

Reimbursement Policy

Urine Culture Testing for Bacteria

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I. Policy Description

Bacteriuria is the presence of bacteria in the urine. Urinary tract infections (UTIs) can occur in the urinary system and can be either symptomatic or asymptomatic. UTIs can include cystitis, an infection of the bladder or lower urinary tract; pyelonephritis, an infection of the upper urinary tract or kidney; urosepsis; urethritis; and male-specific conditions, such as bacterial prostatitis and epididymitis (Bonkat et al., 2024; Hooton & Gupta, 2023). Typically, in an infected person, bacteriuria, and pyuria (the presence of pus in the urine) are present and can be present in both symptomatic and asymptomatic UTIs. A urine culture can be performed to determine the presence of bacteria and to characterize the bacterial infection (Meyrier, 2024).

For guidance on pathogen panel testing from urine samples, please see AHS-G2149 Pathogen Panel Testing.

II. Indications and/or Limitations of Coverage

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request. Specifications pertaining to Medicare and Medicaid can be found in the "Applicable State and Federal Regulations" section of this policy document.

- 1) For pregnant individuals, urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) for a urinary tract infection (UTI) **MEETS COVERAGE CRITERIA.**
- 2) For asymptomatic individuals undergoing urological interventions which breach the mucosa, urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) prior to the procedure **MEETS COVERAGE CRITERIA.**
- 3) For individuals exhibiting at least one sign or symptom of a possible UTI or bacteriuria (see Note 1 below), urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) **MEETS COVERAGE CRITERIA.**
- 4) To assess pyelonephritis, urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) **MEETS COVERAGE CRITERIA.**
- 5) For all other instances of asymptomatic UTI or asymptomatic bacteriuria not described above, urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) **DOES NOT MEET COVERAGE CRITERIA.**
- 6) For individuals that show evidence of clinical resolution of infection, follow-up urine culture testing for an uncomplicated UTI **DOES NOT MEET COVERAGE CRITERIA.**

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The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

- 7) Urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) **DOES NOT MEET COVERAGE CRITERIA** in **any** of the following situations:
- As a part of initial screening for asymptomatic prostatitis.
 - As a part of assessment or prognosis of prostate biopsy.

NOTES:

Note 1: Signs and symptoms of UTI/bacteriuria include (CDC, 2024)

- 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

III. Applicable State and Federal Regulations

DISCLAIMER: If there is a conflict between this Policy and any relevant, applicable government policy for a particular member [e.g., Local Coverage Determinations (LCDs) or National Coverage Determinations (NCDs) for Medicare and/or state coverage for Medicaid], then the government policy will be used to make the determination. For the most up-to-date Medicare policies and coverage, please visit the Medicare search website: <https://www.cms.gov/medicare-coverage-database/search.aspx>. For the most up-to-date Medicaid policies and coverage, visit the applicable state Medicaid website.

Food and Drug Administration (FDA)

BlueCross BlueShield of Tennessee, Inc., Independent Licensee of the Blue Cross Blue Shield Association.

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Many labs have developed specific tests that they must validate and perform in house. These laboratory-developed tests (LDTs) are regulated by the Centers for Medicare and Medicaid (CMS) as high-complexity tests under the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88). LDTs are not approved or cleared by the U. S. Food and Drug Administration; however, FDA clearance or approval is not currently required for clinical use.

IV. Applicable CPT/HCPCS Procedure Codes

CPT	Code Description
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
87086	Culture, bacterial; quantitative colony count, urine
87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine
87140	Culture, typing; immunofluorescent method, each antiserum
87147	Culture, typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum
87149	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)
87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate

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Procedure codes appearing in Medical Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Evidence-based Scientific References

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