental |
| Z33.3 | Pregnant state, gestational carrier |
| Z34.00- Z34.93 | Encounter for supervision of normal pregnancy |
| Z36.0-Z36.9 | Encounter for antenatal screening of mother |
| Z3A.00- Z3A.49 | Weeks of gestation |
| Z37.0 | Single live birth |
| Z37.2 | Twins, both liveborn |
| Z37.3 | Twins, one liveborn and one stillborn |
| Z37.50- Z37.69 | Other multiple births |
| Z37.9 | Outcome of delivery, unspecified |
| Z38.00- Z38.8 | Liveborn infants according to place of birth and type of delivery |
| Z39.0-Z39.2 | Encounter for maternal postpartum care and examination |
| Z71.7 | Human immunodeficiency virus [HIV] counseling |
| Z72.51- Z72.53 | High risk sexual behavior |

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| ICD-10-CM Diagnosis Codes | Description |
|---------------------------------|-----------------|
| | All other codes |

| CPT®* Codes | Description |
|----------------|--|
| 87512 | Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification |

| ICD-10-CM Codes | Description |
|--------------------|-------------|
| | All codes |

Genital Herpes (Herpes Simplex Virus Types 1 and 2)

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

| CPT®* Codes | Description |
|----------------|--|
| 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 |

| ICD-10-CM Codes | Description |
|--------------------|---|
| A60.00- | Anogenital herpesviral [herpes simplex] infections |
| A60.9 | |
| A64 | Unspecified sexually transmitted disease |
| A85.8 | Other specified viral encephalitis |
| A86 | Unspecified viral encephalitis |
| A87.8 | Other viral meningitis |
| A87.9 | Viral meningitis, unspecified |
| B00.1-B00.9 | Herpesviral [herpes simplex] infections |
| B09 | Unspecified viral infection characterized by skin and mucous membrane lesions |
| B20 | Human immunodeficiency virus [HIV] disease |
| B97.35 | Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases |
| | classified elsewhere |
| G03.0 | Nonpyrogenic meningitis |
| G03.8 | Meningitis due to other specified causes |
| G03.9 | Meningitis, unspecified |
| G04.00- | Acute disseminated encephalitis and encephalomyelitis (ADEM) |
| G04.02 | |
| G04.30- | Acute necrotizing hemorrhagic encephalopathy |
| G04.91 | |
| G05.3-G05.4 | Encephalitis, myelitis and encephalomyelitis in diseases classified elsewhere |
| G37.4 | Subacute necrotizing myelitis of central nervous system |

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| ICD-10-CM | Description |
|-------------------|---|
| Codes | |
| H10.011- | Conjunctivitis |
| H10.9 | |
| H16.001- | Unspecified corneal ulcer |
| H16.003 | |
| H16.311- | Corneal abscess |
| H16.313 | |
| H16.8 | Other keratitis |
| H16.9 | Unspecified keratitis |
| J12.89 | Other viral pneumonia |
| J12.9 | Viral pneumonia, unspecified |
| J15.8 | Pneumonia due to other specified bacteria |
| J15.9 | Unspecified bacterial pneumonia |
| J16.8 | Pneumonia due to other specified infectious organisms |
| J17 | Pneumonia in diseases classified elsewhere |
| J18.9 | Pneumonia, unspecified organism |
| K13.70 | Unspecified lesions of oral mucosa |
| K20.8 | Other esophagitis |
| K20.9 | Esophagitis, unspecified |
| K62.6 | Ulcer of anus and rectum |
| K62.89 | Other specified diseases of anus and rectum |
| K65.2 | Spontaneous bacterial peritonitis |
| K65.8 | Other peritonitis |
| N30.00- | Cystitis |
| N30.21 | |
| N30.80- | Other cystitis |
| N30.81 | |
| N30.90- | Cystitis, unspecified |
| N30.91 | |
| N33 | Bladder disorders in diseases classified elsewhere |
| N34.1 | Nonspecific urethritis |
| N34.2 | Other urethritis |
| N39.0 | Urinary tract infection, site not specified |
| N48.29 | Other inflammatory disorders of penis |
| N48.5 | Ulcer of penis |
| N49.2 | Inflammatory disorders of scrotum |
| N49.8 | Inflammatory disorders of other specified male genital organs |
| N50.89 | Other specified disorders of the male genital organs |
| N50.9 | Disorder of male genital organs, unspecified-ulcers on scrotum, groin |
| N72 | Inflammatory disease of cervix uteri |
| N76.2 | Acute vulvitis |
| N76.5 | Ulceration of vagina |
| N76.6 | Ulceration of vulva |
| N76.89 | Other specified inflammation of vagina and vulva |
| N77.0 | Ulceration of vulva in diseases classified elsewhere |
| O00.00- O9A.53 | Pregnancy, Childbirth and the Puerperium |
| R10.20- | Pelvic and perineal pain |
| R10.24 | |
| R21 | Rash and other nonspecific skin eruption |

| ICD-10-CM Codes | Description |
|--------------------|---|
| R30.0 | Dysuria |
| R30.9 | Painful micturition, unspecified |
| R82.81 | Pyuria |
| S00.02XA- | Blister (nonthermal) of scalp |
| S00.02XS | |
| S00.221A- | Blister (nonthermal) of eyelid and periocular area |
| S00.221S | |
| S00.32XA- | Blister (nonthermal) of nose |
| S00.32XS | |
| S00.421A- | Blister (nonthermal) of ear |
| S00.422S | |
| S00.521A- | Blister (nonthermal) of lip and oral cavity |
| S00.522S | |
| S00.82XA- | Blister (nonthermal) of other part of head |
| S00.82XS | |
| S00.92XA- | Blister (nonthermal) of unspecified part of head |
| S00.92XS | |
| S10.12XA- | Blister (nonthermal) of throat |
| S10.12XS- | |
| S10.82XA- | Blister (nonthermal) of other specified part of neck |
| S10.82XS | |
| S10.92XA- | Blister (nonthermal) of unspecified part of neck |
| S10.92XS | |
| S20.121A- | Blister (nonthermal) of breast |
| S20.122S | |
| S20.321A- | Blister (nonthermal) of front wall of thorax |
| S20.329S | |
| S20.421A- | Blister (nonthermal) of back wall of thorax |
| S20.429S | |
| S20.92XA- | Blister (nonthermal) of unspecified parts of thorax |
| S20.92XS | |
| S30.820A - | Blister (nonthermal) of abdomen, lower back, pelvis, and external genitalia |
| S30.827S | |
| S30.82AA- | Blister (nonthermal) of flank |
| S30.82AS | |
| S40.221A- | Blister (nonthermal) of shoulder |
| S40.222S | |
| S40.821A- | Blister (nonthermal) of upper arm |
| S40.822S | |
| S50.321A- | Blister (nonthermal) of elbow |
| S50.322S | Distant (nearth annual) of formann |
| S50.821A- | Blister (nonthermal) of forearm |
| S50.822S | Distant (nearth anns 1) of the cost |
| S60.321A- | Blister (nonthermal) of thumb |
| S60.322S | Distant (nearth annual) of finance |
| S60.420A- | Blister (nonthermal) of fingers |
| S60.427S | Distant (month agree) of hond |
| S60.521A- | Blister (nonthermal) of hand |
| S60.522S | |

| ICD-10-CM | Description |
|------------|---|
| Codes | |
| S60.821A- | Blister (nonthermal) of wrist |
| S60.822S | |
| S70.221A- | Blister (nonthermal) of hip |
| S70.222S | |
| S70.321A- | Blister (nonthermal) of thigh |
| S70.322S | |
| S80.221A- | Blister (nonthermal) of knee |
| S80.222S | |
| S80.821A- | Blister (nonthermal) of lower leg |
| S80.822S | |
| S90.421A- | Blister (nonthermal) of toe |
| S90.425S | |
| S90.521A- | Blister (nonthermal) of ankle |
| S90.522S | |
| S90.821A- | Blister (nonthermal) of foot |
| S90.822S | |
| T74.21XA- | Sexual abuse, confirmed |
| T74.22XS | |
| T74.51XA- | Forced sexual exploitation, confirmed |
| T74.52XS | |
| T76.21XA- | Sexual abuse, suspected |
| T76.22XS | |
| T76.51XA- | Forced sexual exploitation, suspected |
| T76.52XS | |
| T86.03 | Bone marrow transplant infection |
| T86.13 | Kidney transplant infection |
| T86.23 | Heart transplant infection |
| T86.33 | Heart-lung transplant infection |
| T86.43 | Liver transplant infection |
| T86.812 | Lung transplant infection |
| T86.832 | Bone graft infection |
| T86.852 | Intestine transplant infection |
| T86.892 | Other transplanted tissue infection |
| T86.93 | Unspecified transplanted organ and tissue infection |
| Y07.01- | Perpetrator of assault, maltreatment and neglect |
| Y07.9 | |
| Z03.71- | Encounter for suspected maternal and fetal conditions ruled out |
| Z03.79 | ' |
| Z04.41- | Encounter for examination and observation following alleged rape |
| Z04.42 | g a garage |
| Z04.81 | Encounter for examination and observation of victim following forced sexual |
| | exploitation |
| Z11.3 | Encounter for screening for infections with a predominantly sexual mode of |
| 1 | transmission |
| Z11.4 | Encounter for screening for human immunodeficiency virus [HIV] |
| Z20.2 | Contact with and (suspected) exposure to infections with a predominantly sexual |
| | mode of transmission |
| Z20.6 | Contact with and (suspected) exposure to human immunodeficiency virus [HIV] |
| Z21 | Asymptomatic human immunodeficiency virus [HIV] infection status |
| <u>~~1</u> | Asymptomatic numan inimunous inciency virus [111v] infection status |

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| ICD-10-CM | Description |
|-------------|---|
| Codes | |
| Z32.01 | Encounter for pregnancy test, result positive |
| Z33.1 | Pregnant state, incidental |
| Z33.3 | Pregnant state, gestational carrier |
| Z34.00- | Encounter for supervision of normal pregnancy |
| Z34.93 | |
| Z36.0-Z36.9 | Encounter for antenatal screening of mother |
| Z3A.00- | Weeks of gestation |
| Z3A.49 | |
| Z37.0 | Single live birth |
| Z37.2 | Twins, both liveborn |
| Z37.3 | Twins, one liveborn and one stillborn |
| Z37.50- | Other multiple births |
| Z37.69 | |
| Z37.9 | Outcome of delivery, unspecified |
| Z38.00- | Liveborn infants according to place of birth and type of delivery |
| Z38.8 | |
| Z39.0-Z39.2 | Encounter for maternal postpartum care and examination |
| Z48.21- | Encounter for aftercare following organ transplant |
| Z48.298 | |
| Z71.7 | Human immunodeficiency virus [HIV] counseling |
| Z72.51- | High risk sexual behavior |
| Z72.53 | |
| Z94.0-Z94.9 | Transplanted organ and tissue status |

| ICD-10-CM Codes | Description |
|--------------------|-----------------|
| | All other codes |

Not Covered or Reimbursable:

| CPT®* Codes | Description |
|----------------|---|
| 87530 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification |

| ICD-10-CM | Description |
|-----------|-------------|
| Codes | |
| | All codes |

Herpes Simplex Virus (HSV Types 1 and 2) and Varicella Zoster Virus (VSV)

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

| CPT®* Codes | Description |
|----------------|--|
| 0527U | Herpes simplex virus (HSV) types 1 and 2 and Varicella zoster virus (VZV), amplified probe technique, each pathogen reported as detected or not detected |

