



If a conflict arises between a Clinical Payment and Coding Policy (“CPCP”) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP 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 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. BCBSNM 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 submission of 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 (“HIPAA”) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (“UB”) Editor, American Medical Association (“AMA”), Current Procedural Terminology (“CPT®”), CPT® Assistant, Healthcare Common Procedure Coding System (“HCPCS”), ICD-10 CM and PCS, National Drug Codes (“NDC”), Diagnosis Related Group (“DRG”) guidelines, Centers for Medicare and Medicaid Services (“CMS”) National Correct Coding Initiative (“NCCI”) Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Urine Culture Testing for Bacteria

Policy Number: CPCPLAB050

Version 1.0

Enterprise Medical Policy Committee Approval Date: 1/25/2022

Plan Effective Date: May 1, 2022

Description

BCBSNM 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:

1. In pregnant women, urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) for any urinary tract infection, asymptomatic or symptomatic, including suspected cystitis, pyelonephritis, and asymptomatic bacteriuria **may be reimbursable**.

2. For asymptomatic patients prior to undergoing urological interventions breaching the mucosa, urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) **may be reimbursable**.
3. For patients exhibiting at least one sign or symptom of possible UTI or bacteriuria* (**See Note 1 below**), urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) **may be reimbursable**.
4. To assess pyelonephritis, urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) **may be reimbursable**.
5. For asymptomatic urinary tract infection or asymptomatic bacteriuria in all other instances, urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) **is not reimbursable**.
6. Follow-up urine culture testing for an uncomplicated urinary tract infection in patients that show evidence of clinical resolution of infection **is not reimbursable**
7. Urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) **is not reimbursable** in the following situations:
 - a. As part of initial screening for asymptomatic prostatitis; OR
 - b. As part of assessment or prognosis of prostate biopsy

***NOTE 1:** Signs and symptoms of UTI/bacteriuria include (CDC, 2019)

- 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

For guidance on pathogen panel testing from urine samples, please see CPCPLAB045 Pathogen Panel Testing.

Procedure Codes

Codes
87077, 87086, 87088, 87140, 87149, 87181, 87147

References:

AAP. (2016, July 13). Avoid the use of surveillance cultures for the screening and treatment of asymptomatic bacteriuria. Ten Things Physicians and Patients Should Question. Retrieved from <http://www.choosingwisely.org/clinician-lists/american-academy-pediatrics-surveillance-cultures-to-screen-and-treat-asymptomatic-bacteruria/>

AAP, & ASPN. (2018, July 16). Avoid ordering follow-up urine cultures after treatment for an uncomplicated urinary tract infection (UTI) in patients that show evidence of clinical resolution of infection. Choosing Wisely. Retrieved from <http://www.choosingwisely.org/clinician-lists/aap-aspn-follow-up-urine-cultures-after-treatment-for-uncomplicated-uti/>

ACOG. (2008). ACOG Practice Bulletin No. 91: Treatment of urinary tract infections in nonpregnant women. *Obstet Gynecol*, 111(3), 785-794. doi:10.1097/AOG.0b013e318169f6ef

AMDA. (2019). Don't obtain urine tests until clinical criteria are met. Five Things Physicians and Patients Should Question. Retrieved from <http://www.choosingwisely.org/clinician-lists/amda-urine-cultures/>

Anger, J., Lee, U., Ackerman, L., Chou, R., Chughtai, B., Quentin Clemens, J., . . . Chai, T. C. (2019, April). Recurrent Uncomplicated Urinary Tract Infections in Women: AUA/CUA/SUFU Guideline. Retrieved from <https://www.cua.org/system/files/Guidelines/rUTI-guideline.pdf>

Aroutcheva, A., Gariti, D., Simon, M., Shott, S., Faro, J., Simoes, J. A., . . . Faro, S. (2001). Defense factors of vaginal lactobacilli. *Am J Obstet Gynecol*, 185(2), 375-379. doi:10.1067/mob.2001.115867

AUA. (2017). Management and Screening of Primary Vesicoureteral Reflux in Children. Retrieved from [https://www.auanet.org/guidelines/vesicoureteral-reflux-\(2010-amended-2017\)](https://www.auanet.org/guidelines/vesicoureteral-reflux-(2010-amended-2017))

