



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Medical Policy

Identification of Microorganisms Using Nucleic Acid Probes

Table of Contents

- [Policy: Commercial](#)
- [Policy: Medicare](#)
- [Authorization Information](#)
- [Coding Information](#)
- [Description](#)
- [Policy History](#)
- [Information Pertaining to All Policies](#)
- [References](#)

Policy Number: 555

BCBSA Reference Number: 2.04.10 (For Plan internal use only)

NCD/LCD: N/A

Related Policies

- Intravenous Antibiotic Therapy and Associated Diagnostic Testing for Lyme Disease #[171](#)
- Multitarget Polymerase Chain Reaction Testing for Diagnosis of Bacterial Vaginosis #[711](#)
- Pathogen Panel Testing #[045](#)

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

The use of nucleic acid testing using a direct or amplified probe technique (*without* quantification of viral load) may be considered **MEDICALLY NECESSARY** for the following microorganisms:

- Bartonella henselae or quintana
- Bordetella pertussis
- Candida species
- Chlamydia pneumoniae
- Chlamydia trachomatis
- Clostridium difficile
- Enterococcus, vancomycin-resistant (eg, enterococcus vanA, vanB)
- Enterovirus
- Herpes simplex virus
- Human papillomavirus
- Influenza virus
- Legionella pneumophila
- Mumps
- Mycobacterium species
- Mycobacterium tuberculosis
- Mycobacterium avium intracellulare
- Mycoplasma pneumoniae

- Neisseria gonorrhoeae
- Rubeola (measles)
- Staphylococcus aureus
- Staphylococcus aureus, methicillin resistant
- Streptococcus, group A
- Streptococcus, group B
- Trichomonas vaginalis
- Zika virus.

The use of molecular diagnostics for the diagnosis and management of *Borrelia burgdorferi* infection (Lyme disease) is addressed in policy #[171](#).

The use of multitarget polymerase chain reaction testing for the diagnosis of Bacterial vaginosis is addressed in policy #[711](#).

For Candida species, culture for yeast remains the criterion standard for identifying and differentiating these organisms. Although sensitivity and specificity are higher for nucleic acid amplification tests (NAATs) than for standard testing methods, the CDC and other association guidelines do not recommend NAATs as first-line testing for Candida species. The CDC Centers for Disease Control and Prevention (2015) classifies uncomplicated vulvovaginal candidiasis as being sporadic or infrequent; or mild to moderate; or, in non-immunocompromised women, as likely to be caused by *C. albicans*. A presumptive diagnosis can be made in the clinical care setting. However, for complicated infections, the CDC states that NAATs may be necessary to test for multiple Candida subspecies. Complicated vulvovaginal candidiasis is classified as being recurrent or severe; or, in women with uncontrolled diabetes, debilitation, or immunosuppression, as less likely to be caused by a *C. albicans* species.

Antibiotic sensitivity of streptococcus A cultures is generally not performed for throat cultures. However, if an antibiotic sensitivity is considered, then the most efficient method of diagnosis would be a combined culture and antibiotic sensitivity.

In the evaluation of group B streptococcus, the primary advantage of a DNA probe technique compared with traditional culture techniques is the rapidity of results. This advantage suggests that the most appropriate use of the DNA probe technique is in the setting of impending labor, for which prompt results could permit the initiation of intrapartum antibiotic therapy.

It should be noted that the technique for quantification includes both amplification and direct probes; therefore, simultaneous coding for both quantification with either amplification or direct probes is not warranted.

Many probes have been combined into panels of tests. For the purposes of this policy, other than the gastrointestinal pathogen panel, central nervous system panel, and the respiratory virus panel, only individual probes are reviewed.

The use of nucleic acid testing using a direct or amplified probe technique (*with or without* quantification of viral load) may be considered **MEDICALLY NECESSARY** for the following microorganisms:

- Cytomegalovirus
- Hepatitis B virus
- Hepatitis C virus
- HIV-1
- HIV-2
- Human herpesvirus 6.