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| ICD-10-CM | Description |
|---------------------|---|
| Codes | |
| A60.00- | Anogenital herpes viral [herpes simplex] infections |
| A60.9 | |
| A64 | Unspecified sexually transmitted disease |
| A85.8 | Other specified viral encephalitis |
| A86 | Unspecified viral encephalitis |
| A87.8 | Other viral meningitis |
| A87.9 | Viral meningitis, unspecified |
| B00.1-B00.9 | Herpes viral [herpes simplex] infections |
| B01.0-B01.9 | Varicella [chickenpox] |
| B02.0-B.029 | Zoster [herpes zoster] |
| B02.30- | Zoster ocular disease |
| B02.39 | |
| B02.7 | Disseminated zoster |
| B02.8 | Zoster with other complications |
| B02.9 | Zoster without complications |
| B09 | Unspecified viral infection characterized by skin and mucous membrane lesions |
| B20 | Human immunodeficiency virus [HIV] disease |
| B97.35 | Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases |
| | classified elsewhere |
| G03.0 | Nonpyrogenic meningitis |
| G03.8 | Meningitis due to other specified causes |
| G03.9 | Meningitis, unspecified |
| G04.00- | Acute disseminated encephalitis and encephalomyelitis (ADEM) |
| G04.02 | |
| G04.30- | Acute necrotizing hemorrhagic encephalopathy |
| G04.91 | |
| G05.3-G05.4 | Encephalitis, myelitis and encephalomyelitis in diseases classified elsewhere |
| G37.4 | Subacute necrotizing myelitis of central nervous system |
| H10.011- | Conjunctivitis |
| H10.9 | |
| H16.001- | Unspecified corneal ulcer |
| H16.003 | |
| H16.311- | Corneal abscess |
| H16.313 | |
| H16.8 | Other keratitis |
| H16.9 | Unspecified keratitis |
| H53.141- H53.143 | Visual discomfort |
| J12.89 | Other viral pneumonia |
| J12.9 | Viral pneumonia, unspecified |
| J15.8 | Pneumonia due to other specified bacteria |
| J15.9 | Unspecified bacterial pneumonia |
| J16.8 | Pneumonia due to other specified infectious organisms |
| J17 | Pneumonia in diseases classified elsewhere |
| J18.9 | Pneumonia, unspecified organism |
| K13.70 | Unspecified lesions of oral mucosa |
| K20.8 | Other esophagitis |
| K20.9 | Esophagitis, unspecified |
| 1140.7 | i Esophagicis, unspecined |

| ICD-10-CM Codes | Description |
|-----------------------|---|
| K62.6 | Ulcer of anus and rectum |
| K62.89 | Other specified diseases of anus and rectum |
| K65.2 | Spontaneous bacterial peritonitis |
| K65.8 | Other peritonitis |
| L29.0-L29.9 | Pruritus |
| L30.0-L30.9 | Other and unspecified dermatitis |
| N30.00- | Cystitis |
| N30.21 | |
| N30.80- | Other cystitis |
| N30.81 | |
| N30.90- | Cystitis, unspecified |
| N30.91 | |
| N33 | Bladder disorders in diseases classified elsewhere |
| N34.1 | Nonspecific urethritis |
| N34.2 | Other urethritis |
| N39.0 | Urinary tract infection, site not specified |
| N48.29 | Other inflammatory disorders of penis |
| N48.5 | Ulcer of penis |
| N49.2 | Inflammatory disorders of scrotum |
| N49.8 | Inflammatory disorders of other specified male genital organs |
| N50.89 | Other specified disorders of the male genital organs |
| N50.9 | Disorder of male genital organs, unspecified-ulcers on scrotum, groin |
| N72 | Inflammatory disease of cervix uteri |
| N76.2 | Acute vulvitis |
| N76.5 | Ulceration of vagina |
| N76.6 | Ulceration of vulva |
| N76.89 | Other specified inflammation of vagina and vulva |
| N77.0 | Ulceration of vulva in diseases classified elsewhere |
| O00.00- | Pregnancy, Childbirth and the Puerperium |
| O9A.53 | |
| R10.20- | Pelvic and perineal pain |
| R10.24 | |
| R21 | Rash and other nonspecific skin eruption |
| R23.8 | Other skin changes |
| R23.9 | Unspecified skin changes |
| R30.0 | Dysuria |
| R30.9 | Painful micturition, unspecified |
| R50.81 | Fever presenting with conditions classified elsewhere |
| R50.9 | Fever, unspecified |
| R51.9 | Headache, unspecified |
| R53.81 | Other malaise |
| R82.81 | Pyuria |
| S00.02XA- S00.02XS | Blister (nonthermal) of scalp |
| S00.221A- S00.221S | Blister (nonthermal) of eyelid and periocular area |
| S00.32XA- S00.32XS | Blister (nonthermal) of nose |

| ICD-10-CM | Description |
|------------|--|
| Codes | |
| S00.421A- | Blister (nonthermal) of ear |
| S00.422S | |
| S00.521A- | Blister (nonthermal) of lip and oral cavity |
| S00.522S | |
| S00.82XA- | Blister (nonthermal) of other part of head |
| S00.82XS | |
| S00.92XA- | Blister (nonthermal) of unspecified part of head |
| S00.92XS | |
| S10.12XA- | Blister (nonthermal) of throat |
| S10.12XS- | |
| S10.82XA- | Blister (nonthermal) of other specified part of neck |
| S10.82XS | |
| S10.92XA- | Blister (nonthermal) of unspecified part of neck |
| S10.92XS | |
| S20.121A- | Blister (nonthermal) of breast |
| S20.122S | |
| S20.321A- | Blister (nonthermal) of front wall of thorax |
| S20.3217 | blister (nontriermar) or front wall or thorax |
| S20.421A- | Blister (nonthermal) of back wall of thorax |
| S20.421A | blister (nontriermar) or back wall of thorax |
| S20.92XA- | Blister (nonthermal) of unspecified parts of thorax |
| S20.92XA | blister (nontriermar) or unspecified parts or thorax |
| S30.820A - | Blister (nonthermal) of abdomen, lower back, pelvis, and external genitalia |
| S30.820A - | blister (nontriermar) or abdomen, lower back, pervis, and external genitalia |
| | Distant (nonthormal) of flank |
| S30.82AA- | Blister (nonthermal) of flank |
| S30.82AS | Distant (nonthormal) of shoulder |
| S40.221A- | Blister (nonthermal) of shoulder |
| S40.222S | Distant (named agree) of consequent |
| S40.821A- | Blister (nonthermal) of upper arm |
| S40.822S | |
| S50.321A- | Blister (nonthermal) of elbow |
| S50.322S | |
| S50.821A- | Blister (nonthermal) of forearm |
| S50.822S | |
| S60.321A- | Blister (nonthermal) of thumb |
| S60.322S | |
| S60.420A- | Blister (nonthermal) of fingers |
| S60.427S | |
| S60.521A- | Blister (nonthermal) of hand |
| S60.522S | |
| S60.821A- | Blister (nonthermal) of wrist |
| S60.822S | |
| S70.221A- | Blister (nonthermal) of hip |
| S70.222S | |
| S70.321A- | Blister (nonthermal) of thigh |
| S70.322S | |
| S80.221A- | Blister (nonthermal) of knee |
| S80.222S | |
| S80.821A- | Blister (nonthermal) of lower leg |
| S80.822S | |

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| ICD-10-CM | Description |
|-------------|--|
| Codes | |
| S90.421A- | Blister (nonthermal) of toe |
| S90.425S | |
| S90.521A- | Blister (nonthermal) of ankle |
| S90.522S | |
| S90.821A- | Blister (nonthermal) of foot |
| S90.822S | |
| T74.21XA- | Sexual abuse, confirmed |
| T74.22XS | |
| T74.51XA- | Forced sexual exploitation, confirmed |
| T74.52XS | |
| T76.21XA- | Sexual abuse, suspected |
| T76.22XS | |
| T76.51XA- | Forced sexual exploitation, suspected |
| T76.52XS | |
| T86.03 | Bone marrow transplant infection |
| T86.13 | Kidney transplant infection |
| T86.23 | Heart transplant infection |
| T86.33 | Heart-lung transplant infection |
| T86.43 | Liver transplant infection |
| T86.812 | Lung transplant infection |
| T86.832 | Bone graft infection |
| T86.852 | Intestine transplant infection |
| T86.892 | Other transplanted tissue infection |
| T86.93 | Unspecified transplanted organ and tissue infection |
| Y07.01- | Perpetrator of assault, maltreatment and neglect |
| Y07.9 | The special control of |
| Z03.71- | Encounter for suspected maternal and fetal conditions ruled out |
| Z03.79 | |
| Z04.41- | Encounter for examination and observation following alleged rape |
| Z04.42 | g a sgar april |
| Z04.81 | Encounter for examination and observation of victim following forced sexual |
| | exploitation |
| Z11.3 | Encounter for screening for infections with a predominantly sexual mode of |
| | transmission |
| Z11.4 | Encounter for screening for human immunodeficiency virus [HIV] |
| Z20.2 | Contact with and (suspected) exposure to infections with a predominantly sexual |
| | mode of transmission |
| Z20.6 | Contact with and (suspected) exposure to human immunodeficiency virus [HIV] |
| Z20.820 | Contact with and suspected exposure to varicella |
| Z21 | Asymptomatic human immunodeficiency virus [HIV] infection status |
| Z32.01 | Encounter for pregnancy test, result positive |
| Z33.1 | Pregnant state, incidental |
| Z33.3 | Pregnant state, gestational carrier |
| Z34.00- | Encounter for supervision of normal pregnancy |
| Z34.93 | , , , , , , , , , , , , , , , , , , , |
| Z36.0-Z36.9 | Encounter for antenatal screening of mother |
| Z3A.00- | Weeks of gestation |
| Z3A.49 | |
| Z37.0 | Single live birth |
| | =3.== =() |

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| ICD-10-CM | Description |
|-------------|---|
| Codes | |
| Z37.2 | Twins, both liveborn |
| Z37.3 | Twins, one liveborn and one stillborn |
| Z37.50- | Other multiple births |
| Z37.69 | |
| Z37.9 | Outcome of delivery, unspecified |
| Z38.00- | Liveborn infants according to place of birth and type of delivery |
| Z38.8 | |
| Z39.0-Z39.2 | Encounter for maternal postpartum care and examination |
| Z48.21- | Encounter for aftercare following organ transplant |
| Z48.298 | |
| Z71.7 | Human immunodeficiency virus [HIV] counseling |
| Z72.51- | High risk sexual behavior |
| Z72.53 | |
| Z94.0-Z94.9 | Transplanted organ and tissue status |

Gonorrhea (Neisseria gonorrhea)

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

| CPT®* | Description |
|-------|---|
| Codes | |
| 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 |

| ICD-10-CM Codes | Description |
|--------------------|--|
| A54.00- A54.9 | Gonococcal infection |
| A55 | Chlamydial lymphogranuloma (venereum) |
| A56.00- A56.8 | Other sexually transmitted chlamydial diseases |
| A57 | Chancroid |
| A64 | Unspecified sexually transmitted disease |
| B20 | Human immunodeficiency virus [HIV] disease |
| B97.35 | Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere |
| J02.8 | Acute pharyngitis due to other specified organisms |
| J02.9 | Acute pharyngitis, unspecified |
| J31.2 | Chronic pharyngitis |
| K62.89 | Other specified diseases of anus and rectum |
| N30.00- | Cystitis |
| N30.21 | |
| N30.80- N30.81 | Other cystitis |
| N30.90- N30.91 | Cystitis, unspecified |

