

Reimbursement Policy

Policy Number: RPLAB063

Policy Title: Identification of Microorganisms
Using Nucleic Acid Probes

Approval Date: Aug. 6, 2026

Effective Date: Dec. 4, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement Policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. If a conflict arises between a reimbursement policy 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's 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. Blue Cross and Blue Shield of Texas 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 submitting 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 approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology (CPT®) Assistant, Healthcare Common Procedure Coding System, ICD-10-CM and ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

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

Description

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

Reimbursement Information

1. The reimbursement status of nucleic acid identification using direct probe, amplified probe, or quantification for the microorganism's procedure codes is summarized in Table 1 below. "MBR" in the table below indicates that the test **may be reimbursable** while "INR" tests indicates that the test, **is not reimbursable**.

Table 1

Microorganism	Direct Probe	Amplified Probe	Quantification
<i>Bartonella henselae</i> or <i>quintana</i>		87471(MBR)	87472 (INR)
<i>Chlamydia pneumoniae</i>	87485 (INR)	87486 (MBR)	87487 (INR)
<i>Clostridium difficile</i>		87493 (MBR)	
<i>Cytomegalovirus</i>	87495 (INR)	87496 (MBR)	87497 (MBR)
<i>Enterococcus</i> , Vancomycin- resistant (e.g., <i>enterococcus vanA</i> , <i>vanB</i>)		87500 (MBR)	
<i>Enterovirus</i>		87498 (MBR)	
Hepatitis G	87525 (INR)	87526 (INR)	87527 (INR)
Herpes-virus-6	87531 (INR)	87532 (INR)	87533 (MBR)
<i>Legionella pneumophila</i>	87540 (INR)	87541 (MBR)	87542 (INR)
<i>Mycoplasma pneumoniae</i>	87580 (INR)	87581 (MBR)	87582 (INR)
Orthopoxvirus		87593 (MBR)	
<i>Pneumocystis jirovecii</i>		87594 (MBR)	
Respiratory syncytial virus		87634 (MBR)	
Rubeola virus		87638 (MBR)	

<i>Staphylococcus aureus</i>		87640 (MBR)	
<i>Staphylococcus aureus</i> , methicillin resistant		87641 (MBR)	

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

- Simultaneous ordering of any combination of amplified probe and quantification for the same organism in a single encounter **is not reimbursable**.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Code	Description
87471	BARTONELLA DNA AMP PROBE
87472	BARTONELLA DNA QUANT
87485	CHLMYD PNEUM DNA DIR PROBE
87486	CHLMYD PNEUM DNA AMP PROBE
87487	CHLMYD PNEUM DNA QUANT
87493	C DIFF AMPLIFIED PROBE
87495	CYTOMEG DNA DIR PROBE
87496	CYTOMEG DNA AMP PROBE
87497	CYTOMEG DNA QUANT
87498	ENTEROVIRUS PROBE&REVRS TRNS
87500	VANOMYCIN DNA AMP PROBE
87525	HEPATITIS G DNA DIR PROBE
87526	HEPATITIS G DNA AMP PROBE
87527	HEPATITIS G DNA QUANT
87531	HHV-6 DNA DIR PROBE
87532	HHV-6 DNA AMP PROBE
87533	HHV-6 DNA QUANT
87540	LEGION PNEUMO DNA DIR PROB
87541	LEGION PNEUMO DNA AMP PROB
87542	LEGION PNEUMO DNA QUANT
87580	M.PNEUMON DNA DIR PROBE
87581	M.PNEUMON DNA AMP PROBE
87582	M.PNEUMON DNA QUANT
87593	ORTHOPOXVIRUS AMP PRB EACH

87594	PNEUMCYSTS JIROVECII AMP PRB
87634	RSV DNA/RNA AMP PROBE
87638	IADNA DNA/RNA RUBEOLA MEASLS
87640	STAPH A DNA AMP PROBE
87641	MR-STAPH DNA AMP PROBE

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Centers for Medicare & Medicaid Services. (2026). Healthcare Common Procedure Coding System (HCPCS) Level II.

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Policy History

Approval Date	Description
08/06/2026	12/4/2026; Document updated. The following changes were made to Reimbursement Information: Added <i>Pneumocystis jirovecii</i> amplified probe (87594) and Rubella virus amplified probe (87638) as may be reimbursable in Table 1. Added codes 87594 and 87638. References revised.
07/25/2025	11/07/2025; Document updated with literature review. The following changes were made to Reimbursement Information: Removed “non-vaginal <i>Candida species</i> ” and “ <i>Mycoplasma genitalium</i> ” and associated codes from table. Direct probe testing for <i>Chlamydia pneumoniae</i> , <i>Cytomegalovirus</i> , <i>Legionella pneumophila</i> , Herpes-virus-6, and <i>Mycoplasma pneumoniae</i> changed from “may be reimbursable” to “is not reimbursable” as direct probe testing does not meet criteria. Revised #2 to remove direct probe, which now reads: “Simultaneous ordering of amplified probe and quantification for the same

	organism in a single encounter is not reimbursable. Removed codes 87480, 87481, 87482. References revised.
09/13/2024	01/01/2025: New policy.