

# Reimbursement Policy

**Policy Number:** RPLAB068

**Policy Title:** Onychomycosis Testing

**Approval Date:** May 15, 2026

**Effective Date:** Sept. 4, 2026

## Policy Disclaimer

If a conflict arises between a Reimbursement 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 reimbursement policy 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's 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 submitting 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 ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & 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 and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies, and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

## Description

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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

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1. For individuals with signs of onychomycosis, direct microscopic examination with potassium hydroxide, fungal culture of desquamated subungual material, or fungal stain of a nail clipping(s) **may be reimbursable**.
2. For individuals with onychomycosis and for whom anti-fungal therapy has failed to resolve infection, nucleic acid amplification testing/NAAT **may be reimbursable**.
3. To screen for, diagnose, or confirm onychomycosis, NAAT (See **Note 1**), **is not reimbursable**.
4. To screen for, diagnose, or confirm onychomycosis attenuated total-reflectance Fourier transform infrared/ATR-FTIR spectroscopy **is not reimbursable**.
5. Testing for the presence of fungal-derived sterols, (e.g., ergosterol), **is not reimbursable**.

**Note 1:** Nucleic acid testing (e.g., PCR, PCR-RFLP, and next-generation sequencing/NGS) of the following microorganisms: *Candida* species, *Aspergillus* species, *Trichophyton rubrum*, *Trichophyton mentagrophytes*, *Epidermophyton floccosum*, *Neoscytalidium dimidiatum*, *Onychocola canadensis*, *Scopulariopsis* species, *Alternaria* species, *Acremonium* species, and *Fusarium* species (1-3).

## Procedure Codes

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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.

Code	Description
82542	COL CHROMOTOGRAPHY QUAL/QUAN
87101	SKIN FUNGI CULTURE
87149	DNA/RNA DIRECT PROBE
87150	DNA/RNA AMPLIFIED PROBE
87153	DNA/RNA SEQUENCING

87205	SMEAR GRAM STAIN
87206	SMEAR FLUORESCENT/ACID STAI
87220	TISSUE EXAM FOR FUNGI
87480	CANDIDA DNA DIR PROBE
87481	CANDIDA DNA AMP PROBE
87482	CANDIDA DNA QUANT
87798	DETECT AGENT NOS DNA AMP
87800	DETECT AGNT MULT DNA DIREC
87801	DETECT AGNT MULT DNA AMPLI
88312	SPECIAL STAINS GROUP 1
88749	UNLISTED IN VIVO LAB SERVICE

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Centers for Medicare & Medicaid Services. (2026). Healthcare Common Procedure Coding System (HCPCS) Level II.

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## Policy History

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Approval Date	Description
05/15/2026	09/04/2026; Document updated with literature review. No changes. References revised.
04/28/2025	08/08/2025; Document updated with literature review. The following change was made to Reimbursement Information: Added "signs of" to #1 for clarity. No other changes. References revised.
04/29/2024	01/15/2025: Document updated with literature review. The following change was made to Reimbursement information: Added new #2: "For individuals with onychomycosis and for whom anti-fungal therapy has failed to resolve infection, nucleic acid amplification testing/NAAT may be reimbursable." Changed "nucleic acid testing" to "NAAT" in #3. References revised.

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06/15/2023	06/15/2023: Document updated with literature review. Reimbursement information revised for clarity. References revised; some added, others removed.
11/1/2022	11/01/2022: New policy