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| ICD-10-CM Codes | Description |
|--------------------|---|
| N33 | Bladder disorders in diseases classified elsewhere |
| N34.1 | Nonspecific urethritis |
| N34.2 | Other urethritis |
| N39.0 | Urinary tract infection, site not specified |
| N41.0 | Acute prostatitis |
| N45.1-N45.3 | Orchitis and epididymitis |
| N48.29 | Other inflammatory disorders of penis |
| N48.5 | Ulcer of penis |
| N49.2 | Inflammatory disorders of scrotum |
| N49.8 | Inflammatory disorders of other specified male genital organs |
| N50.811- | Testicular pain |
| N50.811 | resticular pairi |
| N50.82 | Scrotal pain |
| N50.89 | Other specified disorders of the male genital organs |
| N50.89 | Disorder of male genital organs, unspecified |
| N53.12 | Painful ejaculation |
| N71.0-N71.9 | Inflammatory disease of uterus, except cervix |
| N72 | Inflammatory disease of deerds, except cervix Inflammatory disease of cervix uteri |
| N76.0 | Acute vaginitis |
| N76.1 | |
| | Subacute and chronic vaginitis |
| N76.2 | Acute vulvitis |
| N76.5 | Ulceration of vagina |
| N76.6 | Ulceration of vulva |
| N76.89 | Other specified inflammation of vagina and vulva |
| N77.0 | Ulceration of vulva in diseases classified elsewhere |
| N77.1 | Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere |
| N89.8 | Other specified noninflammatory disorders of vagina |
| N93.0 | Postcoital and contact bleeding |
| N94.10- | Dyspareunia |
| N94.19 | Durange of Childhigh and the Durange diag |
| 000.00- | Pregnancy, Childbirth and the Puerperium |
| O9A.53 | Dalvia and navincel pain |
| R10.20- | Pelvic and perineal pain |
| R10.24 | Change in hawal habit |
| R19.4 | Change in bowel habit |
| R30.0 | Dysuria Diinful mich witing and a sified |
| R30.9 | Painful micturition, unspecified |
| R35.0 | Frequency of micturition |
| R36.0 | Urethral discharge without blood |
| R36.9 | Urethral discharge, unspecified |
| R82.81 | Pyuria Covuel physic confirmed |
| T74.21XA- | Sexual abuse, confirmed |
| T74.22XS | Formed covered evaluation, confirmed |
| T74.51XA- | Forced sexual exploitation, confirmed |
| T74.52XS | Covered abuse asserted |
| T76.21XA- | Sexual abuse, suspected |
| T76.22XS | Formed covered evaluation, guaranteed |
| T76.51XA- | Forced sexual exploitation, suspected |
| T76.52XS | |

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| ICD-10-CM | Description |
|-------------------|---|
| Codes | |
| Y07.01- | Perpetrator of assault, maltreatment and neglect |
| Y07.9 | |
| Z00.00- | Encounter for general adult medical examination |
| Z00.01 | |
| Z00.110- | Newborn health examination |
| Z00.111 | |
| Z00.121- | Encounter for routine child health examination |
| Z00.129 | |
| Z00.3 | Encounter for examination for adolescent development state |
| Z00.8 | Encounter for other general examination |
| Z01.10- | Encounter for examination of ears and hearing |
| Z01.118 | |
| Z01.30- | Encounter for examination of blood pressure |
| Z01.31 | |
| Z01.411- | Encounter for routine gynecological examination |
| Z01.42 | |
| Z03.71- Z03.79 | Encounter for suspected maternal and fetal conditions ruled out |
| Z04.41- | Encounter for examination and observation following alleged rape |
| Z04.42 | |
| Z04.81 | Encounter for examination and observation of victim following forced sexual |
| | exploitation |
| Z11.1 | Encounter for screening for respiratory tuberculosis |
| Z11.3 | Encounter for screening for infections with a predominantly sexual mode of |
| | transmission |
| Z11.4 | Encounter for screening for human immunodeficiency virus [HIV] |
| Z11.51- | Encounter for screening for other viral diseases |
| Z11.59 | |
| Z11.8 | Encounter for screening for other infectious and parasitic diseases |
| Z12.10 | Encounter for screening for malignant neoplasm of intestinal tract, unspecified |
| Z12.11 | Encounter for screening for malignant neoplasm of colon |
| Z12.12 | Encounter for screening for malignant neoplasm of rectum |
| Z12.13 | Encounter for screening for malignant neoplasm of small intestine |
| Z12.31 | Encounter for screening mammogram for malignant neoplasm of breast |
| Z12.39 | Encounter for other screening for malignant neoplasm of breast |
| Z12.4 | Encounter for screening for malignant neoplasm of cervix |
| Z12.5 | Encounter for screening for malignant neoplasm of prostate |
| Z13.1 | Encounter for screening for diabetes mellitus |
| Z13.220 | Encounter for screening for lipoid disorders |
| Z13.31 | Encounter for screening for depression |
| Z13.32 | Encounter for screening for maternal depression |
| Z13.41 | Encounter for autism screening |
| Z13.42 | Encounter for screening for global developmental delays (milestones) |
| Z13.49 | Encounter for screening for other developmental delays |
| Z13.6 | Encounter for screening for cardiovascular disorders |
| Z13.820 | Encounter for screening for osteoporosis |
| Z13.88 | Encounter for screening for disorder due to exposure to contaminants |
| Z20.1 | Contact with and (suspected) exposure to tuberculosis |

| ICD-10-CM Codes | Description |
|--------------------|---|
| Z20.2 | Contact with and (suspected) exposure to infections with a predominantly sexual |
| | mode of transmission |
| Z20.5 | Contact with and (suspected) exposure to viral hepatitis |
| Z20.6 | Contact with and (suspected) exposure to human immunodeficiency virus [HIV] |
| Z21 | Asymptomatic human immunodeficiency virus [HIV] infection status |
| Z23 | Encounter for immunization |
| Z30.014 | Encounter for initial prescription of intrauterine contraceptive device |
| Z30.430 | Encounter for insertion of intrauterine contraceptive device |
| Z30.433 | Encounter for removal and reinsertion of intrauterine contraceptive device |
| Z31.5 | Encounter for procreative genetic counseling |
| Z32.01 | Encounter for pregnancy test, result positive |
| Z33.1 | Pregnant state, incidental |
| Z33.3 | Pregnant state, gestational carrier |
| Z34.00- | Encounter for supervision of normal pregnancy |
| Z34.93 | Literatives for Supervision of normal programmy |
| Z36.0-Z36.9 | Encounter for antenatal screening of mother |
| Z3A.00- | Weeks of gestation |
| Z3A.49 | |
| Z37.0 | Single live birth |
| Z37.2 | Twins, both liveborn |
| Z37.3 | Twins, one liveborn and one stillborn |
| Z37.50- | Other multiple births |
| Z37.69 | |
| Z37.9 | Outcome of delivery, unspecified |
| Z38.00- | Liveborn infants according to place of birth and type of delivery |
| Z38.8 | , , , , , , , , , , , , , , , , , , , |
| Z39.0-Z39.2 | Encounter for maternal postpartum care and examination |
| Z71.3 | Dietary counseling and surveillance |
| Z71.7 | Human immunodeficiency virus [HIV] counseling |
| Z71.83 | Encounter for nonprocreative genetic counseling |
| Z72.51- | High risk sexual behavior |
| Z72.53 | |
| Z73.9 | Problem related to life management difficulty, unspecified |
| Z76.1 | Encounter for health supervision and care of foundling |
| Z76.2 | Encounter for health supervision and care of other healthy infant and child |
| Z76.81 | Expectant parent(s) prebirth pediatrician visit |
| Z80.0 | Family history of malignant neoplasm of digestive organs |
| Z80.3 | Family history of malignant neoplasm of breast |
| Z80.41 | Family history of malignant neoplasm of ovary |
| Z80.42 | Family history of malignant neoplasm of prostate |
| Z82.62 | Family history of osteoporosis |
| Z83.3 | Family history of diabetes mellitus |
| Z83.42 | Family history of familial hypercholesterolemia |
| Z83.71 | Family history of colonic polyps |
| Z80.44 | Family history of malignant neoplasm of fallopian tube(s) |
| Z85.3 | Personal history of malignant neoplasm of breast |
| Z85.43 | Personal history of malignant neoplasm of ovary |
| Z85.4A | Personal history of malignant neoplasm of fallopian tube(s) |
| Z86.32 | Personal history of gestational diabetes |

| ICD-10-CM Codes | Description |
|--------------------|-----------------|
| | All other codes |

Not Covered or Reimbursable:

| CPT®* Codes | Description |
|----------------|--|
| 87592 | Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification |

| ICD-10-CM Codes | Description |
|--------------------|-------------|
| | All codes |

Human Papillomavirus (HPV)

Not Covered or Reimbursable:

| CPT®* | Description |
|-------|---|
| Codes | |
| 87623 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44) |

| ICD-10-CM Codes | Description |
|--------------------|-------------|
| | All codes |

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

| CPT®* | Description |
|-------|--|
| Codes | |
| 87624 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) |
| 87625 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed |
| 87626 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (eg, 16, 18, 31, 45, 51, 52) and high-risk pooled result(s) |

| ICD-10-CM Codes | Description |
|--------------------|--|
| A64 | Unspecified sexually transmitted disease |
| B20 | Human immunodeficiency virus [HIV] disease |
| B97.35 | Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere |
| B97.7 | Papillomavirus as the cause of diseases classified elsewhere |

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| ICD-10-CM | Description |
|-------------|---|
| Codes | |
| C00.0-C10.9 | Malignant neoplasm of lip |
| C13.0-C13.9 | Malignant neoplasm of hypopharynx |
| C14.0-C14.8 | Malignant neoplasm of other and ill-defined sites in the lip, oral cavity and |
| | pharynx |
| C21.0-C21.8 | Malignant neoplasm of anus and anal canal |
| C51.0-C51.9 | Malignant neoplasm of vulva |
| C53.0-C53.9 | Malignant neoplasm of cervix |
| C54.1 | Malignant neoplasm of endometrium |
| C57.7 | Malignant neoplasm of other specified female genital organs |
| C57.8 | Malignant neoplasm of overlapping sites of female genital organs |
| C60.0-C60.9 | Malignant neoplasm of penis |
| C68.0 | Malignant neoplasm of urethra |
| C77.0 | Secondary and unspecified malignant neoplasm of lymph nodes of head, face and |
| | neck |
| C79.19 | Secondary malignant neoplasm of other urinary organs |
| C79.82 | Secondary malignant neoplasm of genital organs |
| D00.00- | Carcinoma in situ of lip, oral cavity and pharynx |
| D00.8 | |
| D01.2 | Carcinoma in situ of rectum |
| D01.3 | Carcinoma in situ of anus and anal canal |
| D02.0 | Carcinoma in situ of larynx |
| D06.0-D06.9 | Carcinoma in situ of cervix uteri |
| D07.1 | Carcinoma in situ of vulva |
| D07.2 | Carcinoma in situ of vagina |
| D07.4 | Carcinoma in situ of penis |
| D09.19 | Carcinoma in situ of other urinary organs |
| F64.0 | Transsexualism |
| F64.1 | Dual role transvestism |
| F65.0 | Fetishism |
| F65.1 | Transvestic fetishism |
| K62.82 | Dysplasia of anus |
| N87.0-N87.9 | Dysplasia of cervix uteri |
| N89.0 | Mild vaginal dysplasia |
| N89.1 | Moderate vaginal dysplasia |
| N89.3 | Dysplasia of vagina, unspecified |
| N93.0 | Postcoital and contact bleeding |
| O00.00- | Pregnancy, Childbirth and the Puerperium |
| O9A.53 | |
| R85.610- | Abnormal cytologic smear of anus |
| R85.619 | |
| R85.81 | Anal high risk human papillomavirus (HPV) DNA test positive |
| R87.610 | Atypical squamous cells of undetermined significance on cytologic smear of |
| | cervix (ASC-US) |
| R87.611 | Atypical squamous cells cannot exclude high grade squamous intraepithelial |
| | lesion on cytologic smear of cervix (ASC-H) |
| R87.612 | Low grade squamous intraepithelial lesion on cytologic smear of cervix (LGSIL) |
| R87.613 | High grade squamous intraepithelial lesion on cytologic smear of cervix (HGSIL) |
| R87.614 | Cytologic evidence of malignancy on smear of cervix |
| R87.615 | Unsatisfactory cytologic smear of cervix |