Averch, T. D., Stoffel, J., Goldman, H. B., Griebing, T. L., Lerner, L., Newman, D. K., . . . Yoffe, M. (2014, 2014). Catheter-Associated Urinary Tract Infections: Definitions and Significance in the Urologic Patient. White Papers. Retrieved from <http://www.auanet.org/guidelines/catheter-associated-urinary-tract-infections>

Birnie, K., Hay, A. D., Wootton, M., Howe, R., MacGowan, A., Whiting, P., . . . Sterne, J. A. (2017). Comparison of microbiological diagnosis of urinary tract infection in young children by routine health service laboratories and a research laboratory: Diagnostic cohort study. (1932-6203 (Electronic)).

Bonkat, G., Bartoletti, R., Bruyere, F., Cai, T., Geerlings, S. E., Koves, B., . . . Veeratterapillay, R. (2021, March). European Association of Urology (EAU) Guideliens on Urological Infections. Retrieved from <https://uroweb.org/wp-content/uploads/EAU-Guidelines-on-Urological-infections-2021.pdf>

Bonkat, G., Pickard, R., Bartoletti, R., Cai, T., Bruyere, F., Geerlings, S. E., . . . Veeratterapillay, R. (2018, 2018). European Association of Urology (EAU) Urological Infections Guidelines. Retrieved from <http://uroweb.org/guideline/urological-infections/#3>

Brubaker, L., & Wolfe, A. (2016). The urinary microbiota: a paradigm shift for bladder disorders? *Curr Opin Obstet Gynecol*, 28(5), 407-412. doi:10.1097/gco.0000000000000298

Bruyere, F., d'Arcier, B. F., Boutin, J. M., & Haillot, O. (2010). Is urine culture routinely necessary before prostate biopsy? *Prostate Cancer Prostatic Dis*, 13(3), 260-262. doi:10.1038/pcan.2010.8

Cantey, J. B., Gavia-Agudelo, C., McElvania TeKippe, E., & Doern, C. D. (2015). Lack of clinical utility of urine gram stain for suspected urinary tract infection in pediatric patients. *Journal of Clinical Microbiology*, 53(4), 1282-1285. doi:10.1128/JCM.00045-15

CDC. (2019). Urinary Tract Infection. Retrieved from <https://www.cdc.gov/antibiotic-use/community/for-patients/common-illnesses/uti.html>

Cooper, J., Raeburn, A., Hamilton-Miller, J. M., & Brumfitt, W. (1992). Nitrite test for bacteriuria detection. *Br J Gen Pract*, 42.

Cope, M., Cevallos, M. E., Cadle, R. M., Darouiche, R. O., Musher, D. M., & Trautner, B. W. (2009). Inappropriate treatment of catheter-associated asymptomatic bacteriuria in a tertiary care hospital. *Clin Infect Dis*, 48(9), 1182-1188. doi:10.1086/597403

Coussement, J., Scemla, A., Hougardy, J. M., Sberro-Soussan, R., Amrouche, L., Catalano, C., . . . Abramowicz, D. (2019). Prevalence of asymptomatic bacteriuria among kidney transplant recipients beyond two months post-transplant: A multicenter, prospective, cross-sectional study. *PLoS One*, 14(9), e0221820. doi:10.1371/journal.pone.0221820

Dason, S., Dason, J. T., & Kapoor, A. (2011). Guidelines for the diagnosis and management of recurrent urinary tract infection in women. *Can Urol Assoc J*, 5(5), 316-322. doi:10.5489/cuaj.11214

Devillé, W. L. J. M., Yzermans, J. C., van Duijn, N. P., Bezemer, P. D., van der Windt, D. A. W. M., & Bouter, L. M. (2004). The urine dipstick test useful to rule out infections. A meta-analysis of the accuracy. *BMC Urology*, 4(1), 4. doi:10.1186/1471-2490-4-4

Ducharme, J., Neilson, S., & Ginn, J. L. (2007). Can urine cultures and reagent test strips be used to diagnose urinary tract infection in elderly emergency department patients without focal urinary symptoms? *Cjem*, 9(2), 87-92.