The use of nucleic acid testing with quantification of viral load is considered **INVESTIGATIONAL** for microorganisms that are not included in the list of microorganisms for which probes with or without quantification are considered **MEDICALLY NECESSARY**.

The use of nucleic acid testing using a direct or amplified probe technique of viral load is considered **INVESTIGATIONAL** for the following microorganisms:

- Gardernella vaginalis
- Hepatitis G.

CPT codes 87797, 87798, and 87799 describe the use of direct probe, amplified probe, and quantification, respectively, for infectious agents not otherwise specified. A discussion of every infectious agent that might be detected with a probe technique is beyond the scope of this policy.

The use of the following nucleic acid testing panel (without quantification of viral load) may be considered **MEDICALLY NECESSARY**:

- Respiratory Virus Panel.

Note: Local Coverage Determination (L39027) Respiratory Pathogen Panel Testing should be followed for Medicare Advantage members. See MP #132 Medicare Advantage Management

The use of the following nucleic acid testing panels (with or without quantification of viral load for viral panel elements) including but not limited to, is considered **INVESTIGATIONAL**:

- Central nervous system pathogen panel
- Gastrointestinal pathogen panel.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is not required .
Commercial PPO and Indemnity	Prior authorization is not required .
Medicare HMO Blue SM	Prior authorization is not required .
Medicare PPO Blue SM	Prior authorization is not required .

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above **medical necessity criteria MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

CPT Codes

CPT codes:	Code Description

0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected
87471	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique
87481	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique
87485	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique
87486	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique
87487	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
87493	Infectious agent detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique
87495	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique
87496	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique
87497	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification
87498	Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique, includes reverse transcription when performed
87500	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (eg, enterococcus species van A, van B), amplified probe technique
87501	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype
87502	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types
87503	Infectious agent detection by nucleic acid (DNA or RNA); 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 (List separately in addition to code for primary procedure)
87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique
87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification
87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed
87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed

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
87531	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique
87532	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed
87540	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique
87541	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique
87550	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique
87551	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique
87555	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique
87556	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique
87560	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique
87561	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, amplified probe technique
87580	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique
87581	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique
87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)
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
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets
87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus,

	respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets
87640	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique
87641	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique
87650	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique
87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique
87653	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique
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
87662	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique

The above **medical necessity criteria** **MUST** be met for the following codes to be covered for **Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:**

CPT Codes

CPT codes:	Code Description
0140U	Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected

The following **ICD Diagnosis Codes** are considered medically necessary when submitted with the CPT codes above if **medical necessity criteria** are met:

ICD Diagnoses Codes

ICD-10	Code Description
A41.9	Sepsis, unspecified organism
B37.7	Candidal sepsis

The following CPT codes are considered investigational for **Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:**

CPT Codes

CPT codes:	Code Description
87472	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, quantification
87475	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, direct probe technique

87476	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique
87482	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification
87483	Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (eg, Neisseria meningitidis, Streptococcus pneumoniae, Listeria, Haemophilus influenzae, E. coli, Streptococcus agalactiae, enterovirus, human parechovirus, herpes simplex virus type 1 and 2, human herpesvirus 6, cytomegalovirus, varicella zoster virus, Cryptococcus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique
87511	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique
87512	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification
87525	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, direct probe technique
87526	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, amplified probe technique
87527	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, quantification
87530	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification
87533	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification
87542	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, quantification
87552	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification
87557	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, quantification
87562	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, quantification
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique
87582	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification
87652	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification
0321U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi

The following CPT codes are considered investigational for **Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:**

CPT Codes

CPT codes:	Code Description
------------	------------------

87505	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets
87506	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets
87507	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets

Description

Nucleic Acid Probes

A nucleic acid probe is used to detect and identify species or subspecies of organisms by identifying nucleic acid sequences in a sample. Nucleic acid probes detect genetic materials, such as RNA or DNA, unlike other tests, which use antigens or antibodies to diagnose organisms.

