

Summary: Bacterial Urine Culture Testing

NCD 190.12

The terms of Medicare National Coverage Determinations (NCDs) are binding on all fee-for-service (Part A/B) Medicare Administrative Contractors (MACs) and Medicare Advantage (MA) plans. NCDs are not binding, however, on Medicaid and other governmental payers, nor are they binding on commercial payers in their non-MA lines of business.

Item/Service Description*

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.

Indications*

1. A patient's urinalysis is abnormal suggesting urinary tract infection, for example, abnormal microscopic (hematuria, pyuria, bacteriuria); abnormal biochemical urinalysis (positive leukocyte esterase, nitrite, protein, blood); a Gram's stain positive for microorganisms; positive bacteriuria screen by a non-culture technique; or other significant abnormality of a urinalysis. While it is not essential to evaluate a urine specimen by one of these methods before a urine culture is performed, certain clinical presentations with highly suggestive signs and symptoms may lend themselves to an antecedent urinalysis procedure where follow-up culture depends upon an initial positive or abnormal test result.
2. A patient has clinical signs and symptoms indicative of a possible urinary tract infection (UTI). Acute lower UTI may present with urgency, frequency, nocturia, dysuria, discharge or incontinence. These findings may also be noted in upper UTI with additional systemic symptoms (for example, fever, chills, lethargy); or pain in the costovertebral, abdominal, or pelvic areas. Signs and symptoms may overlap considerably with other inflammatory conditions of the genitourinary tract (for example, prostatitis, urethritis, vaginitis, or cervicitis). Elderly or immunocompromised patients, or patients with neurologic disorders may present atypically (for example, general debility, acute mental status changes, declining functional status).
3. The patient is being evaluated for suspected urosepsis, fever of unknown origin, or other systemic manifestations of infection but without a known source. Signs and symptoms used to define sepsis have been well established.
4. A test-of cure is generally not indicated in an uncomplicated infection. However, it may be indicated if the patient 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.
5. 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).
6. Urine culture may be indicated to detect occult infection in renal transplant recipients on immunosuppressive therapy.

Limitations*

1. CPT 87086 may be used one time per encounter.
2. Colony count restrictions on coverage of CPT 87088 do not apply as they may be highly variable according to syndrome or other clinical circumstances (for example, antecedent therapy, collection time, degree of hydration).
3. CPT 87088, 87184, and 87186 may be used multiple times in association with or independent of 87086, as urinary tract infections may be polymicrobial.
4. Testing for asymptomatic bacteriuria as part of a prenatal evaluation may be medically appropriate but is considered screening and, therefore, not covered by Medicare. The US Preventive Services Task Force has concluded that screening for asymptomatic bacteriuria outside of the narrow indication for pregnant women is generally not indicated. There are insufficient data to recommend screening in ambulatory elderly patients including those with diabetes. Testing may be clinically indicated on other grounds including likelihood of recurrence or potential adverse effects of antibiotics, but is considered screening in the absence of clinical or laboratory evidence of infection.

*This language is a direct quote from the NCD.

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1.800.369.6818

Representative List of Covered ICD-10-CM Diagnosis Codes

The following diagnosis codes are among those identified as “ICD-10 Codes Covered by Medicare Program” in the CMS “Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report (ICD-10)” section that identifies covered diagnosis codes for the above-described NCD.

ICD-10 Code	Description
N20.0	Calculus of kidney
N30.00	Acute cystitis without hematuria
N39.0	Urinary tract infection, site not specified
N40.0	Benign prostatic hyperplasia without lower urinary tract symptoms
N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms
N41.9	Inflammatory disease of prostate, unspecified
N76.0	Acute vaginitis
N76.1	Subacute and chronic vaginitis
N76.2	Acute vulvitis
N76.3	Subacute and chronic vulvitis
R10.2	Pelvic and perineal pain
R10.9	Unspecified abdominal pain
R30.0	Dysuria
R31.0	Gross hematuria
R31.29	Other microscopic hematuria
R31.9	Hematuria, unspecified
R35.0	Frequency of micturition
R53.81	Other malaise
R53.83	Other fatigue
R80.9	Proteinuria, unspecified
R82.5	Elevated urine levels of drugs, medicaments and biological substances
R82.90	Unspecified abnormal findings in urine
R82.998	Other abnormal findings in urine
Z79.899	Other long term (current) drug therapy

To view a full list of codes covered by Medicare and the complete NCD, please refer to the CMS website reference, www.cms.gov.



How Can We Help?

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