

## CLINICAL PAYMENT AND CODING POLICY

If a conflict arises between a Clinical Payment and Coding Policy (CPCP) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. “Plan documents” include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSTX may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act (HIPAA) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (UB) Editor, American Medical Association (AMA), Current Procedural Terminology (CPT®), CPT® Assistant, Healthcare Common Procedure Coding System (HCPCS), ICD-10 CM and PCS, National Drug Codes (NDC), Diagnosis Related Group (DRG) guidelines, Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

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

**Policy Number: CPCPLAB059**

**Version 1.0**

**Enterprise Medical Policy Committee Approval Date: 1/25/2022**

**Plan Effective Date: May 1, 2022**

### Description

BCBSTX has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

## Reimbursement Information:

1. Testing of pH, testing for the presence of amines, saline wet mount, hydrogen peroxide (KOH) wet mount and microscopic examination of vaginal fluids **may be reimbursable** in individuals with symptoms of vaginitis.
2. Direct Probe DNA-based identification of *Gardnerella*, *Trichomonas* **may be reimbursable** in individuals with symptoms of vaginitis.
3. Vaginal cultures for *Candida* species **may be reimbursable** for the diagnosis of vulvovaginal candidiasis in individuals with clinical signs and symptoms of vaginitis and negative findings on wet-mount preparations and a normal pH test.
4. Measurement of sialidase activity in vaginal fluid **may be reimbursable** for the diagnosis of bacterial vaginosis in individuals with symptoms of vaginitis.
5. Nucleic Acid Amplification Test (NAAT) or Polymerase Chain Reaction (PCR)-based identification of *Trichomonas vaginalis* **may be reimbursable** in individuals with symptoms of vaginitis.
6. Screening for *Trichomonas* **may be reimbursable** for individuals with risk factors including new or multiple partners; history of sexually transmitted diseases (STDs), especially HIV; exchange of sex for payment; incarceration; or injection drug use.
7. Polymerase Chain Reaction (PCR) based identification of *Candida* **may be reimbursable** for individuals with complicated vulvovaginal candidiasis (VVC) to confirm clinical diagnosis and identify non-*albicans* *Candida*.
8. Nucleic Acid Amplification Test (NAAT, polymerase chain reaction (PCR) testing and multitarget PCR testing, when limited to known pathogenic species, **may be reimbursable** for the diagnosis of bacterial vaginosis.
9. Screening for trichomoniasis and bacterial vaginosis **is not reimbursable** for premature labor.
10. Rapid identification of *Trichomonas* by enzyme immunoassay **is not reimbursable** in individuals with symptoms of vaginitis.
11. Using molecular-based panel testing, including, but not limited to testing such as SmartJane™, to test for microorganisms involved in vaginal flora imbalance and/or infertility **is not reimbursable**.
12. All other tests for vaginitis not addressed above **are not reimbursable**.

## Procedure Codes

Codes
81513, 81514, 82120, 83986, 87070, 87149, 87150, 87210, 87480, 87481, 87482, 87510, 87511, 87512, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 87808, 87905, Q0111

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### Policy Update History:

5/1/2022	New policy
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