

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 Illinois may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSIL 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.

β - Hemolytic Streptococcus Testing

Policy Number: CPCPLAB053

Version 1.0

Approval Date: September 25, 2025

Plan Effective Date: January 1, 2026

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:

- 1) For the detection of a streptococcal infection causing respiratory illness, bacterial culture testing from a throat swab **may be reimbursable** when **one** of the following conditions is met:
 - a) When the individual has a modified Centor criteria score of 3 or greater (see **Note 1** below).
 - b) When the individual is suspected of having bacterial pharyngitis in the absence of viral features (e.g., cough, oral ulcers, rhinorrhea).
 - c) Following a negative rapid antigen diagnostic test (RADT) in a symptomatic child or adolescent.
- 2) In cases of skin and/or soft tissue infections, bacterial culture testing for a streptococcal infection from a skin swab or from pus **may be reimbursable**.
- 3) For individuals with suspected acute rheumatic fever (ARF) or post-streptococcal glomerulonephritis (PSGN), the following testing **may be reimbursable**:
 - a) Serological titer testing;
 - b) Anti-streptolysin O immunoassay;
 - c) Hyaluronidase activity or anti-hyaluronidase immunoassay;
 - d) Streptokinase activity or anti-streptokinase immunoassay.
- 4) In cases of suspected viral pharyngitis, bacterial culture testing for streptococci from a throat swab **is not reimbursable**.
- 5) Except in cases of asymptomatic children under the age of three years who have a mitigating circumstance (including a symptomatic family member), RADT for a streptococcal infection **is not reimbursable** in **any** of the following situations:
 - a) As a follow-up test for individuals who have had either a bacterial culture test or a nucleic acid test for a streptococcal infection.
 - b) As a screening method in an asymptomatic patient.
- 6) For all situations not described above, serological titer testing **is not reimbursable**.
- 7) Simultaneous ordering of **both** direct probe and amplification probe for the same organism in a single encounter **is not reimbursable**.

- 8) For all situations not described above, testing with an anti-streptolysin O immunoassay, a hyaluronidase activity or anti-hyaluronidase immunoassay, or a streptokinase activity or anti-streptokinase immunoassay **is not reimbursable**.
- 9) For all situations, the following tests **are not reimbursable**:
 - a) Panel tests that screen and identify multiple streptococcal strains (*S. pyogenes* [group A], *S. agalactiae* [group B], *S. dysgalactiae* [groups C/G], α -hemolytic streptococcus, and/or γ -hemolytic streptococcus), using either immunoassay or nucleic acid-based assays, (e.g., Solana Strep Complete Assay, Lyra Direct Strep Assay).
 - b) The quantification of any strain of streptococcus using nucleic acid amplification, including PCR.
 - c) Nicotinamide-adenine dinucleotidase activity or anti-nicotinamide-adenine immunoassay.

Note 1: Centor criteria includes tonsillar exudates, tender anterior cervical lymphadenopathy, fever, and absence of cough with each criterion being worth one point (Chow, 2023).

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
86060, 86063, 86215, 86317, 86318, 86581, 87070, 87071, 87077, 87081, 87430, 87650, 87651, 87652, 87581, 87797, 87798, 87799, 87880

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Policy Update History:

Approval Date	Effective Date; Summary of Changes
09/25/2025	01/01/2026: New policy.