The availability of nucleic acid probes has permitted the rapid direct identification of microorganism DNA or RNA. Amplification techniques result in exponential increases in copy numbers of a targeted strand of microorganism-specific DNA. The most used amplification technique is polymerase chain reaction (PCR) or reverse transcriptase PCR. In addition to PCR, other nucleic acid amplification techniques have been developed, such as transcription-mediated amplification, loop-mediated isothermal DNA amplification, strand displacement amplification, nucleic acid sequence-based amplification, and branched-chain DNA signal amplification. After amplification, target DNA can be readily detected using a variety of techniques. The amplified product can also be quantified to assess how many microorganisms are present. Quantification of the number of nucleic acids permits serial assessments of response to treatment; the most common clinical application of quantification is the serial measurement of HIV RNA (called viral load).

The direct probe technique, amplified probe technique, and probe with quantification methods vary based on the degree to which the nucleic acid is amplified and the method for measurement of the signal. The direct probe technique refers to detection methods in which nucleic acids are detected without an initial amplification step. The amplified probe technique refers to detection methods in which either target, probe, or signal amplification is used to improve the sensitivity of the assay over direct probe techniques, without quantification of nucleic acid amounts.

- Target amplification methods include PCR (including PCR using specific probes, nested or multiplex PCR), nucleic acid-based sequence amplification, transcription-mediated amplification, and strand displacement amplification. Nucleic acid-based sequence amplification and transcription-mediated amplification involve amplification of an RNA (rather than a DNA) target.
- Probe amplification methods include ligase chain reaction.
- Signal amplification methods include branched DNA (bDNA) probes and hybrid capture methods using an anti-DNA/RNA hybrid antibody.

The probe with quantification techniques refers to quantitative PCR or real-time PCR methods that use a reporter at each stage of the PCR to generate absolute or relative amounts of a known nucleic acid sequence in the original sample. These methods may use DNA-specific dyes (ethidium bromide or SYBR green), hybridization probes (cleavage-based [TaqMan] or displaceable), or primer incorporated probes.

Direct assays will generally have lower sensitivity than amplified probes. In practice, most commercially available probes are amplified, with a few exceptions. For this evidence review, indications for direct and/or amplified probes without quantification are considered together, while indications for a probe with quantification are considered separately.

Classically, identification of microorganisms relies either on the culture of body fluids or tissues or identification of antigens, using a variety of techniques including direct fluorescent antibody technique and qualitative or quantitative immunoassays. These techniques are problematic when the microorganism exists in very small numbers or is technically difficult to culture. Indirect identification of microorganisms by immunoassays for specific antibodies reactive with the microorganism is limited by difficulties in distinguishing between past exposure and current infection.

Potential reasons for a nucleic acid probe to be associated with improved clinical outcomes compared with standard detection techniques include the following (note: in all cases, for there to be clinical utility, making a diagnosis should be associated with changes in clinical management, which could include initiation of effective treatment, discontinuation of other therapies, or avoidance of invasive testing):

- Significantly improved speed and/or efficiency in making a diagnosis.
- Improved likelihood of obtaining any diagnosis in cases where standard culture is difficult. Potential reasons for difficulty in obtaining standard culture include low numbers of the organisms (e.g., HIV), fastidious or lengthy culture requirements (e.g., *Mycobacteria*, *Chlamydia*, *Neisseria* species), or difficulty in collecting an appropriate sample (e.g., herpes simplex encephalitis).
- There is no way to definitively make a diagnosis without nucleic acid testing.
- The use of nucleic acid probe testing provides qualitatively different information than that available from standard cultures, such as information regarding disease prognosis or response to treatment. These include cases where quantification of viral load provides prognostic information or is used to measure response to therapy.

