

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.

Diagnosis of Vaginitis

Policy Number: CPCPLAB059

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 individuals with signs and symptoms of vaginitis, testing of pH, testing for the presence of amines, measurement of sialidase activity, saline wet mount, potassium hydroxide/KOH wet mount, and microscopic examination of vaginal fluids **may be reimbursable**.
2. For individuals with signs and symptoms of vaginitis, direct probe DNA-based identification of *Gardnerella*, *Trichomonas*, and *Candida* (e.g., BD Affirm™ VPIII) **may be reimbursable**.
3. For individuals with signs and symptoms of vaginitis, but with negative findings on wet-mount preparations and a normal pH test, vaginal cultures for *Candida* species for the diagnosis of vulvovaginal candidiasis **may be reimbursable**.
4. For individuals with complicated vulvovaginal candidiasis/VVC, qualitative polymerase chain reaction/PCR based identification of *Candida* to confirm clinical diagnosis and identify non-*albicans* *Candida* **may be reimbursable**.
5. For individuals with sign and symptoms of bacterial vaginosis/BV, nucleic acid amplification test/NAAT, specific to the diagnosis of BV (e.g., Aptima® BV, OneSwab® BV Panel PCR with Lactobacillus Profiling by qPCR; SureSwab® Advanced BV, TMA) and single or multitarget PCR testing for the diagnosis of BV **may be reimbursable**.
6. For individuals with signs and symptoms of vaginitis, NAAT panel testing (no more than one test every seven days; see **Note 1**) designed to detect more than one type of vaginitis (VVC, BV, and/or trichomoniasis; e.g., BD MAX™ Vaginal Panel, NuSwab® VG, Xpert® Xpress MVP) **may be reimbursable**.
7. For asymptomatic individuals, including asymptomatic pregnant individuals at an average or high risk for premature labor, screening for trichomoniasis and bacterial vaginosis **is not reimbursable**.
8. For all other situations not described above, NAAT testing for *Candida* (e.g., quantitative NAAT testing) **is not reimbursable**.
9. Testing for microorganisms involved in vaginal flora imbalance and/or infertility using molecular-based panel testing **is not reimbursable**.

10. All other tests for vaginitis (e.g., broad molecular panels designed to concurrently test for vaginitis and various other STIs) not addressed above **are not reimbursable**.

Note 1: Per CDC recommendations,(13) the longest minimum treatment for an organism included on the allowed vaginitis panels is a seven day course of antibiotics to treat trichomoniasis. NAAT panel testing for all three types of vaginitis should not be repeated before a minimum treatment window has passed. When symptoms persist despite treatment, individual organism testing may be performed within this window.

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
81513, 81514, 81515, 82120, 83986, 87070, 87149, 87150, 87210, 87480, 87481, 87482, 87510, 87511, 87512, 87660, 87797, 87798, 87799, 87800, 87801, 87905, 0068U, 0330U, 0505U, 0557U, Q0111

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Policy Update History:

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