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.

Onychomycosis Testing

Policy Number: CPCPLAB068

Version 1.0

Approval Date: September 5, 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 of onychomycosis, direct microscopic examination with potassium hydroxide, fungal culture of desquamated subungual material, or fungal stain of a nail clipping(s) **may be reimbursable**.

2. For individuals with onychomycosis and for whom anti-fungal therapy has failed to resolve infection, nucleic acid amplification testing/NAAT **may be reimbursable.**

3. To screen for, diagnose, or confirm onychomycosis, NAAT (See **Note 1**), **is not reimbursable**.

4. To screen for, diagnose, or confirm onychomycosis attenuated total-reflectance Fourier transform infrared/ATR-FTIR spectroscopy **is not reimbursable**.

5. Testing for the presence of fungal-derived sterols, (e.g., ergosterol), **is not reimbursable**.

Note 1: Nucleic acid testing (e.g., PCR, PCR-RFLP, and next-generation sequencing/NGS) of the following microorganisms: *Candida* species, *Aspergillus* species, *Trichophyton rubrum, Trichophyton mentagrophytes, Epidermophyton floccossum, Neoscytalidium dimidiatum, Onychocola canadensis, Scopulariopsis* species, *Alternaria* species, *Acremonium* species, and *Fusarium* species (1-3).

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
82542, 87101, 87149, 87150, 87153, 87205, 87206, 87220, 87480, 87481, 87482, 87798, 87800, 87801, 88312, 88749

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Policy Update History

Approval Date	Effective Date; Summary of Changes
09/05/2025	01/01/2026: New policy.