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| ICD-10-CM Codes | Description |
|-----------------------|--|
| R87.619 | Unspecified abnormal cytological findings in specimens from cervix uteri |
| R87.620 | Atypical squamous cells of undetermined significance on cytologic smear of vagina (ASC-US) |
| R87.621 | Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear of vagina (ASC-H) |
| R87.622 | Low grade squamous intraepithelial lesion on cytologic smear of vagina (LGSIL) |
| R87.623 | High grade squamous intraepithelial lesion on cytologic smear of vagina (HGSIL) |
| R87.624 | Cytologic evidence of malignancy on smear of vagina |
| R87.625 | Unsatisfactory cytologic smear of vagina |
| R87.629 | Unspecified abnormal cytological findings in specimens from vagina |
| R87.810 | Cervical high risk human papillomavirus (HPV) DNA test positive |
| R87.811 | Vaginal high risk human papillomavirus (HPV) DNA test positive |
| T74.21XA- T74.22XS | Sexual abuse, confirmed |
| T74.51XA- T74.52XS | Forced sexual exploitation, confirmed |
| T76.21XA- T76.22XS | Sexual abuse, suspected |
| T76.51XA- | Forced sexual exploitation, suspected |
| T76.52XS | |
| T86.03 | Bone marrow transplant infection |
| T86.13 | Kidney transplant infection |
| T86.23 | Heart transplant infection |
| T86.33 | Heart-lung transplant infection |
| T86.43 | Liver transplant infection |
| T86.812 | Lung transplant infection |
| T86.832 | Bone graft infection |
| T86.852 | Intestine transplant infection |
| T86.892 | Other transplanted tissue infection |
| T86.93 | Unspecified transplanted organ and tissue infection |
| Y07.01- Y07.9 | Perpetrator of assault, maltreatment and neglect |
| Z00.00- Z00.01 | Encounter for general adult medical examination |
| Z00.110- Z00.111 | Newborn health examination |
| Z00.121- Z00.129 | Encounter for routine child health examination |
| Z00.129 | Encounter for examination for adolescent development state |
| Z00.8 | Encounter for other general examination |
| Z01.10- | Encounter for examination of ears and hearing |
| Z01.118 | Encounter for examination of curs and ficulting |
| Z01.30- Z01.31 | Encounter for examination of blood pressure |
| Z01.411- Z01.42 | Encounter for routine gynecological examination |
| Z03.71- Z03.79 | Encounter for suspected maternal and fetal conditions ruled out |

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| ICD-10-CM Codes | Description |
|--------------------|--|
| Z04.41- Z04.42 | Encounter for examination and observation following alleged rape |
| Z04.81 | Encounter for examination and observation of victim following forced sexual exploitation |
| Z11.1 | Encounter for screening for respiratory tuberculosis |
| Z11.3 | Encounter for screening for infections with a predominantly sexual mode of transmission |
| Z11.4 | Encounter for screening for human immunodeficiency virus [HIV] |
| Z11.51- | Encounter for screening for other viral diseases |
| Z11.59 | |
| Z11.8 | Encounter for screening for other infectious and parasitic diseases |
| Z12.10 | Encounter for screening for malignant neoplasm of intestinal tract, unspecified |
| Z12.11 | Encounter for screening for malignant neoplasm of colon |
| Z12.12 | Encounter for screening for malignant neoplasm of rectum |
| Z12.13 | Encounter for screening for malignant neoplasm of rectum |
| Z12.31 | Encounter for screening mammogram for malignant neoplasm of breast |
| Z12.39 | Encounter for other screening for malignant neoplasm of breast |
| Z12.4 | Encounter for screening for malignant neoplasm of cervix |
| Z12.5 | Encounter for screening for malignant neoplasm of prostate |
| Z12.72 | Encounter for screening for malignant neoplasm of vagina |
| Z13.1 | Encounter for screening for diabetes mellitus |
| Z13.220 | Encounter for screening for lipoid disorders |
| Z13.31 | Encounter for screening for depression |
| Z13.32 | Encounter for screening for maternal depression |
| Z13.41 | Encounter for autism screening |
| Z13.42 | Encounter for screening for global developmental delays (milestones) |
| Z13.49 | Encounter for screening for other developmental delays |
| Z13.6 | Encounter for screening for cardiovascular disorders |
| Z13.820 | Encounter for screening for osteoporosis |
| Z13.88 | Encounter for screening for disorder due to exposure to contaminants |
| Z20.1 | Contact with and (suspected) exposure to tuberculosis |
| Z20.2 | Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission |
| Z20.5 | Contact with and (suspected) exposure to viral hepatitis |
| Z20.6 | Contact with and (suspected) exposure to human immunodeficiency virus [HIV] |
| Z21 | Asymptomatic human immunodeficiency virus [HIV] infection status |
| Z23 | Encounter for immunization |
| Z31.5 | Encounter for procreative genetic counseling |
| Z32.01 | Encounter for pregnancy test, result positive |
| Z33.1 | Pregnant state, incidental |
| Z33.3 | Pregnant state, gestational carrier |
| Z34.00- | Encounter for supervision of normal pregnancy |
| Z34.93 | |
| Z36.0-Z36.9 | Encounter for antenatal screening of mother |
| Z3A.00- | Weeks of gestation |
| Z3A.49 | |
| Z37.0 | Single live birth |
| Z37.2 | Twins, both liveborn |
| Z37.3 | Twins, one liveborn and one stillborn |

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| ICD-10-CM Codes | Description |
|--------------------|--|
| | Other woulding hinthe |
| Z37.50- | Other multiple births |
| Z37.69 Z37.9 | Outcome of delivery unapposition |
| Z37.9 Z38.00- | Outcome of delivery, unspecified Liveborn infants according to place of birth and type of delivery |
| Z38.8 | Liveborn infants according to place of birth and type of delivery |
| Z39.0-Z39.2 | Encounter for maternal postpartum care and examination |
| Z48.21- | Encounter for infaternal postpartam care and examination Encounter for aftercare following organ transplant |
| Z48.298 | Encounter for aftercare following organ transplant |
| Z71.3 | Dietary counseling and surveillance |
| Z71.7 | Human immunodeficiency virus [HIV] counseling |
| Z71.83 | Encounter for nonprocreative genetic counseling |
| Z72.51- | High risk sexual behavior |
| Z72.53 | |
| Z73.9 | Problem related to life management difficulty, unspecified |
| Z76.1 | Encounter for health supervision and care of foundling |
| Z76.2 | Encounter for health supervision and care of other healthy infant and child |
| Z76.81 | Expectant parent(s) prebirth pediatrician visit |
| Z80.0 | Family history of malignant neoplasm of digestive organs |
| Z80.3 | Family history of malignant neoplasm of breast |
| Z80.41 | Family history of malignant neoplasm of ovary |
| Z80.42 | Family history of malignant neoplasm of prostate |
| Z80.44 | Family history of malignant neoplasm of fallopian tube(s) |
| Z82.62 | Family history of osteoporosis |
| Z83.3 | Family history of diabetes mellitus |
| Z83.42 | Family history of familial hypercholesterolemia |
| Z83.71 | Family history of colonic polyps |
| Z85.3 | Personal history of malignant neoplasm of breast |
| Z85.41 | Personal history of malignant neoplasm of cervix uteri |
| Z85.43 | Personal history of malignant neoplasm of ovary |
| Z85.4A | Personal history of malignant neoplasm of fallopian tube(s) |
| Z86.001 | Personal history of in-situ neoplasm of cervix uteri |
| Z86.008 | Personal history of in-situ neoplasm of other site-vaginal intraepithelial neoplasia |
| | III or vulvar intraepithelial neoplasia III |
| Z86.00A | Personal history of in-situ neoplasm of the fallopian tube(s) |
| Z86.32 | Personal history of gestational diabetes |
| Z87.410 | Personal history of cervical dysplasia |
| Z87.411 | Personal history of vaginal dysplasia |
| Z94.0-Z94.9 | Transplanted organ and tissue status |

| ICD-10-CM Codes | Description |
|--------------------|-----------------|
| | All other codes |

Skin and/or Nail Fungal Infections or Infections of the Urinary Tract

Not Covered or Reimbursable:

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| CPT®* Codes | Description |
|----------------|--|
| 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 |

| ICD-10-CM Codes | Description |
|--------------------|--|
| B35.0-B35.9 | Dermatophytosis |
| B37.2 | Candidiasis of skin and nail |
| B37.9 | Candidiasis, unspecified |
| B47.0 | Eumycetoma |
| B47.1 | Actinomycetoma |
| B47.9 | Mycetoma, unspecified |
| L60.0-L60.9 | Nail disorders |
| L62 | Nail disorders in diseases classified elsewhere |
| M54.5 | Low back pain |
| M54.9 | Dorsalgia, unspecified |
| N10 | Acute pyelonephritis |
| N11.0 | Nonobstructive reflux-associated chronic pyelonephritis |
| N11.1 | Chronic obstructive pyelonephritis |
| N11.8 | Other chronic tubulo-interstitial nephritis |
| N11.9 | Chronic tubulo-interstitial nephritis, unspecified |
| N12 | Tubulo-interstitial nephritis, not specified as acute or chronic |
| N20.0-N20.9 | Calculus of kidney and ureter |
| N21.0-N21.9 | Calculus of lower urinary tract |
| N22 | Calculus of urinary tract in diseases classified elsewhere |
| N23 | Unspecified renal colic |
| N30.00- | Acute cystitis |
| N30.01 | , |
| N30.10- | Interstitial cystitis (chronic) |
| N30.11 | |
| N30.20- | Other chronic cystitis |
| N30.21 | |
| N30.80- | Other cystitis |
| N30.81 | |
| N30.90- | Cystitis, unspecified |
| N30.91 | |
| N31.0 | Uninhibited neuropathic bladder, not elsewhere classified |
| N31.1 | Reflex neuropathic bladder, not elsewhere classified |
| N31.2 | Flaccid neuropathic bladder, not elsewhere classified |
| N32.89 | Other specified disorders of bladder |
| N34.1 | Nonspecific urethritis |
| N34.2 | Other urethritis |
| N34.3 | Urethral syndrome, unspecified |
| N35.911- | Urethral stricture, unspecified, male |
| N35.919 | |
| N35.92 | Unspecified urethral stricture, female |

| ICD-10-CM Codes | Description |
|--------------------|--|
| N36.1 | Urethral diverticulum |
| N36.8 | Other specified disorders of urethra |
| N37 | Urethral disorders in diseases classified elsewhere |
| N39.0 | Urinary tract infection, site not specified |
| N39.3 | Stress incontinence (female) (male) |
| N39.41- | Other specified urinary incontinence |
| N39.498 | |
| N40.1 | Benign prostatic hyperplasia with lower urinary tract symptoms |
| N41.0 | Acute prostatitis |
| N41.1 | Chronic prostatitis |
| N41.4 | Granulomatous prostatitis |
| Q84.5 | Enlarged and hypertrophic nails |
| R10.20- | Pelvic and perineal pain |
| R10.24 | |
| R30.0 | Dysuria |
| R30.9 | Painful micturition, unspecified |
| R31.0-R31.9 | Hematuria |
| R32 | Unspecified urinary incontinence |
| R33.8 | Other retention of urine |
| R33.9 | Retention of urine, unspecified |
| R35.0-R35.8 | Polyuria |
| R36.0 | Urethral discharge without blood |
| R36.9 | Urethral discharge, unspecified |
| R39.11 | Hesitancy of micturition |
| R39.15 | Urgency of urination |
| R39.81 | Functional urinary incontinence |
| R82.71- | Abnormal findings on microbiological examination of urine |
| R82.79 | |
| R82.81- | Abnormal findings on cytological and histological examination of urine |
| R82.89 | |
| R82.90- | Other and unspecified abnormal findings in urine |
| R82.998 | |

Syphilis

Not Covered or Reimbursable:

| CPT®* Codes | Description |
|----------------|--|
| 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 |

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| ICD-10-CM | Description |
|-------------|--------------------------------|
| Codes | |
| A50.01- | Congenital syphilis |
| A50.9 | |
| A51.0-A51.9 | Early syphilis |
| A52.00- | Late syphilis |
| A52.9 | |
| A53.0-A53.9 | Other and unspecified syphilis |
| A57 | Chancroid |

<u>Trichomoniasis</u> (Trichomonas vaginalis)

