Vaginitis Testing

LOB(s):	State(s):
☒ *Commercial* ☒ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☒ *Medicaid*	☒ *Oregon* ☐ *Washington*

Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans PacificSource Community Health Plans, and PacificSource Community Solutions, in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Vaginitis is a general term for disorders of the vagina (and vulva) caused by infection, inflammation, or changes in the normal vaginal flora (e.g., Lactobacillus species). Bacterial vaginosis is the most common cause of abnormal vaginal discharge in reproductive-age females. Treatment is aimed at relieving symptoms, although many individuals are asymptomatic. Bacterial vaginosis can contribute to obstetrical complications, preterm delivery, pelvic inflammatory disease, increased risk of sexually transmitted infections and urogenital infections.

Testing methods for the diagnosis of Bacterial Vaginosis include bacterial culture and microscope examination, molecular testing-direct DNA probe assay (direct deoxynucleic acid/ nucleic acid hybridization, amplification- NAAT -nucleic acid amplification of RNA or DNA using polymerase chain reaction (PCR), transcription mediated amplification (TMA) or strand displacement amplification (SDA).

Criteria

I. Vaginitis Testing

PacificSource covers the following diagnostic studies for Vaginitis

- **A.** Single organism test
- **B.** Test Approved by PacificSource New Technologies and Operational Criteria (NTOC) for multitarget coverage (additional coding information below):
  1. 0352U and 0353U (e.g., Xpert)
  2. 81513 and 81514 (e.g., SureSwab, BD MAX Vaginal Panel, INFINITI Bacterial Vaginosis Quad Assay, INFINITI Candida, Vaginosis Quad Assay, OneSwab)

Medicaid

PacificSource Community Solutions (PCS) follows Diagnostic Procedure Codes Group 1119 and Oregon Health Plan (OHP) Oregon Administrative rules (OAR) 410-120-1200 and 410-141-3820 to 3825 for coverage of Bacterial Vaginosis Testing for codes 0352U and 0353U.

Medicare

PacificSource Medicare follows Local Coverage Determination L39003 for Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

0352U Infectious disease (bacterial vaginosis and vaginitis), multiplex amplified probe technique, for detection of bacterial vaginosis-associated bacteria (BVAB-2, Atopobium vaginae, and Megasphera type 1), algorithm reported as detected or not detected and separate detection of Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata/Candida krusei, and trichomonas vaginalis, vaginal-fluid specimen, each result reported as detected or not

0353U Infectious agent detection by nucleic acid (DNA), Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique, urine, vaginal, pharyngeal, or rectal, each pathogen reported as detected or not detected

81513 Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis

81514 Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for Gardnerella vaginalis, Atopobium vaginae, Megasphaera type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and Lactobacillus species (L. crispatus and L. jensenii), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and/or Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata, Candida krusei, when reported

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

87482 Infectious agent detection by nucleic acid (DNA or RNA); Candida species, 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

87640 Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, 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

87808 Infectious agent antigen detection by immunoassay with direct optical observation; Trichomonas vaginalis

Related Policies

New and Emerging Technologies – Coverage Status

References

Abou Chacra, L., Fenollar, F., & Diop, K. (2022). Bacterial Vaginosis: What Do We Currently Know?. Frontiers in cellular and infection microbiology, 11, 672429. https://doi.org/10.3389/fcimb.2021.672429

Catlin B. W. (1992). Gardnerella vaginalis: characteristics, clinical considerations, and controversies. Clinical microbiology reviews, 5(3), 213–237. https://doi.org/10.1128/CMR.5.3.213

Kenyon, C. R., & Osbak, K. (2014). Recent progress in understanding the epidemiology of bacterial vaginosis. Current opinion in obstetrics & gynecology, 26(6), 448–454. https://doi.org/10.1097/GCO.0000000000000112

Paladine, H. L., & Desai, U. A. (2018). Vaginitis: Diagnosis and Treatment. American family physician, 97(5), 321–329.

Vaginitis. ACOG. (2023). https://www.acog.org/womens-health/faqs/vaginitis

Appendix

Policy Number:

Effective: 10/1/2023 **Next review:** 10/1/2024

Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulation(s):

Commercial Ops: 10/2023

Government Ops: 10/2023