If a conflict arises between a Clinical Payment and Coding Policy 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. Blue Cross and Blue Shield of Texas may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX 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 approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative 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.

Identification of Microorganisms Using Nucleic Acid Probes

Policy Number: CPCPLAB063

Version 1.0

Approval Date: July 25, 2025

Plan Effective Date: November 7, 2025

Description

The Plan 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:

A discussion of every infectious agent that might be detected with a probe technique is beyond the scope of this policy. Many probes have been combined into panels of tests. For the purposes of this policy, only individual probes are reviewed.

1. The reimbursement status of nucleic acid identification using direct probe, amplified probe, or quantification for the microorganism's procedure codes is summarized in Table 1 below. "MBR" in the table below indicates that the test **may be reimbursable** while "INR" tests indicates that the test, **is not reimbursable.**

Table 1

Microorganism	Direct Probe	Amplified Probe	Quantification
Bartonella henselae or *quintana*		87471(MBR)	87472 (INR)
Chlamydia pneumoniae	87485 (INR)	87486 (MBR)	87487 (INR)
Clostridium difficile		87493 (MBR)	
Cytomegalovirus	87495 (INR)	87496 (MBR)	87497 (MBR)
Enterococcus, Vancomycin-resistant (e.g., enterococcus vanA, vanB)		87500 (MBR)	
Enterovirus		87498 (MBR)	
Hepatitis G	87525 (INR)	87526 (INR)	87527 (INR)
Herpes-virus-6	87531 (INR)	87532 (INR)	87533 (MBR)
Legionella pneumophila	87540 (INR)	87541 (MBR)	87542 (INR)
Mycoplasma pneumoniae	87580 (INR)	87581 (MBR)	87582 (INR)
Orthopoxvirus		87593 (MBR)	
Respiratory syncytial virus		87634 (MBR)	
Staphylococcus aureus		87640 (MBR)	
Staphylococcus aureus, methicillin resistant		87641 (MBR)	

**MRB – may be reimbursable; INR – is not reimbursable*

2. Simultaneous ordering of any combination of amplified probe and quantification for the same organism in a single encounter **is not reimbursable.**

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
87471, 87472, 87485, 87486, 87487, 87493, 87495, 87496, 87497, 87498, 87500, 87525, 87526, 87527, 87531, 87532, 87533, 87540, 87541, 87542, 87563, 87580, 87581, 87582, 87593, 87634, 87640, 87641

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Policy Update History:

Approval Date	Effective Date; Summary of Changes
07/25/2025	11/07/2025; Document updated with literature review. The following changes were made to Reimbursement Information: Removed "non-vaginal *Candida species*" and "*Mycoplasma genitalium*" and associated codes from table. Direct probe testing for *Chlamydia pneumoniae, Cytomegalovirus, Legionella pneumophila,* Herpes-virus-6, and *Mycoplasma pneumoniae* changed from "may be reimbursable" to "is not reimbursable" as direct probe testing does not meet criteria. Revised #2 to remove direct probe, which now reads: "Simultaneous ordering of amplified probe and quantification for the same organism in a single encounter is not reimbursable. Removed codes 87480, 87481, 87482. References revised.
09/13/2024	01/01/2025: New policy.