

PA.258.MPC Genitourinary Pathogen Nucleic Acid Amplification (NAAT) Panel Testing

Appropriate use of nucleic acid infectious pathogen testing for sexually transmitted infections is determined by statements from Infectious Disease Society of America, Centers for Disease Control, US Preventative Task Force, Centers for Medicare & Medicaid, and professional society recommendations such as American College of Obstetrics & Gynecology.

Maryland Physicians Care **considers Genitourinary Pathogen Nucleic Acid Amplification (NAAT) Panel Testing** medically necessary for Bacterial Vaginosis when:

1. A patient is presenting with symptoms for the first time
2. Has no complicating health factors such as:
 - a. Sexual assault;
 - b. Pregnancy;
 - c. Menopause;
 - d. Immunodeficiency
3. A patient has a clear clinical presentation
4. Microscopic analysis is indeterminate, or self-treatment with a microbicide has already occurred

NOTE: Studies have shown that syndromic diagnosis alone has low to moderate specificity and is insufficient to determine the etiology of vaginitis.

Prior Authorization

Up to two (2) DNA Amplification Code units are covered without prior authorization. Any additional units beyond the initial two will require prior authorization.

Limitations and Exclusions

Due to insufficient evidence of efficacy, the following are unproven and not medically necessary:

- Amplified DNA probe testing for vulvovaginitis due to Candida
- Multiplex polymerase chain reaction (PCR) panel testing of genitourinary pathogens, including but not limited to pathogens commonly associated with Vaginitis
- Screening of asymptomatic individuals for Vaginitis (Routine screening for Candida and Gardnerella in asymptomatic women).

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- Pap smear for the diagnosis of Candida vulvo-vaginitis.

All other ICD-10-CM Codes not covered include:

ICD-10 Code	Description
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings

The screening of asymptomatic pregnant women for bacterial vaginosis to reduce the likelihood of pre-term birth is considered experimental and investigational and is not covered.

Background

Bacterial Vaginosis (BV), Vaginal Candidiasis, and Trichomonas Vaginitis are the most common causes of Vaginitis. Vaginitis is defined as inflammation or infection of the vagina. Vaginosis is caused by the overgrowth of a number of organisms that are normally found in the vagina. Table 1 describes the main features of these three causes.

Table 1. Features of Vaginitis/Vaginosis

Infection	Discharge	Whiff Test	pH	Microscopy
Candida species	Thick, curdy, usually white	Negative	Normal (<4.5)	Yeasts, hyphae
Bacterial Vaginosis	Thin, greyish, copious, fishy smell, homogeneous	Positive	Increased (>4.5)	Clue cells, decreased Lactobacilli
Trichomonas vaginalis	Frothy, yellow green	Positive	Increased (>4.5)	Protozoa

The diagnosis of Bacterial Vaginosis (BV) using clinical criteria is performed by assessing a patient swab via wet prep microscopy for at least three out of four of Amsel's Criteria:

1. Abnormal gray discharge
2. Vaginal pH greater than 4.5
3. A positive amine test, and

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4. 20% of the epithelial cells being clue cells

These criteria are indicative of the change in flora which allow overgrowth of species such as *Gardnerella vaginalis*.

Beginning with microscopy is appropriate and cost effective:

- If microscopic analysis is indeterminate and/or the clinical picture is complicated by self-treatment, the additional cost of sending a swab for NAAT for the specific organisms suspected may be worth the diagnostic clarity.
- Direct and amplified DNA probe testing for bacterial Vaginosis (i.e., *Gardnerella vaginalis*) provided microscopy has been completed and still diagnosis is undetermined, or microscopy is not available

BV NAATs should be used among symptomatic women only (e.g., women with vaginal discharge, odor, or itch) because their accuracy is not well defined for asymptomatic women.

The gold standard for diagnosing Bacterial Vaginosis remains Gram staining to evaluate the quantity of normal flora vs BV flora with a Nugent score greater or equal to 7 or meeting Amsel's criteria, which has a sensitivity of 92% and specificity of 75%. This method also confers the advantage of in-office diagnosis and immediate treatment upon presentation.

Nucleic Acid Amplification Tests (NAT or NAAT)

In contrast, testing with nucleic acid amplification tests (also known as NAT or NAAT) confers higher sensitivity and specificity than microscopic diagnosis, but is much more costly and can delay diagnosis and treatment. Molecular testing for diagnosis of vaginal infections is based on the detection of one or more specific nucleic acid sequences.

Multiple BV NAATs are available for BV diagnosis among symptomatic patients. These tests are based on detection of specific bacterial nucleic acids and have high sensitivity and specificity for BV.

- Two of these assays are FDA cleared (BD Max Vaginal Panel and Aptima BV), and the other three are laboratory-developed tests (NuSwab VG (LabCorp), OneSwab BV Panel PCR with *Lactobacillus* Profiling by qPCR (Medical Diagnostic Laboratories), and SureSwab BV (Quest Diagnostics)).

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- The three laboratory-developed tests (NuSwab VG, OneSwab BV Panel PCR with Lactobacillus Profiling by qPCR, and SureSwab BV) must be internally validated before use for patient care yet have good sensitivity and specificity, similar to FDA-cleared assays.

