OHCA Guideline

Medical Procedure Class:	Molecular Diagnostic Testing for Infectious Diseases
Initial Implementation Date:	November 1, 2022
Last Review Date:	January 2026
Effective Date:	February 1, 2026
Next Review/Revision Date:	January 2029

* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.

☐ New Criteria ☒ Revision of Existing Criteria

Summary

Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.

Definitions

Polymerase Chain Reaction (PCR) – a biochemical laboratory technique used to make thousands or even millions of copies of a segment of DNA. It is commonly used to amplify a small amount of specific targeted DNA from among a mixture of DNA samples. PCR is a type of Nucleic Acid Amplification Test (NAAT)

Direct Probe Technique – detection methods where nucleic acids are detected without initial amplification processing.

Amplified Probe Technique – technique without quantification, detection method in which the sensitivity of the assay is improved over direct probe techniques.

Probe with Quantification Technique – methods used to report absolute or relative amounts of nucleic acid sequences in the original sample.

***High risk behaviors for acquiring a sexually transmitted disease include the following:**

1. Early sexual activity, for example before age 18;
2. Multiple sex partners;
3. Sex with a high-risk partner (one who has multiple sex partners or other risk factors);
4. Unprotected intercourse without consistent or correct condom use, except in a long-term, single-partner (monogamous) relationship;
5. Unprotected mouth-to-genital contact, except in a long-term monogamous relationship;
6. Having anal sex or a partner who does, except in a long-term, single-partner monogamous relationship;
7. Having sex with a partner who injects or has ever injected drugs;
8. Exchange of sex (sex work) for drugs or money;
9. Having had *Chlamydia trachomatis* or other sexually transmitted diseases in the past.

Description

The purpose of molecular 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, and fungi, including yeast. 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. 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. There may also be a need to quantify rather than simply detect the presence of certain microorganisms (i.e., quantification).

General Considerations

1) Healthcare practitioners are expected to use clinical knowledge, judgement, and skills in determining most likely etiologies and most appropriate medical decisions and not to rely on molecular diagnostic testing for common ailments and treatment decisions.
2) Molecular diagnostic testing for pathogens that can reasonably be diagnosed with history, physical exam, and usual clinical testing like flu screening, rapid strep, urine analysis, culture and sensitivity, simple smears or wet preps and microscopic detection are not considered medically necessary. Molecular diagnostic testing should only be considered when these tests are inconclusive, or the medical condition persists or worsens.
3) Molecular diagnostic testing is most appropriate for use in inpatient facilities in situations where less common conditions and increased illness severity require this type of testing. There is limited use in the outpatient setting and should be reserved for diagnostic dilemmas and uncommon occurrences.
4) Because viruses cause most upper respiratory tract infections, the diagnostic role of laboratory investigations and radiologic studies is limited. Only after common conditions are ruled out, should testing be considered for uncommon viral conditions.
5) Molecular testing just to determine antibiotic necessity or selection of antibiotic when empiric prescription is the usual course is not considered medically necessary.
6) The Oklahoma Health Care Authority (OHCA) does not consider routine molecular diagnostic screening or testing for urinary tract infections to be medically necessary.
7) It is not appropriate to simultaneously bill for both direct and amplification probes or to simultaneously bill for quantification with direct or amplification probes.
8) Laboratories must have the appropriate CLIA specialty/subspecialty certifications for the lab tests they perform.
9) OHCA, in general, follows the guidelines established by the Infectious Disease Society of America for infectious disease testing.

Documentation

1) The medical record must contain documentation that the testing is expected to influence treatment of the condition towards which the testing is directed.
2) The laboratory or billing provider must have on file the physician requisition which sets forth the diagnosis or condition that warrants the test(s).
3) Examples of documentation requirements for the ordering provider include, but are not limited to, history and physical exam findings that support the decision making, problems/diagnoses, relevant data (e.g., lab testing results).
4) The performing laboratory should have the following documentation available upon request: CLIA certificate that contains specialty/subspecialty certifications for the lab tests performed test requisitions, test reports (preliminary and final), quality control records, and information to support use of any lab developed tests.

5) Billing providers are required to code specificity; however, if a 'not otherwise specified' CPT code is used the documentation must clearly identify the unique procedure performed. When multiple procedure codes are submitted (unique and/or unlisted) the documentation supporting each code should be easily identifiable. If on review the billed code cannot be linked to the documentation, this service may be denied.
6) When the documentation does not meet the criteria for the service rendered/requested or the documentation does not establish the medical necessity for the service, the service may be denied as not reasonable and necessary.

