



If a conflict arises between a Clinical Payment and Coding Policy (“CPCP”) 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. BCBSNM 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 (“HIPAA”) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (“UB”) Editor, American Medical Association (“AMA”), Current Procedural Terminology (“CPT®”), CPT® Assistant, Healthcare Common Procedure Coding System (“HCPCS”), ICD-10 CM and PCS, National Drug Codes (“NDC”), Diagnosis Related Group (“DRG”) guidelines, Centers for Medicare and Medicaid Services (“CMS”) National Correct Coding Initiative (“NCCI”) 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.

## Urine Culture Testing for Bacteria

**Policy Number: CPCPLAB050**

**Version 1.0**

**Enterprise Medical Policy Committee Approval Date: 1/25/2022**

**Plan Effective Date: May 1, 2022**

### Description

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

### Reimbursement Information:

1. In pregnant women, urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) for any urinary tract infection, asymptomatic or symptomatic, including suspected cystitis, pyelonephritis, and asymptomatic bacteriuria **may be reimbursable**.

2. For asymptomatic patients prior to undergoing urological interventions breaching the mucosa, urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) **may be reimbursable**.
3. For patients exhibiting at least one sign or symptom of possible UTI or bacteriuria\* (**See Note 1 below**), urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) **may be reimbursable**.
4. To assess pyelonephritis, urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) **may be reimbursable**.
5. For asymptomatic urinary tract infection or asymptomatic bacteriuria in all other instances, urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) **is not reimbursable**.
6. Follow-up urine culture testing for an uncomplicated urinary tract infection in patients that show evidence of clinical resolution of infection **is not reimbursable**
7. Urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) **is not reimbursable** in the following situations:
  - a. As part of initial screening for asymptomatic prostatitis; OR
  - b. As part of assessment or prognosis of prostate biopsy

**\*NOTE 1:** Signs and symptoms of UTI/bacteriuria include (CDC, 2019)

- Fever
- Urgency to urinate
- Feeling the need to urinate despite having an empty bladder
- Increased frequency of urination
- Dysuria
- Suprapubic tenderness
- Pyuria
- Hematuria
- Cloudy urine
- Lower Back and Side (flank) pain
- Nausea
- Vomiting
- Chills
- Night sweats
- Pelvic pressure
- Change in urine smell
- Abnormal urinalysis findings

For guidance on pathogen panel testing from urine samples, please see CPCPLAB045 Pathogen Panel Testing.

## Procedure Codes

Codes
87077, 87086, 87088, 87140, 87149, 87181, 87147

## References:

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## Policy Update History:

5/1/2022	New policy
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