

# Reimbursement Policy

**Policy Number:** RPLAB050

**Policy Title:** Urine Culture Testing for  
Bacteria

**Approval Date:** Aug. 6, 2026

**Effective Date:** Dec. 4, 2026

## Policy Disclaimer

If a conflict arises between a Reimbursement 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 reimbursement policy 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's 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 submitting 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 ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & 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 and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

## Description

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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

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For guidance on pathogen panel testing from urine samples, please see RPLAB045 Pathogen Panel Testing.

1. For pregnant individuals, urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) for a urinary tract infection (UTI), **may be reimbursable**.
2. For asymptomatic individuals undergoing urological interventions which breach the mucosa, urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) **may be reimbursable** prior to the procedure.
3. For individuals exhibiting at least one sign or symptom of possible UTI or bacteriuria (See **Note 1**), urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) **may be reimbursable**.
4. To assess pyelonephritis, urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) **may be reimbursable**.
5. For all other instances of asymptomatic urinary tract infection or asymptomatic bacteriuria not described above, urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) **is not reimbursable**.
6. For individuals that show evidence of clinical resolution of infection, follow-up urine culture testing for an uncomplicated urinary tract infection **is not reimbursable**.
7. Urine culture testing (with isolate identification and antibiotic susceptibilities if applicable) **is not reimbursable** in **any** of the following situations:
  - a. As a part of initial screening for asymptomatic prostatitis;
  - b. As a part of assessment or prognosis of prostate biopsy.

### **NOTE 1:** Signs and symptoms of UTI/bacteriuria

- Symptoms of a bladder infection include pain or burning while urinating, frequent urination, feeling the need to urinate despite having an empty bladder, bloody urine, and/or pressure or cramping in the groin or lower abdomen. (4)
- Symptoms of a kidney infection include fever, chills, lower back pain or pain in the side of the back, and/or nausea or vomiting. (4)

- Symptoms of a UTI in infants, babies and toddlers include fever, belly pain or fullness, strong, foul-smelling urine, weight loss, irritability, vomiting, poor feeding, fatigue, yellowish skin or eyes, and/or diarrhea. (5)
- Symptoms of a UTI in older children include daytime accidents or bedwetting after being fully potty trained, painful or difficult urination, pain or discomfort in the lower belly, back or side, urine that smells bad, is cloudy or has blood in it, nausea and/or vomiting, fever and chills, fatigue, and/or a frequent, urgent need to urinate, especially if only a small amount comes out when urinating. (5)
- Symptoms of a UTI in older, frail individuals or individuals with a urinary catheter include leaking urine (wetting themselves or incontinence) that is worse than usual, new shivering or shaking (rigors), and/or changes in behavior, such as acting agitated or confused (delirium). (6)

## 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.

| Code  | Description                 |
|-------|-----------------------------|
| 87077 | CULTURE AEROBIC IDENTIFY    |
| 87086 | URINE CULTURE/COLONY COUNT  |
| 87088 | URINE BACTERIA CULTURE      |
| 87140 | CULTURE TYPE IMMUNOFLUORESC |
| 87147 | CULTURE TYPE IMMUNOLOGIC    |
| 87149 | DNA/RNA DIRECT PROBE        |
| 87181 | MICROBE SUSCEPTIBLE DIFFUSE |
| 87186 | MICROBE SUSCEPTIBLE MIC     |

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Centers for Medicare & Medicaid Services. (2026). Healthcare Common Procedure Coding System (HCPCS) Level II.

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## Policy History

| Approval Date | Description                                                                   |
|---------------|-------------------------------------------------------------------------------|
| 08/06/2026    | 12/4/2026; Reviewed. Reimbursement Information unchanged. References revised. |
| 09/25/2026    | 01/01/2026; New policy.                                                       |