Coverage Considerations

Please note: payment for laboratory testing in the inpatient setting is included in the hospital DRG payment and therefore coverage is not addressed in these guidelines.

Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

Coverage considerations for individual test codes in the outpatient setting (outpatient hospitals, clinics, and/or independent laboratories):

CPT Code	Description	Comments
81513	Infectious disease, bacterial vaginosis, quantitative RNA markers utilizing vaginal fluid	Testing covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indications: • Member has symptomatic bacterial vaginosis; and • Test result will aid in clinical management with the goal of improved health outcome for the member Testing is NOT covered for asymptomatic individuals during routine exams, contraceptive management care, or pregnancy care.
87471	*Bartonella henselae* and *Bartonella quintana*, amplified probe technique	Covered for testing in **OUTPATIENT hospital testing only** for the following indications: • Testing may be recommended to confirm diagnosis in immunocompromised or severely ill members with signs and symptoms (s/s) of Bartonella infection; or May be used to distinguish *B. henselae* from *B. quintana* infection in HIV-infected members and other immunocompromised members with s/s of bacillary angiomatosis or pelosis hepatitis
87472	*Bartonella henselae* and *Bartonella quintana*, quantitative	**Not covered** - not considered medically necessary in the outpatient setting
87475	*Borrelia burgdorferi*, direct probe technique	**Not covered** - not considered medically necessary in the outpatient setting
87476	*Borrelia burgdorferi*, amplified probe technique	**Not covered** - not considered medically necessary in the outpatient setting
87480	Candida species, direct probe technique	Testing covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indications: • Routine screening:

		○ Evidence does not support routine screening for Candida species, even in asymptomatic pregnant members • Diagnostic testing: ○ Candida testing is generally diagnosed by non-molecular methods (clinical criteria, microscopy, and culture) ○ When necessary to evaluate vaginitis with molecular testing, only direct probe DNA tests are considered medically necessary. ○ Amplified DNA-probe tests are not considered medically necessary as they have not been shown to improve clinical outcomes over direct probe DNA testing. • Subtyping for *Candida glabrata* and other nonalbicans Candida species is not routinely medically necessary. Exceptions may be considered if complicated vulvovaginal candidiasis (VVC) is diagnosed. Complicated VVC may include the following: ○ Recurrent VVC defined as 4 or more episodes of symptomatic VVC within 1 year; or ○ Severe VVC such as extensive vulvar erythema, edema, excoriation, and fissure formation
87481	Candida species, amplified probe technique	Testing covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indications: • Routine screening: ○ Evidence does not support routine screening for Candida species, even in asymptomatic pregnant members • Diagnostic testing: ○ Candida testing is generally diagnosed by non-molecular methods (clinical criteria, microscopy, and culture) ○ When necessary to evaluate vaginitis with molecular testing, only direct probe DNA tests are considered medically necessary. ○ Amplified DNA-probe tests are not considered medically necessary as they have not been shown to improve clinical outcomes over direct probe DNA testing. • Subtyping for *Candida glabrata* and other nonalbicans Candida species is not routinely medically necessary. Exceptions may be considered if complicated vulvovaginal candidiasis (VVC) is diagnosed. Complicated VVC may include the following:

		○ Recurrent VVC defined as 4 or more episodes of symptomatic VVC within 1 year; or ○ Severe VVC such as extensive vulvar erythema, edema, excoriation, and fissure formation
87482	Candida species, quantification	**Not covered** – not considered medically necessary in the outpatient setting
87483	Central nervous system pathogen panel, 12-25 targets	**Not covered** – not considered medically necessary in the outpatient setting
87485	*Chlamydia pneumoniae*, direct probe technique	**Not covered** – not considered medically necessary in the outpatient setting • *Chlamydia pneumoniae* can cause an atypical pneumonia/community acquired pneumonia • Specific diagnosis is not indicated in most cases • Specific diagnosis might be indicated in severely ill individuals who are hospitalized
84786	*Chlamydia pneumoniae*, amplified probe technique	**Not covered** – not considered medically necessary in the outpatient setting • *Chlamydia pneumoniae* can cause an atypical pneumonia/community acquired pneumonia • Specific diagnosis is not indicated in most cases • Specific diagnosis might be indicated in severely ill individuals who are hospitalized
87487	*Chlamydia pneumoniae*, amplified probe technique	**Not covered** – not considered medically necessary in the outpatient setting
87490	*Chlamydia trachomatis*, direct probe technique	**Not covered** – not considered medically necessary in the outpatient setting as direct sampling has less sensitivity than NAAT (nucleic acid amplified testing)
87491	*Chlamydia trachomatis*, amplified probe technique	Testing covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indications: • Screening ○ Routine annual screening of all sexually active individuals assigned female at birth ages 24 years or under; or ○ Screening of sexually active individuals assigned female at birth ages 25 years of age and over with risk factors*; or ○ Routine screening of all pregnant individuals during one of first prenatal visits; or ○ Re-testing of all pregnant individuals ages 24 years and under performed during the third trimester; or ○ Re-testing of all pregnant individuals ages 25 or over during the third trimester when at increased risk* for Chlamydia; or ○ Screening of sexually active individuals assigned male at birth with risk factors* • Diagnostic testing