The risks of nucleic acid testing include false-positive and false-negative results, inaccurate identification of pathogens by the device, inaccurate interpretation of test results, or incorrect operation of the instrument.

- False-positive results can lead to unnecessary treatment, with its associated toxicities and side effects, including allergic reaction. In addition, true diagnosis and treatment could be delayed or missed altogether.
- False-negative results could delay diagnosis and initiation of proper treatment.
- It is possible that these risks can be mitigated by the use of a panel of selected pathogens indicated by the clinical differential diagnosis while definitive culture results are pending.

Summary

Nucleic acid probes are available for the identification of a wide variety of microorganisms. Nucleic acid probes can also be used to quantitate the number of microorganisms present. This technology offers advantages over standard techniques when rapid identification is clinically important, microbial identification using standard culture is difficult or impossible, and/or treatment decisions are based on quantitative results.

For individuals who have signs and/or symptoms of meningitis and/or encephalitis who receive a nucleic acid-based central nervous system pathogen panel, the evidence includes a systematic review and a pivotal prospective study. Relevant outcomes include test accuracy and validity, other test performance measures, medication use, symptoms, and change in disease status. Access to a rapid method that can simultaneously test for multiple pathogens may lead to the faster initiation of more effective treatment and conservation of cerebrospinal fluid. The available central nervous system panel is highly specific for the included organisms, but the sensitivity for each pathogen is not well-characterized. More than 15% of positives in the largest clinical validity study were false-positives. A negative panel result does not exclude infection due to pathogens not included in the panel. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have signs and/or symptoms of gastroenteritis who receive a nucleic acid-based gastrointestinal pathogen panel, the evidence includes prospective and retrospective evaluations of the tests' sensitivity and specificity and prospective studies on utility. Relevant outcomes include test accuracy and validity, other test performance measures, medication use, symptoms, and change in disease status. The evidence suggests that pathogen panels are likely to identify both bacterial and viral

pathogens with high sensitivity, compared with standard methods. Access to a rapid method for etiologic diagnosis of infections may lead to more effective early treatment and infection control measures. However, in most instances, when a specific pathogen is suspected, individual tests could be ordered. There may be a subset of patients with an unusual presentation who would warrant testing for a panel of pathogens at once, but that subset has not been well defined. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have signs and/or symptoms of respiratory infection who receive a nucleic acid-based respiratory pathogen panel, the evidence includes a systematic review and 2 randomized controlled trials (RCTs). Relevant outcomes include test accuracy and validity, other test performance measures, medication use, symptoms, and change in disease status. The systematic review reported that all 3 reviewed multiplex polymerase chain reaction systems were highly accurate. One RCT and 1 quasi-RCT evaluated utility of a respiratory panel and found benefits in time-to-treat and length of hospital stay. In addition, 1 subanalysis found fewer antibiotics being prescribed for patients diagnosed with the panel. The panel did not significantly affect duration of antibiotic use, readmission, or mortality rates. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

Policy History

Date	Action
9/2022	Policy clarified. <ul style="list-style-type: none"> • Ongoing investigational urinary tract infection panel transferred to new MP 045 Pathogen Panel. • Ongoing medically necessary nucleic acid testing for the following microorganisms transferred to new MP 0045 Pathogen Panel: <ul style="list-style-type: none"> ▪ Babesiosis ▪ Ehrlichiosis, unspecified ▪ Tick-borne rickettsiosis, unspecified.
8/2022	Clarified coding information. Annual policy review. Description, summary, and references updated. Policy statements unchanged.
7/2022	Clarified coding information.
1/2022	Clarified coding information.
11/2021	Policy clarified to include that urinary tract infection panel is considered investigational.
4/2021	Clarified coding information.
5/2020	Clarified coding information.
3/2020	New medically necessary and investigational indications described. Policy statements changed accordingly and edited for clarity. Clarified coding information. Effective 3/11/2020. Nucleic acid testing is medically necessary for: <ul style="list-style-type: none"> ▪ Chlamydia pneumoniae ▪ Bordetella Pertussis ▪ Mumps ▪ Rubeola (measles) ▪ Influenza virus ▪ Zika virus. Nucleic acid testing respiratory virus panel (without quantification of viral load) is considered medically necessary. Nucleic acid testing is investigational for: <ul style="list-style-type: none"> ▪ Central nervous system pathogen panel ▪ Gastrointestinal pathogen panel

