



If a conflict arises between a Clinical Payment and Coding 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 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. Blue Cross and Blue Shield of New Mexico may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM 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 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 PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and 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/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.

Identification of Microorganisms Using Nucleic Acid Probes

Policy Number: CPCPLAB063

Version 1.0

Approval Date: October 30, 2024

Plan Effective Date: January 15, 2025

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

A discussion of every infectious agent that might be detected with a probe technique is beyond the scope of this policy. Many probes have been combined into panels of tests. For the purposes of this policy, only individual probes are reviewed.

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)
Non-vaginal <i>Candida species</i>	87480 (INR)	87481 (INR)	87482 (INR)
<i>Chlamydia pneumoniae</i>	87485 (MBR)	87486 (MBR)	87487 (INR)
<i>Clostridium difficile</i>		87493 (MBR)	
<i>Cytomegalovirus</i>	87495 (MBR)	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 (MBR)	87541 (MBR)	87542 (INR)
<i>Mycoplasma pneumoniae</i>	87580 (MBR)	87581 (MBR)	87582 (INR)
Orthopoxvirus		87593 (MBR)	
Respiratory syncytial virus		87634 (MBR)	
<i>Staphylococcus aureus</i>		87640 (MBR)	
<i>Staphylococcus aureus</i> , methicillin resistant		87641 (MBR)	

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

2. Simultaneous ordering of any combination of direct probe, amplified probe, and/or 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.

Codes
87471, 87472, 87480, 87481, 87482, 87485, 87486, 87487, 87493, 87495, 87496, 87497, 87498, 87500, 87525, 87526, 87527, 87531, 87532, 87533, 87540, 87541, 87542, 87580, 87581, 87582, 87593, 87634, 87640, 87641

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Policy Update History:

Approval Date	Effective Date; Summary of Changes
10/30/2024	01/15/2025; Document updated with literature review. The following changes were made to Reimbursement Information: Removed <i>Mycoplasma genitalium</i> from Table 1 as management for testing is now included in CPCPLAB051 Diagnostic Testing of Common Sexually Transmitted Infections. Changed direct probe for Herpes virus 6 (87531) from may be reimbursable to is not reimbursable as quantitative testing for herpes virus 6 can differentiate between active and latent infection whereas qualitative does not, and direct and amplified probe coverage should match for herpes virus 6. Removed code 87563. References revised.
11/01/2023	11/01/2023: Document updated with literature review. The following changes were made to Reimbursement Information: In Table 1, references to <i>Candida</i> testing for vaginitis removed; now specifies "non-vaginal <i>Candida</i> "; Code for <i>Clostridium difficile</i> moved from "Direct Probe" to "Amplified Probe" column. Hepatitis B removed from the table as Hepatitis B testing is addressed on CPCPLAB015 Hepatitis Testing. Removed "For any other microorganism without a specific CPT code, PCR testing may be reimbursable. References revised.
08/15/2023	08/15/2023: Document updated with literature review. Reimbursement information revised to include Orthopoxvirus in Table 1. Remaining reimbursement information revised for clarity. References revised.
11/1/2022	11/01/2022: New policy