		○ Cervicitis; or ○ Urethritis • Routine test of cure is not recommended and therefore, is not considered medically necessary • Repeat testing to document eradication of infection after completing an appropriate treatment regimen is recommended only in the following settings: ○ Patient is pregnant; or ○ Symptoms persist; or ○ Re-infection is suspected; or ○ Compliance with therapy is in question
87492	*Chlamydia trachomatis*, quantification	**Not covered** – not considered medically necessary in the outpatient setting
87493	*Clostridium difficile*, toxin gene(s), amplified probe technique	Covered for **OUTPATIENT hospital testing only** • Testing does not distinguish between carrier and active infection • May be recommended in connection with additional testing in members with signs and symptoms of *Clostridium difficile* including but not limited to: ○ Watery diarrhea (10-15 times per day); ○ Strong foul odor of diarrhea; ○ Abdominal pain and cramping; ○ Fever, nausea and/or vomiting; ○ Dehydration; ○ Blood or pus in stools
87495	Cytomegalovirus, direct probe technique	**Not covered** – not considered medically necessary in the outpatient setting
87496	Cytomegalovirus, amplified probe technique	**Not covered** – not considered medically necessary in the outpatient setting
87497	Cytomegalovirus, quantification	Testing covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indications: • Covered for immunocompromised individuals only; and • Used to monitor response to therapy
87498	Enterovirus, amplified probe technique, includes reverse transcription when performed	**Not covered** – not considered medically necessary in the outpatient setting
87500	Vancomycin resistance, amplified probe technique	Covered for **OUTPATIENT hospital testing only** • Testing may be recommended for individuals at risk for Vancomycin resistant enterococci (VRE) with signs/symptoms consistent with the disease, such as fever, chills, redness, swelling, pain, and drainage or pus from a wound or surgical site
87501	Influenza virus, includes reverse transcription, when performed, and amplified probe technique	**Not covered** – not considered medically necessary in the outpatient setting as testing for only one type of influenza is not recommended

87502	Influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique	Testing covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indications: • Member is symptomatic; • Outpatient setting is equipped to deliver timely results; and • Test result will aid in clinical management with the goal of an improved health outcome for the member
87503	Influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2	Testing covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indications: • At this time the evidence supporting testing in the outpatient setting is limited to individuals who are at high risk for complications or respiratory viral infection, including immunocompromised individuals, those with chronic respiratory illness, influenza complicated by pneumonia, or pregnant, when the result of testing is used to guide or alter management • Evidence does not demonstrate clinical utility in average risk individuals in the outpatient setting; use of these tests has not been shown to change treatment decisions and/or improve subsequent clinical outcomes
87505	Gastrointestinal pathogen (e.g., *Clostridium difficile*, *E. coli*, *Salmonella*, *Shigella*, norovirus, *Giardia*) includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types, or sub-types, 3-5 targets	**Not covered** – not considered medically necessary in the outpatient setting as standard of care for confirmation of infection is culture, not PCR testing
87506	Gastrointestinal pathogen (e.g., *Clostridium difficile*, *E. Coli*, *Salmonella*, *Shigella*, norovirus, *Giardia*) includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types, or sub-types, 6-11 targets	**Not covered** – not considered medically necessary in the outpatient setting as standard of care for confirmation of infection is culture, not PCR testing
87507	Gastrointestinal pathogen (e.g., *Clostridium difficile*, *E. coli*, *Salmonella*, *Shigella*, norovirus, *Giardia*) includes multiplex reverse transcription, when performed, and multiplex amplified probe technique,	**Not covered** – not considered medically necessary in the outpatient setting as standard of care for confirmation of infection is culture, not PCR testing