	Nucleic acid testing using direct or amplified probe technique is investigational for <i>Gardnerella vaginalis</i> .
1/2020	Clarified coding information.
2/2019	Annual policy review. Description, summary and references updated. Policy statements unchanged.
5/2018	Annual policy review. Investigational statement added for central nervous system pathogen panel. Prior Authorization Information reformatted. Clarified coding information. Effective 5/1/2018.
1/2018	Clarified coding information.
8/2016	Clarified coding information.
7/2016	Annual policy review. <i>C. difficile</i> added to list of medically necessary probes. Effective 7/1/2016.
5/2016	Annual policy review. Direct and amplified assays (without quantification) grouped for medically necessary statements. Medically necessary statement added for non-quantified nucleic acid-based testing for enterovirus, <i>Legionella pneumophila</i> , <i>Mycoplasma pneumoniae</i> , and <i>Bartonella spp</i> , and for quantified testing for human herpesvirus 6. <i>Borrelia</i> testing removed from policy. Effective 5/1/2016.
3/2016	Annual policy review. CPT code 87481 is only medically necessary for severe, treatment resistant <i>Candida</i> infection. Effective 3/1/2016.
7/2015	Local Coverage Determination (LCD): Infectious Disease Molecular Diagnostic Testing (L31747) added.
2/2015	Annual policy review. New investigational indications described. Effective 2/1/2015.
1/2015	Clarified coding information.
3/2014	New medical policy describing ongoing investigational and medically necessary indications. Effective 3/1/2014.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

1. He T, Kaplan S, Kamboj M, et al. Laboratory Diagnosis of Central Nervous System Infection. *Curr Infect Dis Rep*. Nov 2016; 18(11): 35. PMID 27686677
2. Tansarli GS, Chapin KC. Diagnostic test accuracy of the BioFire(R) FilmArray(R) meningitis/encephalitis panel: a systematic review and meta-analysis. *Clin Microbiol Infect*. Mar 2020; 26(3): 281-290. PMID 31760115
3. Leber AL, Everhart K, Balada-Llasat JM, et al. Multicenter Evaluation of BioFire FilmArray Meningitis/Encephalitis Panel for Detection of Bacteria, Viruses, and Yeast in Cerebrospinal Fluid Specimens. *J Clin Microbiol*. Sep 2016; 54(9): 2251-61. PMID 27335149
4. Graf EH, Farquharson MV, Cardenas AM. Comparative evaluation of the FilmArray meningitis/encephalitis molecular panel in a pediatric population. *Diagn Microbiol Infect Dis*. Jan 2017; 87(1): 92-94. PMID 27771208
5. Hanson KE, Slechta ES, Killpack JA, et al. Preclinical Assessment of a Fully Automated Multiplex PCR Panel for Detection of Central Nervous System Pathogens. *J Clin Microbiol*. Mar 2016; 54(3): 785-7. PMID 26719436
6. Gastrointestinal Tract Infections. https://www.uib.cat/depart/dba/microbiologia/ADSenfcoml/material_archivos/infeccion%20gastrointestinal.pdf. Accessed May 10, 2022.
7. Bintsis T. Foodborne pathogens. *AIMS Microbiol*. 2017; 3(3): 529-563. PMID 31294175

