



Vaginitis Testing

LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Oregon
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Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

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 refers to inflammatory and infectious conditions of the vagina and vulva, often related to disruption of normal vaginal flora. Bacterial vaginosis is the most common cause of abnormal vaginal discharge in reproductive-age females and may be asymptomatic. When present, bacterial vaginosis is associated with adverse health outcomes, including obstetrical complications, preterm birth, pelvic inflammatory disease, and increased susceptibility to sexually transmitted and urogenital infections.

Diagnostic evaluation of bacterial vaginosis may include microscope examination and molecular testing, including nucleic acid-based assays that detect bacterial RNA or DNA to support accurate identification of causative organisms.

Criteria

I. Vaginitis Testing

PacificSource covers the following diagnostic studies for Vaginitis:

- A. Single organism tests
- B. Tests approved for multitarget coverage (additional coding information below):

1. 81513, 81514, 81515 (e.g., SureSwab, BD MAX Vaginal Panel, INFINITI Bacterial Vaginosis Quad Assay, INFINITI Candida, Vaginosis Quad Assay, OneSwab, Xpert, Xpress MVP)

Medicaid

PacificSource Community Solutions follows the hierarchical process in the “Clinical Criteria Used in UM Decisions” policy in conjunction with utilizing the OHP’s Diagnostic Procedure Code Group 1119 for coverage for diagnostic testing for vaginitis. PCS covers these services for diagnostic purposes when medically necessary and appropriate for the specific member as described in Covered Services OAR 410-141-3820. Services may be limited or excluded if the service meets the criteria outlined in OARs 410-141-3825 and 410-120-1200, except as otherwise provided in the Covered Services Rule.

PacificSource follows the “Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)” criteria for members under 21 and Young Adults with Special Health Care Needs (YSHCN).

Medicare

PacificSource Medicare follows Local Coverage Determination L39001 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.

- 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
- 81515 Infectious disease, bacterial vaginosis and vaginitis, real-time PCR amplification of DNA markers for *Atopobium vaginae*, *Atopobium* species, *Megasphaera* type 1, and Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), utilizing vaginal-fluid specimens, algorithm reported as positive or negative for high likelihood of bacterial vaginosis, includes separate detection of *Trichomonas vaginalis* and *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

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HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

Related Policies

Clinical Criteria Used in UM Decisions

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

New and Emerging Technologies – Coverage Status

References

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Centers for Disease Control and Prevention. (2021). Sexually transmitted infections treatment guidelines: Bacterial vaginosis. <https://www.cdc.gov/std/treatment-guidelines/bv.htm>

Centers for Medicare & Medicaid Services (CMS). (n.d.). Local coverage determination (LCD): Molecular syndromic panels for infectious disease pathogen identification testing (L39001). Medicare Coverage Database. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=39001>

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>

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Oregon Health Authority. (n.d.) Group 1119: Diagnostic Procedure Codes. Oregon Open Data Portal. https://data.oregon.gov/Health-Human-Services/Group-1119-Diagnostic-Procedure-Codes/74vir5ii/data_preview

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

Appendix

Policy Number:

Effective: 10/1/2023

Next review: 7/1/2027

Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulation(s): 42 CFR § 422.101(b-c); OAR 410-120-1200, 410-141-3820, 410-141-3825, 410-151-0001, 410-151-0002, 410-151-0003, 410-151-0004.

OPs: 5/2026