	multiple types, or sub-types, 12-25 targets	

87510	*Gardnerella vaginalis*, direct probe technique	Testing covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indications:
		• Screening
		  ○ Evidence does not support routine screening for *Gardnerella vaginalis* for any indications
		• Diagnostic testing
		  ○ No indications for testing individuals assigned male at birth
		  ○ *Gardnerella vaginalis* testing is generally diagnosed with non-molecular methods, such as clinical criteria and microscopy
		  ○ Molecular testing for *Gardnerella vaginalis* should rarely be necessary
		  ○ Guidelines do support molecular testing for *Gardnerella vaginalis* in symptomatic individuals assigned female at birth when microscopy is not available
		  ○ Symptoms may include but are not limited to foul smelling vaginal discharge, burning while urinating, or vaginal itching

87511	*Gardnerella vaginalis*, amplified probe technique	Testing covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indications:
		• Screening
		  ○ Evidence does not support routine screening for *Gardnerella vaginalis* for any indications
		• Diagnostic testing
		  ○ No indications for testing individuals assigned male at birth
		  ○ *Gardnerella vaginalis* testing is generally diagnosed with non-molecular methods, such as clinical criteria and microscopy
		  ○ Molecular testing for *Gardnerella vaginalis* should rarely be necessary
		  ○ Guidelines do support molecular testing for *Gardnerella vaginalis* in symptomatic individuals assigned female at birth when microscopy is not available
		  ○ Symptoms may include but are not limited to foul smelling vaginal discharge, burning while urinating, or vaginal itching

87512	*Gardnerella vaginalis*, quantification	**Not covered** – not considered medically necessary in the outpatient setting
87516	Hepatitis B, amplified probe technique	Covered for **OUTPATIENT hospital testing only** The standard of care is to use antibody/antigen testing for diagnosis, not PCR

87517	Hepatitis B, quantification	Testing covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indication: • Testing is used to monitor treatment for hepatitis B, not for diagnosis
87520	Hepatitis C, direct probe technique	**Not covered** – not considered medically necessary in the outpatient setting
87521	Hepatitis C, amplified probe technique	**Not covered** – not considered medically necessary in the outpatient setting as standard diagnostic testing is not usually done with PCR but with antibody testing
87522	Hepatitis C, quantification	Testing covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indication: • Testing used to monitor treatment for hepatitis C, not diagnosis
87525	Hepatitis G, direct probe technique	**Not covered** – not considered medically necessary in the outpatient setting
87526	Hepatitis G, amplified probe technique	**Not covered** – not considered medically necessary in the outpatient setting
87527	Hepatitis G, quantification	**Not covered** – not considered medically necessary in the outpatient setting
87528	Herpes simplex virus, direct probe technique	**Not covered** – not considered medically necessary in the outpatient setting

87259	Herpes simplex virus, amplified probe technique	Testing covered when performed in a **hospital lab, independent lab, or clinic lab** for the following indications:
		• Screening:
		  ○ Current guidelines explicitly recommend against testing asymptomatic individuals for HSV and therefore is not covered
		• Diagnostic testing
		  ○ Indications for testing symptomatic individuals:
		  ▪ New or recurrent vesicular and/or ulcerative lesions, vesicles, or ulcers on or around the genitals, rectum, buttocks, or thighs
		  ▪ Recurrent genital symptoms and atypical symptoms with negative HSV cultures

87530	Herpes simplex virus, quantification	Covered for **OUTPATIENT hospital testing only** when used to monitor treatment for disseminated herpes • Not covered for diagnostic testing for HSV
87531	Herpes virus 6, direct probe technique	**Not covered** – not considered medically necessary in the outpatient setting
87532	Herpes virus 6, amplified probe technique	Covered for **OUTPATIENT hospital testing only** • Herpes virus 6 is not common and severe disease is usually limited to immunocompromised individuals
87533	Herpes virus 6, quantification	Covered for **OUTPATIENT hospital testing only**