Eliacik, K., Kanik, A., Yavascan, O., Alparslan, C., Kocyigit, C., Aksu, N., & Bakiler, A. R. (2016). A Comparison of Bladder Catheterization and Suprapubic Aspiration Methods for Urine Sample Collection From Infants With a Suspected Urinary Tract Infection. *Clin Pediatr (Phila)*, 55(9), 819-824.

FDA. (2021). Devices@FDA. Retrieved from <https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm>

Fontserè, S., Infante-Domínguez, C., Suárez-Benjumea, A., Suñer-Poblet, M., González-Corvillo, C., Martín-Gutiérrez, G., . . . Cordero, E. (2021). Impact of Treating Asymptomatic Bacteriuria in Kidney Transplant Recipients: A Prospective Cohort Study. *Antibiotics (Basel, Switzerland)*, 10(2), 218. doi:10.3390/antibiotics10020218

Goldman, J. D., & Julian, K. (2019). Urinary tract infections in solid organ transplant recipients:

Guidelines from the American Society of Transplantation Infectious Diseases Community of Practice. *Clin Transplant*, 33(9), e13507. doi:10.1111/ctr.13507

Graham, J., & Galloway, A. (2001). ACP Best Practice No 167. *J Clin Pathol*, 54(12), 911-919. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1731340/>

Gupta, K., Hooton, T. M., Naber, K. G., Wullt, B., Colgan, R., Miller, L. G., . . . Soper, D. E. (2011). International clinical practice guidelines for the treatment of acute uncomplicated cystitis and pyelonephritis in women: A 2010 update by the Infectious Diseases Society of America and the European Society for Microbiology and Infectious Diseases. *Clin Infect Dis*, 52(5), e103-120. doi:10.1093/cid/ciq257

Harding, G. K., Zhanel, G. G., Nicolle, L. E., & Cheang, M. (2002). Antimicrobial treatment in diabetic women with asymptomatic bacteriuria. *N Engl J Med*, 347(20), 1576-1583. doi:10.1056/NEJMoa021042

Hooton, T. M., Bradley, S. F., Cardenas, D. D., Colgan, R., Geerlings, S. E., Rice, J. C., . . . Nicolle, L. E. (2010). Diagnosis, prevention, and treatment of catheter-associated urinary tract infection in adults: 2009 International Clinical Practice Guidelines from the Infectious Diseases Society of America. *Clin Infect Dis*, 50(5), 625-663.

Hooton, T. M., & Gupta, K. (2021, March 19). Acute complicated urinary tract infection (including pyelonephritis) in adults. UpToDate. Retrieved from <https://www.uptodate.com/contents/acute-complicated-urinary-tract-infection-including-pyelonephritis-in-adults>

Lightner, D. J., Wymer, K., Sanchez, J., & Kavoussi, L. (2020). Best Practice Statement on Urologic Procedures and Antimicrobial Prophylaxis. *J Urol*, 203(2), 351-356. doi:10.1097/ju.0000000000000509

Meyrier, A. (2019). Sampling and evaluation of voided urine in the diagnosis of urinary tract infection in adults. UpToDate. Retrieved from <https://www.uptodate.com/contents/sampling-and-evaluation-of-voided-urine-in-the-diagnosis-of-urinary-tract-infection-in-adults>

Moore, A., Doull, M., Grad, R., Groulx, S., Pottie, K., Tonelli, M., . . . Thombs, B. D. (2018). Recommendations on screening for asymptomatic bacteriuria in pregnancy. *Cmaj*, 190(27), E823-e830. doi:10.1503/cmaj.171325

NICE. (2015, June 11). Urinary tract infections in adults. Retrieved from <https://www.nice.org.uk/guidance/qs90/chapter/List-of-quality-statements>

NICE. (2018, October 31). Urinary tract infection in under 16s: diagnosis and management. Retrieved from <https://www.nice.org.uk/guidance/cg54/resources/urinary-tract-infection-in-under-16s-diagnosis-and-management-pdf-975507490501>

Nicolle, L. E., Gupta, K., Bradley, S. F., Colgan, R., DeMuri, G. P., Drekonja, D., . . . Siemieniuk, R. (2019). Clinical Practice Guideline for the Management of Asymptomatic Bacteriuria: 2019 Update by the Infectious Diseases Society of America. *Clin Infect Dis*, 68(10), e83-e110. doi:10.1093/cid/ciy1121

Petty, L. A., Vaughn, V. M., Flanders, S. A., Malani, A. N., Conlon, A., Kaye, K. S., . . . Gandhi, T. N.