BV is primarily based on clinical examination and findings.

Review Documentation

The following documentation should be considered when making a review determination:

1. Patient's medical history and reason for the test;
2. Ordering healthcare provider's information;
3. Specimen collection date and time;
4. Specimen type and source;
5. Amplification technique used;
6. Nucleic acid probe information, including the label used;
7. Test results and interpretation; and
8. Any additional relevant clinical information

CPT/HCPCS/ICD-10 Codes

Applicable CPT and HCPCS Codes provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered service.

Note: Modifier 59 may be present to indicate that multiple tests were performed.

Applicable CPT and corresponding ICD-10-CM Codes

Symptomatic Individuals	Test CPT Code	ICD-10-CM Code	Description
Trichomoniasis (Trichomonas vaginalis)	81514	A59.00	Urogenital trichomoniasis, unspecified
	81515	A59.01	Trichomonal vulvovaginitis
	87660	A59.03	Trichomonal cystitis and urethritis

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	87661	A59.09	Other urogenital trichomoniasis
		A59.8	Trichomoniasis of other sites
		A59.9	Trichomoniasis, unspecified
		Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
		Z11.6	Encounter for screening for other protozoal diseases and helminthiasis
		Z11.8	Encounter for screening for other infectious and parasitic diseases
Candida	81514	B37.31	Acute candidiasis of vulva and vagina
	81515	B37.32	Chronic candidiasis of vulva and vagina
	87480	B37.41	Candidal cystitis and urethritis
	87481	B37.42	Candidal balanitis
	87482	B37.49	Other urogenital candidiasis
		B37.9	Candidiasis, unspecified
		Z11.8	Encounter for screening for other infectious and parasitic diseases
Gardnerella Vaginalis	81513	B96.89	Other specified bacterial agents as the cause of diseases classified elsewhere
	81514		
	87510	N76.0	Acute vaginitis
	87511	N76.1	Subacute and chronic vaginitis
	87512	N76.2	Acute vulvitis
		N76.3	Subacute and chronic vulvitis
		Z11.2	Encounter for screening for other bacterial diseases
Chlamydia (Chlamydia trachomatis)	87490	A55	Chlamydial lymphogranuloma (venereum)
	87491	A56.00	Chlamydial infection of lower genitourinary tract, unspecified
	87492	A56.01	Chlamydial cystitis and urethritis
		A56.02	Chlamydial vulvovaginitis
		A56.09	Other chlamydial infection of lower genitourinary tract
		A56.11	Chlamydial female pelvic inflammatory disease
		A56.19	Other chlamydial genitourinary infection
		A56.2	Chlamydial infection of genitourinary tract, unspecified
		A56.3	Chlamydial infection of anus and rectum

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		A56.8	Sexually transmitted chlamydial infection of other sites
		A63.8	Other specified predominantly sexually transmitted diseases
		A64	Unspecified sexually transmitted disease
		A74.81	Chlamydial peritonitis
		A74.89	Other chlamydial diseases
		A74.9	Chlamydial infection, unspecified
		N34.1	Nonspecific urethritis
		Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
		Z11.8	Encounter for screening for other infectious and parasitic diseases
Herpes Simplex Virus (HSV) Types 1 and 2	87528	A60.00	Herpesviral infection of urogenital system, unspecified
	87529	A60.01	Herpesviral infection of penis
	87530	A60.02	Herpesviral infection of other male genital organs
		A60.03	Herpesviral cervicitis
		A60.04	Herpesviral vulvovaginitis
		A60.09	Herpesviral infection of other urogenital tract
		A60.1	Herpesviral infection of perianal skin and rectum
		A60.9	Anogenital herpesviral infection, unspecified
		B00.9	Herpesviral infection, unspecified
		Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
		Z11.59	Encounter for screening for other viral diseases
Gonorrhea (Neisseria gonorrhea)	87590	A54.00	Gonococcal infection of lower genitourinary tract, unspecified
	87591	A54.01	Gonococcal cystitis and urethritis, unspecified
	87592	A54.02	Gonococcal vulvovaginitis, unspecified
	0483U	A54.03	Gonococcal cervicitis, unspecified

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		A54.09	Other gonococcal infection of lower genitourinary tract
		A54.1	Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess
		A54.21	Gonococcal infection of kidney and ureter
		A54.23	Gonococcal infection of other male genital organs
		A54.24	Gonococcal female pelvic inflammatory disease
		A54.29	Other gonococcal genitourinary infections
		A54.6	Gonococcal infection of anus and rectum
		A54.89	Other gonococcal infections
		Z11.2	Encounter for screening for other bacterial diseases
		Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
Human Papillomavirus (HPV), high-risk types (e.g., types 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	87624 87625 87626	A63.0	Anogenital (venereal) warts
		B97.7	Papillomavirus as the cause of diseases classified elsewhere
		C53.0	Malignant neoplasm of endocervix
		C53.1	Malignant neoplasm of exocervix
		C53.8	Malignant neoplasm of overlapping sites of cervix uteri
		C53.9	Malignant neoplasm of cervix uteri, unspecified
		D06.0	Carcinoma in situ of endocervix
		D06.1	Carcinoma in situ of exocervix
		D06.7	Carcinoma in situ of other parts of cervix
		D06.9	Carcinoma in situ of cervix, unspecified
		D26.0	Other benign neoplasm of cervix uteri
		R85.81	Anal high risk human papillomavirus (HPV) DNA test positive
		R87.810	Cervical high risk human papillomavirus (HPV) DNA test positive
		R87.811	Vaginal high risk human papillomavirus (HPV) DNA test positive

