
Bacterial Urine Cultures

MEDICAL POLICY NUMBER: 408

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INSTRUCTIONS FOR USE: Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

SCOPE: Providence Health Plan, Providence Health Assurance and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

PLAN PRODUCT AND BENEFIT APPLICATION

Commercial

Medicaid/OHP*

Medicare**

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

Bacterial Urine Cultures: PHP members must meet the diagnostic criteria governed by the Oregon Health Plan (OHP) Prioritized List of Health Services and the OHP Diagnostic Procedure Codes / Procedure Group 1119

**Medicare Members

This Company policy may be applied to Medicare Plan members only when directed by a separate Medicare policy. Note that investigational services are considered “**not medically necessary**” for Medicare members.

COVERAGE CRITERIA

- I. Bacterial urine cultures may be considered **medically necessary** for any of the following indications:
 - A. A member’s urinalysis is abnormal suggesting urinary tract infection;
 - B. A member has clinical signs and symptoms indicative of a possible urinary tract infection (UTI);
 - C. The member is being evaluated for suspected urosepsis, fever of unknown origin, or other systemic manifestations of infection but without a known source.
 - D. The member is being evaluated for response to therapy and there is a complicating co-existing urinary abnormality including structural or functional abnormalities, calculi, foreign bodies, or ureteral/renal stents or there is clinical or laboratory evidence of failure to respond as described in Indications 1 and 2.
 - E. In surgical procedures involving major manipulations of the genitourinary tract, preoperative examination to detect occult infection may be indicated in selected cases (for example, prior to renal transplantation, manipulation or removal of kidney stones, or transurethral surgery of the bladder or prostate).
 - F. To detect occult infection in renal transplant recipients on immunosuppressive therapy.
 - G. To screen for bacteriuria in pregnant members.

- II. Bacterial urine cultures are considered **not medically necessary** when criterion I is not met.

POLICY CROSS REFERENCES

None

The full Company portfolio of current Medical Policies is available online and can be [accessed here](#).

POLICY GUIDELINES

This policy may be primarily based on the following Center for Medicare and Medicaid Services (CMS) guidance resources:

- National Coverage Determination (NCD): Urine Culture, Bacterial (190.12)¹

BACKGROUND

A bacterial urine culture is a laboratory procedure performed on a urine specimen to establish the probable etiology of a presumed urinary tract infection. It is common practice to do a urinalysis prior to a urine culture. A urine culture may also be used as part of the evaluation and management of another related condition. The procedure includes aerobic agar-based isolation of bacteria or other cultivable organisms present, and quantification of types present based on morphologic criteria. Isolates deemed significant may be subjected to additional identification and susceptibility procedures as requested by the ordering physician. The physician's request may be through clearly documented and communicated laboratory protocols.

REGULATORY STATUS

U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Approval or clearance by the Food and Drug Administration (FDA) does not in itself establish medical necessity or serve as a basis for coverage. Therefore, this section is provided for informational purposes only.

CLINICAL EVIDENCE AND LITERATURE REVIEW

CLINICAL PRACTICE GUIDELINES

US Preventive Services Task Force (USPSTF)

In 2019, the USPSTF published recommendations for screening for asymptomatic bacteriuria in adults. They stated, “The USPSTF recommends screening pregnant persons for asymptomatic bacteriuria using urine culture. (B recommendation).”²

BILLING GUIDELINES AND CODING

The following CPT/HCPCS codes are considered not covered when billed with one of the ICD-10 codes that Medicare has included as not medically necessary in the most recent *Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report (ICD-10-CM)*. Available for download at: [Lab NCDs – ICD-10](#). Select the “Lab Code List ICD10 (ZIP)” file option that aligns with the date services were or will be rendered from the Downloads section. Open a spreadsheet and look for NCD 190.12 in column A. This resource can also be accessed directly from the NCD noted above, under “Revision History” and by selecting the applicable “Covered Code List” version. While these services do not require prior authorization, utilization may be subject to audit and all criteria from NCD 190.12 must be met. Thus, inclusion of a diagnosis (ICD-10) code on this list may not warrant automatic coverage.

| CODES* | | |
|--------|-------|--|
| CPT | 87086 | Culture, bacterial; quantitative colony count, urine |
| | 87088 | Culture, bacterial; with isolation and presumptive identification of each isolate, urine |
| HCPCS | None | |

*Coding Notes:

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- See the non-covered and prior authorization lists on the Company [Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website](#) for additional information.
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

1. Centers for Medicare & Medicaid Services. NCD. Urine Culture, Bacterial, 190.12. Effective 11/25/2002. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=25>. Accessed 4/15/2024.
2. US Preventive Services Task Force. Screening for Asymptomatic Bacteriuria in Adults US Preventive Services Task Force Recommendation Statement. Published October 11, 2019.

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/asymptomatic-bacteriuria-in-adults-screening>. Accessed 4/15/2024.

POLICY REVISION HISTORY

| DATE | REVISION SUMMARY |
|-------------|-------------------------|
| 6/2024 | New policy. |