8. Sattar SBA, Singh S. Bacterial Gastroenteritis. [Updated 2021 Aug 11]. In: StatPearls [Internet]. Treasure Island, FL: StatPearls Publishing; 2019 Jan. <https://www.ncbi.nlm.nih.gov/books/NBK513295/>. Accessed May 10, 2022.
9. Burden of Norovirus Illness in the U.S. Centers for Disease Control and Prevention. <https://www.cdc.gov/norovirus/trends-outbreaks/burden-US.html>. Last reviewed March 5, 2021. Accessed May 10, 2022.
10. Centers for Medicare & Medicaid Coverage. Local Coverage Determination (LCD): Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs) (L37709). CMS.gov. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lclid=37709&ver=20&bc=0>. Revised April 17, 2022. Accessed May 10, 2022.
11. Beckmann C, Heininger U, Marti H, et al. Gastrointestinal pathogens detected by multiplex nucleic acid amplification testing in stools of pediatric patients and patients returning from the tropics. *Infection*. Dec 2014; 42(6): 961-70. PMID 25015433
12. Borst A, Box AT, Fluit AC. False-positive results and contamination in nucleic acid amplification assays: suggestions for a prevent and destroy strategy. *Eur J Clin Microbiol Infect Dis*. Apr 2004; 23(4): 289-99. PMID 15015033
13. Evaluation of automatic class III designation (de novo) for xTAG gastrointestinal pathogen panel (GPP) decision summary. Food and Drug Administration. https://www.accessdata.fda.gov/cdrh_docs/reviews/K121454.pdf. Accessed May 11, 2022.
14. Claas EC, Burnham CA, Mazzulli T, et al. Performance of the xTAG(R) gastrointestinal pathogen panel, a multiplex molecular assay for simultaneous detection of bacterial, viral, and parasitic causes of infectious gastroenteritis. *J Microbiol Biotechnol*. 2013; 23(7): 1041-5. PMID 23711521
15. Khare R, Espy MJ, Cebelinski E, et al. Comparative evaluation of two commercial multiplex panels for detection of gastrointestinal pathogens by use of clinical stool specimens. *J Clin Microbiol*. Oct 2014; 52(10): 3667-73. PMID 25100818
16. Buchan BW, Olson WJ, Pezewski M, et al. Clinical evaluation of a real-time PCR assay for identification of Salmonella, Shigella, Campylobacter (*Campylobacter jejuni* and *C. coli*), and shiga toxin-producing Escherichia coli isolates in stool specimens. *J Clin Microbiol*. Dec 2013; 51(12): 4001-7. PMID 24048539
17. Al-Talib H, Latif B, Mohd-Zain Z. Pentaplex PCR assay for detection of hemorrhagic bacteria from stool samples. *J Clin Microbiol*. Sep 2014; 52(9): 3244-9. PMID 24958797
18. Jiang Y, Fang L, Shi X, et al. Simultaneous detection of five enteric viruses associated with gastroenteritis by use of a PCR assay: a single real-time multiplex reaction and its clinical application. *J Clin Microbiol*. Apr 2014; 52(4): 1266-8. PMID 24478418
19. Freeman K, Mistry H, Tsertsvadze A, et al. Multiplex tests to identify gastrointestinal bacteria, viruses and parasites in people with suspected infectious gastroenteritis: a systematic review and economic analysis. *Health Technol Assess*. Apr 2017; 21(23): 1-188. PMID 28619124
20. Kosai K, Suzuki H, Tamai K, et al. Multicenter evaluation of Verigene Enteric Pathogens Nucleic Acid Test for detection of gastrointestinal pathogens. *Sci Rep*. Feb 04 2021; 11(1): 3033. PMID 33542335
21. Cybulski RJ, Bateman AC, Bourassa L, et al. Clinical Impact of a Multiplex Gastrointestinal Polymerase Chain Reaction Panel in Patients With Acute Gastroenteritis. *Clin Infect Dis*. Nov 13 2018; 67(11): 1688-1696. PMID 29697761
22. Beal SG, Tremblay EE, Toffel S, et al. A Gastrointestinal PCR Panel Improves Clinical Management and Lowers Health Care Costs. *J Clin Microbiol*. Jan 2018; 56(1). PMID 29093106
23. Huang HS, Tsai CL, Chang J, et al. Multiplex PCR system for the rapid diagnosis of respiratory virus infection: systematic review and meta-analysis. *Clin Microbiol Infect*. Oct 2018; 24(10): 1055-1063. PMID 29208560
24. Mansuy JM, Mengelle C, Da Silva I, et al. Performance of a rapid molecular multiplex assay for the detection of influenza and picornaviruses. *Scand J Infect Dis*. Dec 2012; 44(12): 963-8. PMID 22830610
25. Dabisch-Ruthe M, Vollmer T, Adams O, et al. Comparison of three multiplex PCR assays for the detection of respiratory viral infections: evaluation of xTAG respiratory virus panel fast assay, RespiFinder 19 assay and RespiFinder SMART 22 assay. *BMC Infect Dis*. Jul 24 2012; 12: 163. PMID 22828244