		• Herpes virus 6 is not common and severe disease is usually limited to immunocompromised individuals • Quantification testing should only be used for treatment monitoring
87534	HIV 1, direct probe technique	**Not covered** – not considered medically necessary in the outpatient setting
87535	HIV 1, amplified probe technique	Testing is covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indications: • Screening for a diagnosis of HIV in any adolescent or adult 15-65 years of age; or • Screening for a diagnosis of HIV in any individual with a potential HIV exposure or engaging in behavior associated with an increased risk of HIV infection who is within the window period when standard combined antibody/antigen screening may not be effective; or • Screening for a diagnosis of HIV in pregnancy
87536	HIV 1, quantification	Testing is covered when performed by **a hospital lab, independent lab, or clinic lab** for the following indication: • Monitoring treatment of HIV
87537	HIV 2, direct probe technique	**Not covered** – not considered medically necessary in the outpatient setting
87538	HIV 2, amplified probe technique	Testing is covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indications: • Screening for a diagnosis of HIV in any adolescent or adult 15-65 years of age; or • Screening for a diagnosis of HIV in any individual with a potential HIV exposure or engaging in behavior associated with an increased risk of HIV infection who is within the window period when standard combined antibody/antigen screening may not be effective; or • Screening for a diagnosis of HIV in pregnancy
87539	HIV 2, quantification	Testing is covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indication: • Monitoring and treatment of HIV
87540	*Legionella pneumoniae*, direct probe technique	**Not covered** – not considered medically necessary in the outpatient setting
87541	*Legionella pneumoniae*, amplified probe technique	Covered for **OUTPATIENT hospital testing only** • *Legionella pneumoniae* can cause an atypical pneumonia/community acquired pneumonia • Covered by most treatment for community acquired pneumonia without a need for testing • Testing may be recommended for those who are immunocompromised and/or hospitalized with pneumonia

		• Should be suspected when there is an outbreak of legionella in the community
87542	*Legionella pneumoniae*, quantification	**Not covered** – not considered medically necessary in the outpatient setting
87550	Mycobacteria species, direct probe technique	**Not covered** – not considered medically necessary in the outpatient setting
87551	Mycobacteria species, amplified probe technique	Covered for **OUTPATIENT hospital testing only** • Appropriate to test only those individuals with a positive culture for non-tuberculosis mycobacterium
87552	Mycobacteria species, quantification	**Not covered** – not considered medically necessary in the outpatient setting
87555	*Mycobacteria tuberculosis*, direct probe technique	**Not covered** – not considered medically necessary in the outpatient setting
87556	*Mycobacteria tuberculosis*, amplified probe technique	Testing covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indication: • Testing recommended for members with signs/symptoms of TB with risk factors and for rapid diagnostic testing of acid-fast stain positive respiratory tract specimens
87557	*Mycobacteria tuberculosis*, quantification	**Not covered** – not considered medically necessary in the outpatient setting
87560	*Mycobacteria avium-intracellulare*, direct probe technique	**Not covered** – not considered medically necessary in the outpatient setting
87561	*Mycobacteria avium-intracellulare*, amplified probe technique	Testing covered when performed by **a hospital lab, independent lab, or clinic lab** for the following indication: • Test only those with positive culture for nontuberculosis mycobacterium who are at risk for *Mycobacterium avium-intracellulare*
87562	*Mycobacteria avium-intracellulare*, quantification	**Not covered** – not considered medically necessary in the outpatient setting
87563	*Mycobacteria genitalium*, amplified probe technique	Testing covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indication: • Testing is only indicated for treatment of resistant/recurrent urethritis or cervicitis
87580	*Mycoplasma pneumoniae*, direct probe technique	**Not covered** – not considered medically necessary in the outpatient setting
87581	*Mycoplasma pneumoniae*, amplified probe technique	**Not covered** – not considered medically necessary in the outpatient setting • *Mycoplasma pneumoniae* can cause an atypical pneumonia/community acquired pneumonia • Specific diagnosis is not indicated in most cases • Specific diagnosis might be indicated in severely ill individuals who are hospitalized
87582	*Mycoplasma pneumoniae*, quantification	**Not covered** – not considered medically necessary in the outpatient setting

87590	*Neisseria gonorrhea*, direct probe technique	**Not covered** – not considered medically necessary in the outpatient setting

87591	*Neisseria gonorrhea*, amplified probe technique	Testing is covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indications:
		• Screening:
		  ○ Routine annual screening of all sexually active individuals assigned female at birth ages 24 and under; or
		  ○ Screening of sexually active individuals assigned female at birth ages 25 years and over who are at increased risk * of infection; or
		  ○ All pregnant individuals at increased risk for gonorrhea should be screened at the first prenatal visit for *Neisseria gonorrhea*; or
		  ○ Uninfected pregnant individuals who remain at high risk of gonococcal infection also should be retested during the third trimester; or
		  ○ Screening of sexually active individuals who have an infected partner; or
		  ○ Screening of all sexually active adults prescribed preexposure prophylaxis (PrEP) for prevention of HIV infection
		• Diagnostic testing:
		  ○ Cervicitis; or
		  ○ Urethritis
		• Test frequency:
		  ○ When indicated repeat testing to document eradication should not be performed until 3-4 weeks after the positive result
		  ○ Pregnant individuals diagnosed with gonococcal infection during the first trimester should be retested within approximately 3-6 months preferably in the third trimester
		  ○ Recently infected individuals should be retested 3 to 12 months after treatment