(2019). Risk Factors and Outcomes Associated With Treatment of Asymptomatic Bacteriuria in Hospitalized Patients. *JAMA Intern Med.* doi:10.1001/jamainternmed.2019.2871

Price, T. K., Dune, T., Hilt, E. E., Thomas-White, K. J., Kliethermes, S., Brincat, C., . . . Schreckenberger, P. C. (2016). The Clinical Urine Culture: Enhanced Techniques Improve Detection of Clinically Relevant Microorganisms. *Journal of Clinical Microbiology*, 54(5), 1216-1222. doi:10.1128/JCM.00044-16

Roberts, K. B. (2011). Urinary tract infection: clinical practice guideline for the diagnosis and management of the initial UTI in febrile infants and children 2 to 24 months. *Pediatrics*, 128(3), 595-610. doi:10.1542/peds.2011-1330

Robinson, J. L., Finlay, J. C., Lang, M. E., Bortolussi, R., CPS, CPC, & IDIC. (2020). Urinary tract infections in infants and children: Diagnosis and management. Position Statements and Practice Points. Retrieved from <https://www.cps.ca/en/documents/position/urinary-tract-infections-in-children>

Schito, G. C., Naber Kg Fau - Botto, H., Botto H Fau - Palou, J., Palou J Fau - Mazzei, T., Mazzei T Fau - Gualco, L., Gualco L Fau - Marchese, A., & Marchese, A. (2009). The ARESC study: an international survey on the antimicrobial resistance of pathogens involved in uncomplicated urinary tract infections. *Int J Antimicrob Agents*, 34(5), 407-413.

Schmiemann, G., Kniehl, E., Gebhardt, K., Matejczyk, M. M., & Hummers-Pradier, E. (2010). The Diagnosis of Urinary Tract Infection: A Systematic Review. *Deutsches Ärzteblatt International*, 107(21), 361-367. doi:10.3238/arztebl.2010.0361

SHEA. (2019, December 2). Don't perform urinalysis, urine culture, blood culture or *C. difficile* testing unless patients have signs or symptoms of infection. Five Things Physicians and Patients Should Question. Retrieved from <http://www.choosingwisely.org/clinician-lists/shea-urinalysis-urine-culture-blood-culture-or-c-difficile-testing/>

USPSTF. (2019). Screening for Asymptomatic Bacteriuria in Adults: US Preventive Services Task Force Recommendation Statement. *JAMA*, 322(12), 1188-1194. doi:10.1001/jama.2019.13069

WHO. (2016). WHO Guidelines Approved by the Guidelines Review Committee. In WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience. Geneva: World Health Organization Copyright (c) World Health Organization 2016.

Wojno, K. J., Baunoch, D., Luke, N., Opel, M., Korman, H., Kelly, C., . . . Sirls, L. (2020). Multiplex PCR Based Urinary Tract Infection (UTI) Analysis Compared to Traditional Urine Culture in Identifying Significant Pathogens in Symptomatic Patients. *Urology*, 136, 119-126. doi:10.1016/j.urology.2019.10.018

Wolf Jr, J. S., Bennett, C. J., Dmochowski, R. R., Hollenbeck, B. K., Pearle, M. S., Schaeffer, A. J., & Pace, K. T. (2012, 07/29/2016). Urologic Surgery Antimicrobial Prophylaxis. Best Practices Statements. Retrieved from [http://www.auanet.org/guidelines/antimicrobial-prophylaxis-\(2008-reviewed-and-validity-confirmed-2011-amended-2012\)](http://www.auanet.org/guidelines/antimicrobial-prophylaxis-(2008-reviewed-and-validity-confirmed-2011-amended-2012))

Policy Update History:

5/1/2022	New policy
----------	------------