26. Pierce VM, Hodinka RL. Comparison of the GenMark Diagnostics eSensor respiratory viral panel to real-time PCR for detection of respiratory viruses in children. *J Clin Microbiol*. Nov 2012; 50(11): 3458-65. PMID 22875893
27. Andrews D, Chetty Y, Cooper BS, et al. Multiplex PCR point of care testing versus routine, laboratory-based testing in the treatment of adults with respiratory tract infections: a quasi-randomised study assessing impact on length of stay and antimicrobial use. *BMC Infect Dis*. Oct 10 2017; 17(1): 671. PMID 29017451
28. Brendish NJ, Malachira AK, Armstrong L, et al. Routine molecular point-of-care testing for respiratory viruses in adults presenting to hospital with acute respiratory illness (ResPOC): a pragmatic, open-label, randomised controlled trial. *Lancet Respir Med*. May 2017; 5(5): 401-411. PMID 28392237
29. Cytomegalovirus (CMV) and Congenital CMV Infection: Laboratory Testing. Centers for Disease Control and Prevention. <https://www.cdc.gov/cmvc/clinical/lab-tests.html>. Page last reviewed April 28, 2020. Accessed May 10, 2022.
30. Mycoplasma pneumoniae Infections: Diagnostic Methods. Center for Disease Control and Prevention. <https://www.cdc.gov/pneumonia/atypical/mycoplasma/hcp/diagnostic-methods.html>. Last Reviewed June 5, 2020. Accessed May 10, 2022.
31. Zika Virus: Testing Guidance. Center for Disease Control and Prevention. <https://www.cdc.gov/zika/hc-providers/testing-guidance.html>. Last Reviewed December 9, 2019. Accessed May 11, 2022.
32. MacCannell T, Umscheil CA, Agarwal RK, et al. Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings. CDC. Updated February 15, 2017. <https://www.cdc.gov/infectioncontrol/pdf/guidelines/norovirus-guidelines.pdf>. Accessed May 10, 2022.
33. Hall AJ, Vinje J, Lopman B, et al. Updated Norovirus Outbreak Management and Disease Prevention Guidelines. CDC MMWR. Published March 4, 2011. <https://www.cdc.gov/mmwr/pdf/rr/rr6003.pdf>. Accessed May 10, 2022.
34. Workowski KA, Bolan GA, Workowski KA, et al. Sexually transmitted diseases treatment guidelines, 2015. *MMWR Recomm Rep*. Jun 05 2015; 64(RR-03): 1-137. PMID 26042815
35. Sexually Transmitted Infections Treatment Guidelines, 2021. Center for Disease Control and Prevention. <https://www.cdc.gov/std/treatment-guidelines/default.htm>. Last Reviewed July 22, 2021. Accessed May 10, 2022.
36. Recommendations for the Laboratory-Based Detection of Chlamydia trachomatis and Neisseria gonorrhoeae 2014. CDC MMWR. Published March 14, 2014. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6302a1.htm>. Accessed May 10, 2022.
37. Updated Guidelines for the Use of Nucleic Acid Amplification Tests in the Diagnosis of Tuberculosis. CDC MMWR. Published January 16, 2009. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5801a3.htm?s_cid=mm5801a3_e. Accessed May 10, 2022.
38. NIH Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. Updated April 12, 2022. <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-opportunistic-infection/whats-new-guidelines>. Accessed on May 10, 2022.
39. Miller JM, Binnicker MJ, Campbell S, et al. A Guide to Utilization of the Microbiology Laboratory for Diagnosis of Infectious Diseases: 2018 Update by the Infectious Diseases Society of America and the American Society for Microbiology. *Clin Infect Dis*. Aug 31 2018; 67(6): e1-e94. PMID 29955859
40. Tunkel AR, Hasbun R, Bhimraj A, et al. 2017 Infectious Diseases Society of America's Clinical Practice Guidelines for Healthcare-Associated Ventriculitis and Meningitis. *Clin Infect Dis*. Mar 15 2017; 64(6): e34-e65. PMID 28203777
41. Tunkel AR, Glaser CA, Bloch KC, et al. The management of encephalitis: clinical practice guidelines by the Infectious Diseases Society of America. *Clin Infect Dis*. Aug 01 2008; 47(3): 303-27. PMID 18582201
42. Lee DH, Vilemeyer O. Analysis of overall level of evidence behind Infectious Diseases Society of America practice guidelines. *Arch Intern Med*. Jan 10 2011; 171(1): 18-22. PMID 21220656
43. McDonald LC, Gerding DN, Johnson S, et al. Clinical Practice Guidelines for Clostridium difficile Infection in Adults and Children: 2017 Update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA). *Clin Infect Dis*. Mar 19 2018; 66(7): e1-e48. PMID 29462280