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		Z11.51	Encounter for screening for human papillomavirus (HPV)
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Asymptomatic individual with any of the following:	ICD-10-CM Codes/Ranges:	Description
•high-risk behavior (e.g., exposure to possible infected partner) •high-risk condition (e.g., pregnancy, HIV infection) •high-risk experience (e.g., assault) •chlamydia and/or gonorrhea screening in sexually active individual •human papillomavirus (HPV) cervical cancer screening	B20	Human immunodeficiency virus [HIV] disease
	B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
	F11.20 – F11.229	Opioid dependence
	F13.20 – F13.229	Sedative, hypnotic, or anxiolytic-related dependence
	F14.20 – F14.29	Cocaine dependence
	F15.20 – F15.29	Other stimulant dependence
	F16.20 – F16.29	Hallucinogen dependence
	F19.20 – F19.2	Other psychoactive substance dependence
	O09 High Risk Pregnancy Range	Supervision of high-risk pregnancy
	O98 Maternal Infections and parasitic diseases range	Maternal infectious and parasitic diseases classifiable elsewhere but complicating pregnancy, childbirth, and the puerperium
	Z11.8	Encounter for screening for other infectious and parasitic diseases
	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

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	Z29.81	Encounter for HIV pre-exposure prophylaxis
	Z72.89	Other problems related to lifestyle
	Z72.51	High risk heterosexual behavior
	Z72.52	High risk homosexual behavior
	Z72.53	High risk bisexual behavior
	Z77.9	Other contact with and (suspected) exposures hazardous to health

CPT Code / HCPCS Code Descriptions	
Code	Description
0483U	Infectious disease (<i>Neisseria gonorrhoeae</i>), sensitivity, ciprofloxacin resistance (gyrA S91F point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of fluoroquinolone resistance
81513	Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for <i>Atopobium vaginae</i> , <i>Gardnerella vaginalis</i> , and <i>Lactobacillus</i> species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis
81514	Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for <i>Gardnerella vaginalis</i> , <i>Atopobium vaginae</i> , <i>Megasphaera</i> type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and <i>Lactobacillus</i> species (<i>L. crispatus</i> and <i>L. jensenii</i>), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of <i>Trichomonas vaginalis</i> and/or <i>Candida</i> species (<i>C. albicans</i> , <i>C. tropicalis</i> , <i>C. parapsilosis</i> , <i>C. dubliniensis</i>), <i>Candida glabrata</i> , <i>Candida krusei</i> , when reported
81515	Infectious disease, bacterial vaginosis and vaginitis, real-time PCR amplification of DNA markers for <i>Atopobium vaginae</i> , <i>Atopobium</i> species, <i>Megasphaera</i> type 1, and Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), utilizing vaginal-fluid specimens, algorithm
87480	Infectious agent detection by nucleic acid (DNA or RNA); <i>Candida</i> species, direct probe technique
87481	Infectious agent detection by nucleic acid (DNA or RNA); <i>Candida</i> species, amplified probe technique

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87482	Infectious agent detection by nucleic acid (DNA or RNA); <i>Candida</i> species, quantification
87490	Infectious agent detection by nucleic acid (DNA or RNA); <i>Chlamydia trachomatis</i> , direct probe technique
87491	Infectious agent detection by nucleic acid (DNA or RNA); <i>Chlamydia trachomatis</i> , amplified probe technique
87492	Infectious agent detection by nucleic acid (DNA or RNA); <i>Chlamydia trachomatis</i> , quantification
87510	Infectious agent detection by nucleic acid (DNA or RNA); <i>Gardnerella vaginalis</i> , direct probe technique
87511	Infectious agent detection by nucleic acid (DNA or RNA); <i>Gardnerella vaginalis</i> , amplified probe technique
87512	Infectious agent detection by nucleic acid (DNA or RNA); <i>Gardnerella vaginalis</i> , quantification
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
87530	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification
87590	Infectious agent detection by nucleic acid (DNA or RNA); <i>Neisseria gonorrhoeae</i> , direct probe technique
87591	Infectious agent detection by nucleic acid (DNA or RNA); <i>Neisseria gonorrhoeae</i> , amplified probe technique
87592	Infectious agent detection by nucleic acid (DNA or RNA); <i>Neisseria gonorrhoeae</i> , quantification
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

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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)
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
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique
87802	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; Streptococcus, group B

Not Otherwise Specified (NOS) CPT Codes: 87797, 87798, 87799, for molecular microbe testing are **not reimbursable** when a more specific CPT/HCPSC code is available for use.

Code	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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