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

| CPT®* Codes | Description |
|----------------|---|
| 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 |

| ICD-10-CM | Description |
|-------------|---|
| Codes | |
| A59.00- | Trichomoniasis |
| A59.9 | |
| A64 | Unspecified sexually transmitted disease |
| B20 | Human immunodeficiency virus [HIV] disease |
| B97.35 | Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases |
| | classified elsewhere |
| C61 | Malignant neoplasm of prostate |
| N30.00- | Cystitis |
| N30.21 | |
| N30.80- | Other cystitis |
| N30.81 | |
| N30.90- | Cystitis, unspecified |
| N30.91 | |
| N33 | Bladder disorders in diseases classified elsewhere |
| N34.1 | Nonspecific urethritis |
| N34.2 | Other urethritis |
| N39.0 | Urinary tract infection, site not specified |
| N41.0 | Acute prostatitis |
| N45.1-N45.3 | Orchitis and epididymitis |
| N48.29 | Other inflammatory disorders of penis |
| N49.2 | Inflammatory disorders of scrotum |
| N49.8 | Inflammatory disorders of other specified male genital organs |
| N50.89 | Other specified disorders of the male genital organs |
| N50.9 | Disorder of male genital organs, unspecified |
| N53.12 | Painful ejaculation |
| N71.0-N71.9 | Inflammatory disease of uterus, except cervix |
| N72 | Inflammatory disease of cervix uteri |

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| N76.0 Acute vaginitis N76.1 Subacute and chronic vaginitis N76.1 Subacute and chronic vaginitis N76.5 Ulceration of vagina N76.89 Other specified inflammation of vagina and vulva N77.0 Ulceration of vulva in diseases classified elsewhere N77.1 Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere N89.8 Other specified noninflammatory disorders of vagina N93.0 Postcoital and contact bleeding O00.00- O94.53 R30.0 Dysuria R30.0 Dysuria R30.0 Dysuria R30.0 Urethral discharge without blood R36.0 Urethral discharge, unspecified R36.0 Urethral discharge, unspecified R82.81 Pyuria S00.521A S00.521A S00.521A S01.522A S03.822A- S03.822A- S03.822A- S03.822A- S13.822A- S13.823A- S13.823A- S14.51XA- T74.21XA- T74.21XA- T74.21XA- T74.51XA- T74.51XA- T6-C2XS- T76.51XA- T6.52XS- T76.51XA- T6.52XS- T76.51XA- T6.52XS- T76.51XA- T6.52XS- T76.51XA- T6.52XS- T76.51XA- T74.52XS- T76.51XA- T74.51XA- T74.52XS- T76.51XA- T74.51XA- T74.52XS- T76.51XA- T74.51XA- T74.51XA | ICD-10-CM Codes | Description |
|--|--------------------|---|
| N76.1 Subacute and chronic vaginitis N76.2 Acute vulvitis N76.5 Ulceration of vagina N76.6 Ulceration of vulva N76.9 Other specified inflammation of vagina and vulva N77.0 Ulceration of vulva in diseases classified elsewhere N77.1 Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere N77.1 Other specified noninflammatory disorders of vagina N89.8 Other specified noninflammatory disorders of vagina N89.0 Postcoital and contact bleeding N79.0 Pregnancy, Childbirth and the Puerperium N79.1 Paginity microtrition, unspecified N89.8 Objective microtrition, unspecified N89.8 Objective microtrition, unspecified N89.8 Objective microtrition, unspecified N80.0 Urethral discharge without blood N80.0 Urethral discharge, unspecified N80.0 | N76.0 | Acute vaginitis |
| N76.2 Acute vulvitis N76.5 Ulceration of vagina N76.6 Ulceration of vagina N76.89 Other specified inflammation of vagina and vulva N77.0 Ulceration of vulva in diseases classified elsewhere N77.1 Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere N77.1 Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere N89.8 Other specified noninflammatory disorders of vagina N93.0 Postcoital and contact bleeding O00.00- O9A.53 R30.0 Dysuria R30.0 Dysuria R30.0 Urethral discharge without blood R36.0 Urethral discharge, unspecified R36.0 Urethral discharge, unspecified R82.81 Pyuria Blister (nonthermal) of lip and oral cavity S00.521-S S00.82XA-S | N76.1 | |
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| transmission Z11.4 Encounter for screening for human immunodeficiency virus [HIV] Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission | | exploitation |
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| Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission | Z11.4 | Encounter for screening for human immunodeficiency virus [HIV] |
| | | Contact with and (suspected) exposure to infections with a predominantly sexual |
| Sometiment and (Suspected) exposure to numeri initialisation of the property and [interpretation of the property of the | 720.6 | |
| Z21 Asymptomatic human immunodeficiency virus [HIV] infection status | | |
| Z30.014 Encounter for initial prescription of intrauterine contraceptive device | | |

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| ICD-10-CM | Description |
|-------------|--|
| Codes | |
| Z30.430 | Encounter for insertion of intrauterine contraceptive device |
| Z30.433 | Encounter for removal and reinsertion of intrauterine contraceptive device |
| Z32.01 | Encounter for pregnancy test, result positive |
| Z33.1 | Pregnant state, incidental |
| Z33.3 | Pregnant state, gestational carrier |
| Z34.00- | Encounter for supervision of normal pregnancy |
| Z34.93 | |
| Z36.0-Z36.9 | Encounter for antenatal screening of mother |
| Z3A.00- | Weeks of gestation |
| Z3A.49 | |
| Z37.0 | Single live birth |
| Z37.2 | Twins, both liveborn |
| Z37.3 | Twins, one liveborn and one stillborn |
| Z37.50- | Other multiple births |
| Z37.69 | |
| Z37.9 | Outcome of delivery, unspecified |
| Z38.00- | Liveborn infants according to place of birth and type of delivery |
| Z38.8 | |
| Z39.0-Z39.2 | Encounter for maternal postpartum care and examination |
| Z71.7 | Human immunodeficiency virus [HIV] counseling |
| Z72.51- | High risk sexual behavior |
| Z72.53 | |

| ICD-10-CM Codes | Description |
|--------------------|-----------------|
| | All other codes |

Infectious Pathogens

Considered Medically Necessary when criteria in the applicable policy statements listed above are met, not to exceed one test per date of service, up to 12 tests per 12 rolling months:

| CPT®* Codes | Description |
|----------------|--|
| 87631 | Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets |
| 87636 | Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique |
| 87637 | Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique |

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| CPT®* Codes | Description |
|----------------|--|
| 0240U | Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected |
| 0241U | Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected |

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

| CPT®* | Description |
|-------|--|
| Codes | |
| 87483 | Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (eg, Neisseria meningitidis, Streptococcus pneumoniae, Listeria, Haemophilus influenzae, E. coli, Streptococcus agalactiae, enterovirus, human parechovirus, herpes simplex virus type 1 and 2, human herpesvirus 6, cytomegalovirus, varicella zoster virus, Cryptococcus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets |
| 87505 | Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets |
| 87506 | Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets |

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

| CPT®* | Description |
|-------|--|
| Codes | |
| 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 |
| 81515 | Infectious disease, bacterial vaginosis and vaginitis, real-time PCR amplification of DNA markers for Atopobium vaginae, Atopobium species, Megasphaera type 1, and Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), utilizing vaginal-fluid specimens, algorithm reported as positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata/Candida krusei, when reported |

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| CPT®* | Description |
|-------|---|
| Codes | |
| 0352U | 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. 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 (Code deleted 12/31/2024) |
| 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 (Code effective 7/1/2025) |

| ICD-10-CM Codes | Description | | |
|--------------------|--|--|--|
| A59.00- | Trichomoniasis | | |
| A59.9 | | | |
| A64 | Unspecified sexually transmitted disease | | |
| B20 | Human immunodeficiency virus [HIV] disease | | |
| B37.1 | Pulmonary candidiasis | | |
| B37.31 | Acute candidiasis of vulva and vagina | | |
| B37.32 | Acute candidiasis of vulva and vagina | | |
| B37.41- | Candidiasis of other urogenital sites | | |
| B37.49 | | | |
| B37.5 | Candidal meningitis | | |
| B37.6 | Candidal endocarditis | | |
| B37.7 | Candidal sepsis | | |
| B37.81 | Candidal esophagitis | | |
| B37.82 | Candidal enteritis | | |
| B37.89 | Other sites of candidiasis | | |
| B97.35 | 7.35 Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases | | |
| | classified elsewhere | | |
| C61 | Malignant neoplasm of prostate | | |
| L29.0 | Pruritis ani | | |
| L29.2 | Pruritis vulvae | | |
| L29.3 | Anogenital pruritus, unspecified | | |
| L29.8 | Other pruritis | | |
| N30.00- | Cystitis | | |
| N30.21 | | | |
| N30.80- | Other cystitis | | |
| N30.81 | | | |
| N30.90- | Cystitis, unspecified | | |
| N30.91 | | | |
| N33 | Bladder disorders in diseases classified elsewhere | | |
| N34.1 | Nonspecific urethritis | | |
| N34.2 | Other urethritis | | |
| N41.0 | Acute prostatitis | | |

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| ICD-10-CM Codes | Description | | |
|--------------------|---|--|--|
| N45.1-N45.3 | Orchitis and epididymitis | | |
| N48.29 | Other inflammatory disorders of penis | | |
| N48.5 | Ulcer of penis | | |
| N49.2 | Inflammatory disorders of scrotum | | |
| N49.8 | Inflammatory disorders of other specified male genital organs | | |
| N50.811- | Testicular Pain | | |
| N50.819 | restledial Full | | |
| N50.82 | Scrotal pain | | |
| N50.89 | Other specified disorders of the male genital organs-scrotum ulcer | | |
| N50.9 | Disorder of male genital organs, unspecified-ulcers on scrotum, groin | | |
| N53.12 | Painful ejaculation | | |
| N71.0-N71.9 | Inflammatory disease of uterus, except cervix | | |
| N72 | Inflammatory disease of deerds, except cervix Inflammatory disease of cervix uteri | | |
| N76.0 | Acute vaginitis | | |
| N76.1 | Subacute and chronic vaginitis | | |
| N76.2 | Acute vulvitis | | |
| N76.3 | Subacute and chronic vulvitis | | |
| N76.5 | Ulceration of vagina | | |
| N76.6 | Ulceration of vulva | | |
| N76.81- | | | |
| N76.89 | Mucositis (ulcerative) of vagina and vulva | | |
| N77.0 | Ulceration of vulva in diseases classified elsewhere | | |
| N77.1 | | | |
| N89.8 | Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere Other specified noninflammatory disorders of vagina | | |
| N90.60 | Unspecified hypertrophy of vulva | | |
| N90.89 | Other specified noninflammatory disorders of vulva and perineum | | |
| N93.0 | Postcoital and contact bleeding | | |
| N94.10- | | | |
| N94.19 | Dyspareunia | | |
| N94.810 | Vulvar vestibulitis | | |
| N94.818 | Other vulvodynia | | |
| 000.00- | Pregnancy, Childbirth and the Puerperium | | |
| O9A.53 | rregilancy, Childbilti and the ruerpendin | | |
| R10.20- | Pelvic and perineal pain | | |
| R10.24 | Pervic and permean pain | | |
| R21 | Rash and other nonspecific skin eruption | | |
| R30.0 | Dysuria | | |
| R30.9 | Painful micturition, unspecified | | |
| R36.0 | Urethral discharge without blood | | |
| R36.9 | Urethral discharge, unspecified | | |
| R82.81 | Pyuria | | |
| S00.521A- | Blister (nonthermal) of lip and oral cavity | | |
| S00.5217 | | | |
| S00.82XA- | Blister (nonthermal) of other part of head | | |
| S00.82XS | bilister (nontriermar) or other part of flead | | |
| S30.822A- | Blister (nonthermal) of pelvis and external genitalia | | |
| S30.827S | | | |
| S30.82AA- | Blister (nonthermal) of flank | | |
| S30.82AS | | | |