44. Shane AL, Mody RK, Crump JA, et al. 2017 Infectious Diseases Society of America Clinical Practice Guidelines for the Diagnosis and Management of Infectious Diarrhea. *Clin Infect Dis*. Nov 29 2017; 65(12): e45-e80. PMID 29053792
45. Pappas PG, Kauffman CA, Andes DR, et al. Clinical Practice Guideline for the Management of Candidiasis: 2016 Update by the Infectious Diseases Society of America. *Clin Infect Dis*. Feb 15 2016; 62(4): e1-50. PMID 26679628
46. Infectious Diseases Society of America Guidelines on the Diagnosis of COVID-19. Published May 6, 2020. Updated December 23, 2020. <https://www.idsociety.org/practice-guideline/covid-19-guideline-diagnostics/>. Accessed on May 10, 2022.
47. Nellore A, Huprikar S. Vancomycin-resistant Enterococcus in solid organ transplant recipients: Guidelines from the American Society of Transplantation Infectious Diseases Community of Practice. *Clin Transplant*. Sep 2019; 33(9): e13549. PMID 30913322
48. Kimberlin DW, Barnett ED, Lynfield R, et al. Red Book: 2021 Report on the Committee on Infectious Diseases, 32nd Edition. American Academy of Pediatrics: 2021.
49. Puopolo KM, Lynfield R, Cummings JJ, et al. Management of Infants at Risk for Group B Streptococcal Disease. *Pediatrics*. Aug 2019; 144(2). PMID 31285392
50. Riddle MS, DuPont HL, Connor BA. ACG Clinical Guideline: Diagnosis, Treatment, and Prevention of Acute Diarrheal Infections in Adults. *Am J Gastroenterol*. May 2016; 111(5): 602-22. PMID 27068718
51. Filkins L, Hauser J, Robinson-Dunn B, Tibbetts R, Boyanton B, Revell P. Guidelines for the Detection and Identification of Group B Streptococcus. American Society for Microbiology. Published March 10, 2020. Updated July 23, 2021. <https://asm.org/Guideline/Guidelines-for-the-Detection-and-Identification-of>. Accessed May 10, 2022.