87592	*Neisseria gonorrhea*, quantification	**Not covered** – not considered medically necessary in the outpatient setting
87593	Orthopoxvirus (e.g., monkeypox virus, cowpox virus, vaccinia virus) amplified probe technique	Covered for **outpatient hospital and health department testing** for the following indications: • Testing is only recommended for a rash consistent with monkeypox; and • Requires a swab sample taken directly from a lesion (not appropriate for throat, saliva, or blood samples)
87623	HPV, low risk types (e.g., 6, 11, 42, 43, 44)	**Not covered** – not considered medically necessary in the outpatient setting

87624	HPV, high risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	Testing is covered when performed by a **hospital lab, independent lab, or clinical lab** for the following indications: • HPV testing should only be performed to detect high-risk (oncogenic) types of HPV – testing for low-risk types is considered not medically necessary • Covered as a screening tool for the following indications: o Individuals assigned female at birth ages 25-65 years of age - high-risk HPV testing alone or combined with Pap-smear (co-testing) may be allowed every 5 years o Individuals assigned female at birth ages 25 years and over who are HPV positive, but cytology negative may test again by co-testing in one year or be tested by HPV high-risk oncogenic sub-type genotyping o Individuals assigned female at birth ages 25 and over with cytology reported as negative and with absent or insufficient endocervical/transformation zone (EC/TZ) component and no or unknown HPV test results • Diagnostic o Reflex to HPV testing for management of individuals assigned female at birth with atypical squamous cells of undetermined significance (ASC-US) cervical cytology results starting at age 21 years; or o Co-testing at one year post cervical intraepithelial neoplasia grade 1 (CIN 1) or no lesion preceded by HPV-16 or HPV-18 positivity, persistent untyped oncogenic HPV, ASC-US, and low grade squamous intra epithelial lesion (LSIL) starting at age 25 years o For individuals assigned female at birth testing for cervical intraepithelial neoplasia (CIN2, CIN 3 or CIN2,3), co-testing at 12 months and 24 months is recommended o Post-menopausal individuals with LSIL
87625	HPV, high risk types 16 and 18 only, includes type 45 if performed	Testing covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indications: • May be allowed in addition to 87624 only when results for 87624 are positive and knowing if type 16, 18, or 45 are positive will influence treatment • HPV testing should only be performed to detect high-risk (oncogenic)types of HPV; testing for low-risk types is considered not medically necessary

		• Covered as a screening tool for the following indications:
		  ○ Individuals assigned female at birth ages 25-65 years of age – high-risk HPV testing alone or combined with Pap smear (co-testing) may be allowed every 5 years
		  ○ Individuals assigned female at birth ages 25 years and over who are HPV positive, but cytology negative may:
		  ▪ test again by co-testing in one year; or
		  ▪ be tested by HPV high-risk oncogenic sub-type genotyping
		  ○ Individuals assigned female at birth ages 25 and over with cytology reported as negative and with absent or insufficient endocervical/transformation zone (EC/TZ)component and no or unknown HPV test results
		• Diagnostic testing:
		  ○ Reflex to HPV testing for management of individuals with atypical squamous cells of undetermined significance (ASC-US) cervical cytology results starting at age 21 years; or
		  ○ Co-testing at 1 year post cervical intraepithelial neoplasia grade 1 (CIN 1) or no lesion preceded by HPV-16 HPV-18 positivity, persistent untyped oncogenic HPV, ASC-US, and low grade squamous intraepithelial lesion (LSIL) starting at age 25 years
		  ○ For individuals tested for cervical intraepithelial neoplasia (CIN 2, CIN 3 or CIN 2,3), co-testing at 12 months and 24 months is recommended
		  ○ Post-menopausal individuals with LSIL