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| ICD-10-CM Codes | Description | | |
|--------------------|--|--|--|
| T74.21XA- | Sexual abuse, confirmed | | |
| T74.22XS | · , ·· · · · · · · · · · · · · · · · · · | | |
| T74.51XA- | Forced sexual exploitation, confirmed | | |
| T74.52XS | | | |
| T76.21XA- | Sexual abuse, suspected | | |
| T76.22XS | | | |
| T76.51XA- | Forced sexual exploitation, suspected | | |
| T76.52XS | | | |
| Y07.01- | Perpetrator of assault, maltreatment and neglect | | |
| Y07.9 | | | |
| Z03.71- | Encounter for suspected maternal and fetal conditions ruled out | | |
| Z03.79 | | | |
| Z04.41- | Encounter for examination and observation following alleged rape | | |
| Z04.42 Z04.81 | Encounter for examination and charmation of victim following forced | | |
| | Encounter for examination and observation of victim following forced sexual exploitation | | |
| Z11.3 | Encounter for screening for infections with a predominantly sexual mode of transmission | | |
| Z11.4 | Encounter for screening for human immunodeficiency virus [HIV] | | |
| Z20.2 | Contact with and (suspected) exposure to infections with a predominantly sexual | | |
| | mode of transmission | | |
| Z20.6 | Contact with and (suspected) exposure to human immunodeficiency virus [HIV] | | |
| Z21 | Asymptomatic human immunodeficiency virus [HIV] infection status | | |
| Z30.014 | Encounter for initial prescription of intrauterine contraceptive device | | |
| Z30.430 | Encounter for insertion of intrauterine contraceptive device | | |
| Z30.433 | Encounter for removal and reinsertion of intrauterine contraceptive device | | |
| Z32.01 | Encounter for pregnancy test, result positive | | |
| Z33.1 | Pregnant state, incidental | | |
| Z33.3 | Pregnant state, gestational carrier | | |
| Z34.00- | Encounter for supervision of normal pregnancy | | |
| Z34.93 | | | |
| Z36.0-Z36.9 | Encounter for antenatal screening of mother | | |
| Z3A.00- | Weeks of gestation | | |
| Z3A.49 | | | |
| Z37.0 | Single live birth | | |
| Z37.2 | Twins, both liveborn | | |
| Z37.3 | Twins, one liveborn and one stillborn | | |
| Z37.50- | Other multiple births | | |
| Z37.69 Z37.9 | Outcome of delivery unspecified | | |
| Z37.9 Z38.00- | Outcome of delivery, unspecified | | |
| Z38.8 | Liveborn infants according to place of birth and type of delivery | | |
| Z39.0-Z39.2 | Encounter for maternal postpartum care and examination | | |
| Z71.7 | Human immunodeficiency virus [HIV] counseling | | |
| Z72.51- | High risk sexual behavior | | |
| Z72.51 | Thigh hox sexual behavior | | |
| _,_,_, | | | |

Not Covered or Reimbursable:

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| ICD-10-CM Codes | Description |
|--------------------|-----------------|
| | All other codes |

Infectious Pathogen Detection by Nucleic Acid Panel Testing that does not meet the criteria in the above policy is Not Covered or Reimbursable:

| CPT®* | Description |
|--------|---|
| Codes | T. C. II |
| 87507 | Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal |
| | pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, |
| | Giardia), includes multiplex reverse transcription, when performed, and multiplex |
| 87633 | amplified probe technique, multiple types or subtypes, 12-25 targets |
| 6/033 | Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, |
| | adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, |
| | when performed, and multiplex amplified probe technique, multiple types or |
| | subtypes, 12-25 targets |
| 0115U | Respiratory infectious agent detection by nucleic acid (DNA and RNA), <u>18</u> viral |
| 01130 | types and subtypes and 2 bacterial targets, amplified probe technique, including |
| | multiplex reverse transcription for RNA targets, each analyte reported as |
| | detected or not detected |
| 0152U | Infectious disease (bacteria, fungi, parasites, and DNA viruses), DNA, PCR and |
| | next-generation sequencing, plasma, detection of >1,000 potential microbial |
| | organisms for significant positive pathogens |
| 0140U | Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal |
| | targets), blood culture, amplified probe technique, each target reported as |
| | detected or not detected |
| 0141U | Infectious disease (bacteria and fungi), gram-positive organism identification and |
| | drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 |
| | resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), |
| | blood culture, amplified probe technique, each target reported as detected or not |
| 015311 | detected |
| 0152U | Infectious disease (bacteria, fungi, parasites, and DNA viruses), DNA, PCR and |
| | next-generation sequencing, plasma, detection of >1,000 potential microbial |
| 0202U | organisms for significant positive pathogens Infectious disease (hactorial or viral respiratory tract infection), nathogen specific |
| 02020 | Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory |
| | syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal |
| | swab, each pathogen reported as detected or not detected |
| 0223U | Infectious disease (bacterial or viral respiratory tract infection), pathogen specific |
| 02230 | nucleic acid (DNA or RNA), 22 targets including severe acute respiratory |
| | syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal |
| | swab, each pathogen reported as detected or not detected |
| 0225U | Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific |
| | DNA and RNA, 21 targets, including severe acute respiratory syndrome |
| | coronavirus 2 (SARSCoV-2), amplified probe technique, including multiplex |
| | reverse transcription for RNA targets, each analyte reported as detected or not |
| | detected |
| 0323U | Infectious agent detection by nucleic acid (DNA and RNA), central nervous |
| | system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid |
| | (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi |

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| CPT®* | Description | | | |
|-------|---|--|--|--|
| Codes | | | | |
| 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 | | | |
| 0441U | Infectious disease (bacterial, fungal, or viral infection), semiquantitative biomechanical assessment (via deformability cytometry), whole blood, with algorithmic analysis and result reported as an index | | | |
| 0442U | Infectious disease (respiratory infection), Myxovirus resistance protein A (MxA) and C-reactive protein (CRP), fingerstick whole blood specimen, each biomarker reported as present or absent | | | |
| 0463U | Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-risk human papillomavirus [HPV] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification (NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical dysplasia or cancer for each biomarker | | | |
| 0480U | Infectious disease (bacteria, viruses, fungi, and parasites), cerebrospinal fluid (CSF), metagenomic next-generation sequencing (DNA and RNA), bioinformatic analysis, with positive pathogen identification | | | |
| 0502U | Human papillomavirus (HPV), E6/E7 markers for high-risk types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68), cervical cells, branched-chain capture hybridization, reported as negative or positive for high risk for HPV | | | |
| 0504U | Infectious disease (urinary tract infection), identification of 17 pathologic organisms, urine, realtime 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 | | | |
| 0528U | Lower respiratory tract infectious agent detection, 18 bacteria, 8 viruses, and 7 antimicrobial-resistance genes, amplified probe technique, including reverse transcription for RNA targets, each analyte reported as detected or not detected with semiquantitative results for 15 bacteria | | | |
| 0531U | Infectious disease (acid-fast bacteria and invasive fungi), DNA (673 organisms), next-generation sequencing, plasma | | | |
| 0556U | Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific DNA and RNA by real-time PCR, 12 targets, nasopharyngeal or oropharyngeal swab, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected (Code effective 7/1/2025) | | | |
| 0563U | Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 11 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative (Code effective 7/1/2025) | | | |
| 0564U | Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 10 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative (Code effective 7/1/2025) | | | |

Antibiotic Resistance

Not Covered or Reimbursable:

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| CPT®* Codes | Description | | |
|----------------|--|--|--|
| 0112U | Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene | | |
| 0142U | Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected | | |
| 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 | | |
| 0369U | Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique | | |
| 0370U | Infectious agent detection by nucleic acid (DNA and RNA), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, wound swab | | |
| 0372U | Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score | | |
| 0373U | Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified probe technique, upper or lower respiratory specimen | | |
| 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 | | |

Molecular Microbe Testing billed with any of the following CPT Codes when a more specific CPT/HCPCS code is available is Not Covered or Reimbursable:

| CPT®* | Description |
|-------|--|
| Codes | |
| 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 |

| ICD-10-CM Codes | Description |
|--------------------|--|
| A54.00- | Gonococcal infection |
| A54.9 | |
| A55 | Chlamydial lymphogranuloma (venereum) |
| A56.00- | Other sexually transmitted chlamydial diseases |
| A56.8 | |
| A59.00- | Trichomoniasis |
| A59.9 | |
| A60.00- A60.9 | Anogenital herpesviral [herpes simplex] infections |

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| ICD-10-CM | Description | |
|-------------|---|--|
| Codes | | |
| A74.0-74.9 | Other diseases caused by chlamydiae | |
| B00.1-B00.9 | Herpesviral [herpes simplex] infections | |
| 098.111- | Syphilis complicating pregnancy, childbirth and the puerperium | |
| 098.13 | | |
| 098.211- | Gonorrhea complicating pregnancy, childbirth and the puerperium | |
| 098.23 | | |
| Z11.51 | Encounter for screening for human papillomavirus (HPV) | |

*Current Procedural Terminology (CPT®) ©2024 American Medical Association: Chicago, IL.

General Background

The purpose of infectious pathogen testing using nucleic acid laboratory methods is to identify the deoxyribonucleic acid (DNA) and ribonucleic acid (RNA) of disease-causing microorganisms, including viruses, bacteria, parasites and fungi, including yeast, for the purpose of diagnosis and treatment. Nucleic acid pathogen testing provides sensitive, specific and timely identification of microorganisms.

A nucleic acid test analyzes tiny amounts of DNA or RNA in a sample of blood, tissue or body fluid, sputum, stool, urine and cerebrospinal fluid. Because the amount of genetic material is very small the test may include a step where the DNA or RNA of the microorganism is amplified, or increased. This type of nucleic acid pathogen test is known as a nucleic acid amplification test or NAAT. The NAAT format increases diagnostic sensitivity by decreasing the lower limit of detection. For some pathogens there may be a need to determine the precise concentration of DNA or RNA present, rather than only detecting the presence of the microorganism. This is referred to as nucleic acid quantification.

Nucleic acid pathogen testing for chlamydia trachomatis (chlamydia), Gardnerella vaginalis, Neisseria gonorrhea (gonorrhea), genital herpes (herpes simplex virus [HSV] type 1 and 2), human papillomavirus (HPV), candida, syphilis and trichomoniasis (trichomonas vaginitis) may be appropriate for asymptomatic individuals with high-risk behavior (e.g., exposure to possible infected partner, high-risk conditions (e.g., pregnancy, HIV infection), or high-risk experiences (e.g., assault) or when otherwise required under the prevention provisions of the Affordable Care Act. Nucleic acid infectious pathogen testing may also be appropriate for a symptomatic individual when the associated signs and symptoms or diagnoses, are listed in the coding information section of this Coverage Policy.

Standard laboratory methods, such as microscopy, gram stain, culture, histology, or antibody or antigen tests are considered the gold standard to detect the presence of some microorganisms, such as Gardnerella vaginalis, mucosal and noninvasive candida and syphilis.

Appropriate use of nucleic acid infectious pathogen testing is informed by authoritative statements from the Infectious Diseases Society of America (IDSA), Centers for Disease Control and Prevention (CDC), American Cancer Society, Association of Public Health Laboratories, U.S. Preventive Services Task Force and the Center for Medicare and Medicaid Services, published, professional society recommendations and other published sources.

Candida

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There are over 20 species of Candida yeasts that can cause infection in humans. Candida yeasts normally reside in the intestinal tract and can be found on mucous membranes, skin and nails, without causing infection; however, overgrowth of these organisms can cause symptoms to develop. Symptoms of candidiasis vary depending on the area of the body that is infected.

Esophageal candidiasis is one of the most common infections in people living with HIV/AIDS. Invasive candidiasis occurs when Candida species enter the bloodstream and spread throughout the body. Unlike Candida infections in the mucosa of the mouth and throat (also called "thrush") or vaginal yeast infections, invasive candidiasis is a serious infection that can affect the blood, heart, brain, eyes, bones, and other parts of the body. Candidemia, a bloodstream infection with candida, is a common cause of infection and sepsis in hospitalized patients. Symptoms can develop if the infection spreads to other parts of the body, such as the heart, which may result in endocarditis, brain (meningitis), lungs and esophagus (CDC, 2024).

Standard laboratory tests for the diagnosis of the skin, soft tissue, nails and mucosal tissues are fungal culture, calcofluor-KOH preparation stain, blood culture and histopathology (IDSA, 2024). Increasingly, nucleic acid testing is being used to establish a diagnosis of invasive candida (i.e., candidemia) and candidiasis (i.e., vaginal yeast infection). The role of nucleic acid pathogen testing to identify candida as a causative pathogen in the diagnosis of onychomycosis or nail dystrophy has not been established.

Chlamydia (Chlamydia Trachomatis)

Chlamydial infection is the most frequently reported infectious disease in the United States (IDSA, 2024; CDC, 2021). Individuals with chlamydia may be asymptomatic or symptomatic. If symptomatic, presenting symptoms include cystitis with or without hematuria, urethritis, acute vulvo-vaginitis, lower urogenital tract infection, pelvic inflammatory disease, acute prostatitis, proctitis, epididymitis, orchitis, cervicitis, endometritis, genital lesions, dysuria and urethral discharge. Chlamydial infections in women can lead to serious consequences including pelvic inflammatory disease, tubal factor infertility, ectopic pregnancy, and chronic pelvic pain. Sexually acquired chlamydial conjunctivitis can occur in both males and females through contact with infected genital secretions. Chlamydia can also be spread from an untreated mother to her baby during childbirth, resulting in ophthalmia neonatorum (conjunctivitis) or pneumonia in some exposed infants (IDSA, 2024; CDC, 2021).

A number of diagnostic tests for chlamydia are available, including cell culture and nucleic acid pathogen tests. Nucleic acid tests are the most sensitive tests and are recommended by the CDC. These tests can be performed on easily obtainable specimens such as vaginal swabs (either clinician- or patient-collected) or urine. Chlamydia can be diagnosed by testing first-catch urine in both males and females or collecting swab specimens from the endocervix or vagina in females or the urethra in males. Rectal and oropharyngeal chlamydial infection in persons engaging in receptive anal or oral intercourse can be diagnosed by testing at the anatomic site of exposure. Specimens can be collected by a healthcare provider or can be self-collected (IDSA, 2024; CDC, 2021).

Gardnerella Vaginalis (Bacterial Vaginosis)

Gardnerella vaginalis (Gardnerella) is also known as bacterial vaginosis. Bacterial vaginosis (BV) is the most common cause of vaginal discharge in women of child-bearing age. It is characterized by an overgrowth of anaerobic bacteria. Presenting symptoms include cystitis with or without hematuria, urethritis, acute vaginitis and dysuria (CDC, 2021)

The gram stain is the gold standard for diagnosis of bacterial vaginosis. Amsel's criteria (i.e., thin, white, homogeneous discharge; clue cells on microscopy of wet mount; pH of vaginal fluid greater than 4.5; and release of a fishy odor on adding alkali (10 % KOH) is recommended if gram stain is

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not available. BV diagnosis is defined clinically by the presence of three of four of the Amsel's criteria (IDSA, 2024; CDC, 2021).

Gonorrhea (Neisseria Gonorrhea)

Neisseria gonorrhea, also known as N. gonorrhea or gonorrhea infects the mucous membranes of the reproductive tract, including the cervix, uterus, and fallopian tubes in women, and the urethra in women and men. Gonorrhea can also infect the mucous membranes of the mouth, throat, eyes, and rectum. An individual with gonorrhea may be asymptomatic or symptomatic. If symptomatic, presenting symptoms include pharyngitis, cystitis with or without hematuria, genital lesions, vulvo-vaginitis, endometritis, urethritis, cervicitis, dyspareunia, urethral discharge, prostatitis, epididymitis, orchitis and painful bowel movements. Pharyngeal infection may cause a sore throat. Other symptoms include spondylopathy, osteomyelitis, meningitis, brain abscess, pneumonia, peritonitis and gonococcal heart infection. Gonorrheal infection can be passed from a mother to her baby during delivery and may result in blindness, joint infection or sepsis (IDSA, 2024; CDC, 2021).

Urogenital gonorrhea can be diagnosed by testing urine specimens for male and female, urethra specimens in males or endocervical or vaginal specimens in females. Nucleic acid tests are recommended by the CDC for this indication. If an individual has had oral and/or anal sex, pharyngeal and/or rectal swab specimens can also be collected (IDSA, 2024; CDC, 2021).

Herpes Simplex Virus Types 1 and 2

Genital herpes is caused by the herpes simplex virus type 1 (HSV-1) or type 2 (HSV-2). Infections are transmitted through contact with HSV in herpetic lesions, mucosal surfaces, genital secretions, or oral secretions. HSV-1 and HSV-2 can be shed from normal-appearing oral or genital mucosa or skin. Individuals may be asymptomatic or symptomatic. If symptomatic, presenting symptoms include small painful blisters, rash or skin eruption on or around the penis, scrotum, testes, anus, rectum, vagina, lips, mouth and oral cavity. Both HSV-1 and HSV-2 can also cause rare but serious complications such as aseptic meningitis (inflammation of the linings of the brain). Development of extragenital lesions (e.g. buttocks, groin, thigh, finger, or eye) may occur during the course of infection. Genital herpes may also cause painful genital ulcers that can be severe and persistent in persons with suppressed immune systems, such as HIV-infected persons and make it easier to transmit and acquire HIV infection sexually. Neonatal herpes is one of the most serious complications of genital herpes. Herpes infection can be passed from mother to baby during pregnancy or childbirth, or babies may be infected shortly after birth, resulting in a potentially fatal neonatal herpes infection (IDSA, 2024; CDC, 2021).

Because viral shedding is intermittent, failure to detect HSV does not indicate an absence of HSV infection. A direct fluorescent antibody test, isolation by viral culture to detect herpes DNA in an individual with active herpes or nucleic acid pathogen test are recommended for diagnosis (ISDA, 2018; CDC, 2021).

Varicella-Zoster Virus (VZV)

Varicella (chickenpox) is an acute infectious disease caused by varicella-zoster virus (VZV), which is a member of the herpesvirus group. Primary infection with VZV causes varicella. The most common complications are bacterial infections of the skin and soft tissues in children and pneumonia in adults. After the primary infection, VZV stays in the body (in the sensory nerve ganglia) as a latent infection. Reactivation of latent infection causes herpes zoster (shingles). Regarding laboratory testing for varicella (primary) and zoster (reactivation) infection, the CDC (2024) notes that testing may be useful to confirm the presence of the virus, particularly in cases with less typical clinical presentations.

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The CDC recommends polymerase chain reaction (PCR) testing to confirm cases of varicella and herpes zoster (2024). The Infectious Disease Society of America (2024) also recommends NAAT to confirm VZV infection.

Human Papillomavirus (HPV)

Some types of HPV can cause genital warts (e.g., low- risk types 6, 22, 42, 43, 44) while other types can cause cancer (e.g., high-risk (oncogenic) types 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68). Genital warts usually appear as a small bump or group of bumps in the genital area of both men and women. The warts can be small or large, raised or flat, or shaped like a cauliflower. A healthcare provider can usually diagnose genital warts by looking at the genital area. Rarely, there is transmission of the virus from mother to baby during birth. When this does occur, a baby born to a woman who has genital warts may develop warts in the throat. The role of nucleic acid pathogen testing for the diagnosis of low-risk HPV has not been established.

High-risk HPV can cause cancer of the cervix, vulva, vagina, penis, anus or in the back of the throat, including the base of the tongue and tonsils. To date there is no FDA-approved test for the screening or diagnosis of HPV in males (CDC, 2021). DNA hybridization probe or nucleic acid testing is available to diagnosis high-risk HPV types in females (IDSA, 2024; CDC, 2021). This type of test can be used in combination with the Pap test or alone to test for cervical cancer and is recommended for a female \geq 30 years of age. Nucleic acid pathogen testing can also be used in women who have slightly abnormal Pap test results (i.e., atypical squamous cells of undetermined significance [ASCUS]) to determine if additional testing or treatment is needed.

Syphilis

Syphilis is caused by the bacterium Treponema pallidum. Standard testing methods include serologic treponemal and non-treponemal antibody testing, which are not included in the scope of this Coverage Policy. The role of nucleic acid pathogen testing for the screening or diagnosis of syphilis has not been established (CDC, 2024).

Trichomoniasis (Trichomonas vaginalis)

According to the CDC (2015), trichomoniasis is the most prevalent nonviral sexually transmitted disease in the United States. The parasite may pass from an infected person to an uninfected person during sexual intercourse. In females, the most commonly infected part of the body is the lower genital tract (vulva, vagina, cervix, or urethra); while in males the urethra is most often infected. It is not common for the parasite to infect other body parts, like the hands, mouth, or anus. Many individuals who have trichomonas are asymptomatic. If symptoms are present they may include urethral or vaginal discharge, cystitis, urethritis, endometritis, burning or redness of the genitals, itching or irritation inside the penis, epididymitis, prostatitis and burning after urination or ejaculation. Trichomonas vaginalis infection is associated with two- to threefold increased risk for HIV acquisition, preterm birth, and low birth weight (CDC, 2021).

Culture was considered the gold standard method for diagnosing trichomonas infection before molecular detection methods, such as nucleic acid pathogen testing became available. Microscopic evaluation of wet preparations of genital secretions is relatively convenient and of low cost; although sensitivity is low in vaginal specimens and in urethral, urine sediment and semen in males. Among females, FDA-approved nucleic acid amplification tests (NAAT) are highly sensitive. Although not FDA-approved for use in males, nucleic acid pathogen tests can be used with urine or urethral swabs from men if validated per CLIA regulations (CDC, 2021). Other testing methods used less commonly include rapid antigen tests and DNA hybridization probes (IDSA, 2024).

Nucleic Acid Infectious Pathogen Panels

Detection of infectious pathogens using nucleic acid panels has been proposed as a quick and convenient method to detect multiple infectious pathogens using a single sample source. Available

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panel tests include those that identify disease-causing viruses, parasites and bacteria from blood, sera, plasma, stool, and nasopharyngeal aspirates. Other laboratory techniques used to diagnose infectious disease and respiratory, gastrointestinal and central nervous pathogens include serology, microscopy, immunofluorescence and culture. It is now possible using culture-independent molecular techniques to rapidly and simultaneously identify a multitude of bacterial, protozoan, and viral diarrheal pathogens including some not commonly identified in clinical laboratories (Riddle, 2016).

Selection of infectious pathogens for testing is based on subjective and objective assessment of an individual's signs and symptoms. There is no specific number of pathogens for which testing in the outpatient setting is demonstrated in the published, peer-reviewed medical literature to be most effective. Published professional society guidance is limited. Testing for up to 11 pathogens is clinically useful to provide identification of infectious gastrointestinal and respiratory pathogens in the outpatient setting. An expanded nucleic acid panel test to detect up to 25 infectious pathogens related to the central nervous system may be considered clinically useful.

Nucleic Acid Quantification

Nucleic acid quantification is a molecular laboratory method performed to determine the average concentration of DNA or RNA in a sample. Quantitative (vs. qualitative) viral results may be useful for interpreting tests, particularly with regard to viruses causing latent infection or for monitoring therapy or disease progression. Interpretation of any result requires integration of the clinical history, laboratory data, treatment records, and observation of trends over time (Humphries and Miller, 2019). There is insufficient evidence in the published peer-reviewed literature to support nucleic acid quantification for the monitoring of disease progression or therapy outcomes for candida, Gardnerella, gonorrhea or herpes simplex virus (HSV) Types 1 & 2. Published professional society recommendations regarding the use of nucleic acid quantification for these pathogens are also lacking.