87631	Respiratory virus (e.g., adenovirus, influenza, coronavirus, metapneumovirus, parainfluenza virus, RSV, rhinovirus), includes multiplex reverse transcription when performed, and multiplex amplified probe technique, multiple types, or sub-types, 3-5 targets	Testing covered when performed by a **hospital lab, independent lab, or clinical lab** for the following indications: • At this time, the evidence supporting testing in the outpatient setting is limited to individuals who are at high risk for complications of respiratory viral infection, including immunocompromised individuals, those with chronic respiratory illness, influenza complicated by pneumonia, or pregnant, when the result of testing is used to guide or alter management • Evidence does not demonstrate clinical utility in average risk individuals in the outpatient setting; use of these tests has not been shown to change

		treatment decisions and improve subsequent clinical outcomes
87632	Respiratory virus (e.g., adenovirus, influenza, coronavirus, metapneumovirus, parainfluenza virus, RSV, rhinovirus), includes multiplex reverse transcription when performed, and multiplex amplified probe technique, multiple types, or sub-types, 6-11 targets	**Not covered** – not considered medically necessary in the outpatient setting
87633	Respiratory virus (e.g., adenovirus, influenza, coronavirus, metapneumovirus, parainfluenza virus, RSV, rhinovirus), includes multiplex reverse transcription when performed, and multiplex amplified probe technique, multiple types, or sub-types, 12-25 targets	**Not covered** – not considered medically necessary in the outpatient setting
87634	Respiratory syncytial virus, amplified probe technique	Testing covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indications: • At this time, the evidence supporting testing in the outpatient setting is limited to individuals who are at high risk of complications of respiratory viral infection, including immunocompromised individuals, those with chronic respiratory illness, influenza complicated by pneumonia, or pregnant, when the result of testing is used to guide or alter management • Evidence does not demonstrate clinical utility in average risk individuals in the outpatient setting; use of these tests has not been shown to change treatment decisions and improve subsequent clinical outcomes.
87635	Severe acute respiratory syndrome, coronavirus 2 (COVID-19), amplified probe technique	Testing covered when performed by a **hospital lab, independent lab, or clinic lab** for indications consistent with CDC guidance related to COVID-19
87636	Severe acute respiratory syndrome, coronavirus 2 (COVID-19) and influenza type A and B	Testing covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indications: • At this time, the evidence supporting testing in the outpatient setting is limited to individuals who are at high risk of complications of respiratory viral infection, including immunocompromised individuals, those with chronic respiratory illness,

		influenza complicated by pneumonia, or pregnant, when the result of testing is used to guide or alter management • Evidence does not demonstrate clinical utility in average risk individuals in the outpatient setting; use of these tests has not been shown to change treatment decisions and improve subsequent clinical outcomes.
87637	Severe acute respiratory syndrome, coronavirus 2 (COVID-19) and influenza type A and B, and RSV, multiplex amplified probe technique	Testing covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indications: • At this time, the evidence supporting testing in the outpatient setting is limited to individuals who are at high risk of complications of respiratory viral infection, including immunocompromised individuals, those with chronic respiratory illness, influenza complicated by pneumonia, or pregnant, when the result of testing is used to guide or alter management • Evidence does not demonstrate clinical utility in average risk individuals in the outpatient setting; use of these tests has not been shown to change treatment decisions and improve subsequent clinical outcomes.
87640	*Staphylococcus aureus*, amplified probe technique	**Not covered** – not considered medically necessary in the outpatient setting
87641	*Staphylococcus aureus*, methicillin resistant (MRSA), amplified probe technique	Covered for **OUTPATIENT hospital testing only** Used to distinguish MRSA from non-resistant forms of *Staphylococcus aureus*, not for the mere presence of *Staphylococcus aureus*
87650	Streptococcus, group A, direct probe technique	**Not covered** – not considered medically necessary in the outpatient setting as there are other reliable tests for Strep A in the outpatient setting
87651	Streptococcus, group A, amplified probe technique	Testing covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indications: • Member is symptomatic; • Outpatient setting is equipped to deliver timely results; and • Test will aid in clinical management with the goal of an improved health outcome for the member
87652	Streptococcus, group A, quantification	**Not covered** – not considered medical y necessary in the outpatient setting as there are other reliable tests for Strep A in the outpatient setting
87653	Streptococcus, group B, amplified probe technique	**Not covered** – not considered medically necessary in the outpatient setting
87660	*Trichomonas vaginalis*, direct probe technique	Testing is covered when performed in a **hospital lab, independent lab, or clinic lab** for the following indications: • Screening:

		○ Screening for those at increased risk* for *Trichomonas vaginalis* infection; or ○ Screening for sexually active individuals assigned female at birth who are HIV positive at entry into care and then at least annually ; or ○ Screening of sexually active individuals who have an infected partner ○ Routine screenings are not indicated for *Trichomonas vaginalis* in asymptomatic individuals who are not at high risk* for infection • Diagnostic testing: ○ Symptomatic individuals with vaginitis, abnormal vaginal discharge, cervicitis, urethritis, vulvar pruritis, or pelvic inflammatory disease (PID)
87661	*Trichomonas vaginalis*, amplified probe technique	Testing is covered when performed in a **hospital lab, independent lab, or clinic lab** for the following indications: • Screening: ○ Screening for those at increased risk* for *Trichomonas vaginalis* infection; or ○ Screening for sexually active individuals assigned female at birth who are HIV positive at entry into care and then at least annually ; or ○ Screening of sexually active individuals who have an infected partner ○ Routine screenings are not indicated for *Trichomonas vaginalis* in asymptomatic individuals who are not at high risk* for infection • Diagnostic testing: ○ Symptomatic individuals with vaginitis, abnormal vaginal discharge, cervicitis, urethritis, vulvar pruritis, or pelvic inflammatory disease (PID)
87662	Zika virus, amplified probe technique	Covered for **OUTPATIENT hospital testing only** • Covered to establish diagnosis for the following: ○ Symptomatic or asymptomatic pregnant individuals who have traveled to endemic areas; or ○ Testing of infants with microcephaly or intracranial calcifications born to individuals who traveled to or resided in an area with Zika virus transmissions while pregnant; or ○ Infants born to mothers with positive or inconclusive test results for Zika virus infection; or

		○ Persons with symptoms consistent with Zika virus infection who have traveled to or resided in an area with Zika virus transmissions
87797	Not otherwise specified, direct probe technique, each organism	**Not covered** – not considered medically necessary in the outpatient setting as DNA direct probes have less sensitivity (ability to identify infected individuals) than amplified probe testing
87798	Not otherwise specified, amplified probe technique, each organism	Coverage limited to **OUTPATIENT hospital testing only** • Documentation must clearly identify organism(s) for which testing is being performed, the medical necessity for each test, and the type of testing being performed • The genitourinary organisms for which molecular testing is supported by guidelines are represented by organism specific CPT codes. Currently there are no clinical indications for any infectious agents billed under not otherwise specified (NOS) procedure codes that are supported by current evidence for the evaluation and management of genitourinary conditions, including bacterial vaginosis. Therefore, testing for organisms NOS is considered investigational in the setting of testing genitourinary conditions and will not be allowed.
87799	Not otherwise specified, quantification, each organism	Coverage limited to **OUTPATIENT hospital testing only** • Documentation must clearly identify organism(s) for which testing is being performed, the medical necessity for each test, and the type of test being performed • The genitourinary organisms for which molecular testing is supported by guidelines are represented by organism specific CPT codes. Currently there are no clinical indications for any infectious agents billed under not otherwise specified (NOS) procedure codes that are supported by current evidence for the evaluation and management of genitourinary conditions, including bacterial vaginosis. Therefore, testing for organisms NOS is considered investigational in the setting of testing genitourinary conditions and will not be allowed.
87800	Multiple organisms, direct probe technique	Testing covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indications: • This procedure code is used when direct probe technique testing for multiple organisms with a single test or test kit • When a provider performs a single direct probe test for multiple organisms, it is appropriate to bill 1

		unit of 87800; t would not be appropriate to bill for each organism separately • Documentation must clearly identify the organisms for which testing is being performed, the medical necessity for each organism being tested, and they type of testing being performed
87801	Multiple organisms, amplified probe technique	Testing covered when performed by a **hospital lab, independent lab, or clinic lab** for the following indications: • This procedure code is used when direct probe technique testing for multiple organisms with a single test or test kit • When a provider performs a single direct probe test for multiple organisms, it is appropriate to bill 1 unit of 87800; t would not be appropriate to bill for each organism separately • Documentation must clearly identify the organisms for which testing is being performed, the medical necessity for each organism being tested, and the type of testing being performed

References

1. Oklahoma Health Care Authority Policy OAC 317:30-3-1;30-5-20; 30-5-20.2; 30-5-102
2. Infectious Disease Society of America: A Guide to Utilization of the Microbiology Laboratory for Diagnosis of Infectious Diseases; 2018 update to 2024 Update by the Infectious Disease Society of America (IDSA) and the American Society for Microbiology (ASM)
3. CMS LCD L38988, MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing, effective 6/9/22 update to 7/3/2025
4. CMS Local Coverage Article, Billing and Coding: MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing, effective 5/17/22 update to 1/1/2026
5. Aetna Clinical Policy Bulletin; Polymerase Chain Reaction Testing; Selected indications; Number 0650
6. U.S. Preventive Services Task Force; A&B recommendations; accessed January 2026