Metagenomic Next-Generation Sequencing (mNGS)

Unlike polymerase chain reaction (PCR) assays, mNGS samples massive quantities of DNA or RNA fragments from a given specimen without the use of species-specific primers, allowing for the hypothesis-free identification of potential pathogens. Plasma mNGS is sometimes described as a "liquid biopsy" for diagnosing infectious diseases, as it has been hypothesized to detect small fragments of genetic material shed from a distant or localized infection through a single blood test (Edward and Handel, 2021). A single mNGS assay, can identify viral, bacterial, fungal, and parasitic pathogens, showcasing its potential utility in diagnosing complex infections, such as those involving the central nervous system.

While mNGS holds immense potential for a wide range of applications, implementing it into clinical settings for diagnosing infectious diseases poses several challenges. The challenges associated with the standardization of workflows in mNGS have a significant impact on the turnaround time and costs, data quality, reproducibility, comparability, and biological interpretation (Kan et al. (2024). Among the many limitations of the use of mNGS testing in routine clinical practice is the lack of a gold standard for comparison when a pathogen is identified by mNGS only. Studies have attempted to create their own gold-standard definitions that typically include a combination of other microbiologic testing modalities and adjudication by the treating team or an expert panel. In addition, reported results may not reflect the patient's true infectious status. A negative test result may be due to either the absence of a pathogen or a "missed" identification by mNGS. A false-positive mNGS test result may be due to sample contamination (while obtaining a specimen or in the lab), leading to report of an entirely irrelevant microbe. Alternatively, mNGS may incidentally detect DNA or RNA from a microbe that truly is present in the specimen but is not a pathogen or may not be clinically relevant at that time (Kan, 2024).

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While several systematic reviews and meta-analyses are noted in the published peer-reviewed medical literature, there is a lack of randomized controlled trials available for analysis. At present, the clinical utility of metagenomic next-generation sequencing to identify infectious pathogens in the outpatient setting has not been established. Published professional society guidelines are also lacking.

Tinea

Tinea represents a group of diseases caused by a fungus. Types of tinea include ringworm, athlete's foot and jock itch. Published professional society guidelines do not support nucleic acid pathogen testing to diagnose tinea. According to the Infectious Disease Society of America (IDSA, 2024) laboratory procedures of value for the diagnosis of dermatophytes/tinea in skin and subcutaneous infection are fungal culture, calcofluor-KOH preparation and histopathology. The role of nucleic acid pathogen testing for the diagnosis of tinea has not been established.

Urinary Tract Infection

There is insufficient evidence to support the use of nucleic acid testing for the diagnosis of urinary tract infections, including pyelonephritis, cystitis, prostatitis and orchitis. Urinary tract infections are among the most common bacterial infections in women. Most urinary tract infections are acute uncomplicated cystitis. A urinalysis, but not urine culture, is recommended in making the diagnosis. Urine cultures are recommended in women with suspected pyelonephritis, women with symptoms that do not resolve or that recur within two to four weeks after completing treatment, and women who present with atypical symptoms (Colgan, 2011).

Regarding recurrent uncomplicated urinary tract infection in women, the American Urological Association (2019, reviewed and confirmed 2022) notes that clinicians must document positive urine cultures associated with prior symptomatic episodes. The Clinical Guideline also notes clinicians should obtain urinalysis, urine culture and sensitivity with each symptomatic acute cystitis episode prior to initiating treatment in patients with recurrent UTIs.

The IDSA (2024) describes clinical microbiology tests of value in establishing an etiologic diagnosis of infections of the urinary tract, including laboratory procedures for the diagnosis of cystitis, pyelonephritis, prostatitis, epididymitis and orchitis. According to the IDSA, diagnosis of urinary tract infections requires clinical information and physical findings as well as laboratory information. Culture is noted to be appropriate test for the diagnosis of yeast in urine and acute bacterial prostatitis. Rarely, yeast in urine may rarely indicate systemic infection, for which additional tests must be conducted for confirmation (e.g., blood cultures and β -glucan levels). Detection of adenovirus in cases of cystitis is usually done by NAAT. Polyoma BK virus nephropathy is best diagnosed by quantitative molecular determination of circulating virus in blood rather than detection of virus in urine. Acute bacterial prostatitis is defined by clinical signs and physical findings combined with positive urine or prostate secretion cultures yielding usual urinary tract pathogens.

Antibiotic Resistance Testing

The clinical utility of this testing has yet to be proven. There are two main limitations to this testing that need to be addressed. First, there is relatively poor alignment between the presence of genotypic resistance and corresponding phenotypic antibiotic sensitivity (Dulanto Chiang and Dekker, 2020; Hansen et al, 2020). For certain antibiotics, the degree of resistance cannot be accurately inferred by the presence of a resistance gene alone (Dulatno Chiang and Dekker, 2020). In fact, the efficacy of this testing may depend not only on the specific antibiotic in question, but also on the pathogen and body site. Furthermore, not all resistance mechanisms have been genetically characterized, especially in the setting of rare pathogens and newer antibiotics (Chiang and Dekker, 2020). Second, resistance genes typically reside on mobile genetic elements, and when identified on panel testing, it is often difficult to assign the resistance gene to

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a particular pathogen (if many are detected) without additional techniques; this adds to the cost and complexity of testing (Dulanto Chiang and Dekker, 2020).

There is a paucity of quality data demonstrating that antibiotic resistance genotyping via syndromic panel testing improves patient outcomes, particularly in the outpatient setting. Published studies have significant limitations and small sample sizes. Additionally, the setting in which this testing has been most studied is in critical care patients admitted to the hospital with blood infections/sepsis.

There is a lack of endorsement of this testing from professional society guidelines. Recommendations for or against testing are absent from most guidelines.

U.S. Food and Drug Administration (FDA)

Multiple nucleic acid-based infectious pathogen tests have been cleared or approved by the Center for Devices and Radiological Health for the detection of infectious pathogens. According to the FDA, these tests analyze variations in the sequence, structure, or expression of deoxyribonucleic acid (DNA) and ribonucleic acid (RNA) in order to diagnose disease or medical conditions, infection with an identifiable pathogen, or determine genetic carrier status. Information regarding specific tests may be found on the FDA website at the following URL address:

https://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/InVitroDiagnostics/ucm33071 1.htm

Centers for Disease Control and Prevention ([CDC]; 2021): 2021 Sexually Transmitted Diseases Treatment Guidelines note that nucleic acid pathogen testing is available for chlamydia, bacterial vaginosis, gonorrhea and trichomonas.

Infectious Disease Society of America (IDSA)/American Society for Microbiology (ASM) (2024): On behalf of the IDSA/ASM, Miller et al. published A Guide to Utilization of the Microbiology Laboratory for Diagnosis of Infectious Diseases: 2024 update by the Infectious Diseases Society of America and the American Society for Microbiology.

Regarding laboratory diagnosis of fungal infections of skin and subcutaneous tissue, specifically for dermatophytes/tineas and yeast like fungal infections, the IDSA notes fungal culture, calcofluor-KOH preparation and histopathology are valuable diagnostic procedures used for such infections. For other fungal infections, urine antigen, fungal serology and blood culture are noted as additional diagnostic procedures. The IDSA does not recommend nucleic acid testing as a laboratory method to diagnose fungal infections of the skin and subcutaneous tissue (2024).

Regarding infections of the urinary tract, specifically for the diagnosis of cystitis, pyelonephritis, prostatitis, epididymitis and orchitis, the IDSA notes that routine aerobic culture and gram stain are tests of value related to the diagnosis of pyelonephritis and cystitis. NAAT may be of value in diagnosing adenovirus and BK polyoma virus. Aerobic and fungal culture, mycobacterial culture and serology are tests of value for the diagnosis of various pathogens associated with prostatitis. NAAT and culture are valuable to diagnose Chlamydia trachomatis and Neisseria gonorrhoeae in the setting of epididymitis.

American College of Gastroenterology ([ACG], 2016): On behalf of the ACG, Riddle et al., published an ACG Clinical Guideline for the diagnosis, treatment and prevention of acute diarrheal infections in adults which notes traditional methods of diagnosis (bacterial culture, microscopy with and without special stains and immunofluorescence, and antigen testing) fail to reveal the etiology of the majority of cases of acute diarrheal infection. If available, the use of FDA-approved culture-independent methods of diagnosis can be recommended at least as an adjunct to traditional methods. (Strong recommendation, low level of evidence)

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The Clinical Guideline also notes Stool diagnostic studies may be used if available in cases of dysentery, moderate-to-severe disease, and symptoms lasting >7 days to clarify the etiology of the patient's illness and enable specific directed therapy. (Strong recommendation, very low level of evidence)

American Urological Association ([AUA], 2019): Regarding uncomplicated urinary tract infections in women the AUA notes:

- To make a diagnosis of recurrent UTI, clinicians must document positive urine cultures associated with prior symptomatic episodes. (Clinical Principle)
- Clinicians should obtain urinalysis, urine culture and sensitivity with each symptomatic acute cystitis episode prior to initiating treatment in patients with recurrent UTIs. (Moderate Recommendation; Evidence Level: Grade C)
- Clinicians should omit surveillance urine testing, including urine culture, in asymptomatic patients with recurrent UTIs. (Moderate Recommendation; Evidence Level: Grade C)

(Grade C: Net benefit (or net harm) appears moderate. Applies to most patients in most circumstances but better evidence is likely to change confidence)

U.S. Preventive Services Task Force ([USPSTF], 2021): The Task Force notes Nucleic acid amplification tests (NAATs) for Chlamydia trachomatis and Neisseria gonorrhoeae infections are usually used for screening because their sensitivity and specificity are high for detecting these infections. There are a number of FDA approved tests for use on urogenital and extragenital sites, including urine, endocervical, vaginal, male urethral, rectal, and pharyngeal specimens. Urine testing with NAATs is at least as sensitive as testing with endocervical specimens, clinician- or self-collected vaginal specimens, or urethral specimens in clinical settings. The same specimen can be used to test for chlamydia and gonorrhea.

Medicare Coverage Determinations

| | Contractor | Determination Name/Number | Revision Effective Date |
|-----|--|---|----------------------------|
| NCD | National | Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs (210.10) | 11/8/2011 |
| LCD | CGS Administrators, LLC | Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification Tests (NAATs) (L37364) | 4/4/2024 |
| LCD | First Coast Options | Respiratory Pathogen Panel Testing (L38918) | 7/11/2021 |
| LCD | Noridian Healthcare Solutions, LLC | MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (L39003) | 1/30/2025 |
| LCD | Novitas Solutions | Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (L38229) | 10/26/2023 |
| LCD | Novitas Solutions | Respiratory Pathogen Panel Testing (L38916) | 7/11/2021 |
| LCD | Wisconsin Physicians Service Insurance Corporation | MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (39004) | 1/01/2025 |

Note: Please review the current Medicare Policy for the most up-to-date information.

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Health Equity Considerations

Health equity is the highest level of health for all people; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which people are born, grow, live, work, and age.

Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include safe housing, transportation and neighborhoods; racism, discrimination and violence; education, job opportunities and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

The Centers for Disease Control and Prevention (CDC) reported the results of several studies which note there are higher rates of sexually transmitted diseases (STD) among some underrepresented ethnic and racial groups compared to whites. Factors such as poverty, socioeconomic disparities between groups, including fewer and lower paying jobs and low education levels can make it more difficult for people to stay sexually healthy.

The CDC further notes:

- People who cannot afford basic needs may have trouble accessing quality sexual health services.
- Many under-represented racial and ethnic groups may distrust the health care system, fearing discrimination from doctors and other health care providers.
- In communities with higher STD rates, sexually active people may be more likely to get an STD because they have greater odds of selecting a partner who is infected.

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Revision Details

| Type of Revision | Summary of Changes | Date |
|------------------|---|------------|
| Focus review | No clinical policy statement changes. | 10/15/2025 |
| Annual review | Increased number of pathogens in gastrointestinal and respiratory infectious disease panels to 11 for each panel test. Added policy statement for metagenomic next-generation sequencing Added bullet for herpes simplex/varicella zoster panel | 7/15/2025 |
| Focused review | Coding changes | 2/15/2025 |
| Focused review | • DD | 11/10/2024 |
| Annual review | Added policy statement for antibiotic resistant testing. | 5/15/2024 |

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