

Urine Culture, Bacterial

CPT: 87086, 87088

Medically Supportive ICD Codes are listed on subsequent page(s) of this document

CMS National Coverage Policy

Coverage Indications, Limitations, and/or Medical Necessity

A bacterial urine culture is a laboratory test service 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 for bacteria might also be used as part of the evaluation and management of another related condition. The procedure includes aerobic agarbased isolation of bacteria or other cultivable organisms present, and quantitation 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 beneficiary'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 beneficiary 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 might 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 might overlap considerably with other inflammatory conditions of the genitourinary tract (for example, prostatitis, urethritis, vaginitis, or cervicitis). Elderly or immunocompromised beneficiaries or those with neurologic disorders might present atypically (for example, general debility, acute mental status changes, declining functional status).
3. The beneficiary 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 beneficiary 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® code 87086 may be used one time per encounter.
2. Colony count restrictions on coverage of CPT® code 87088 do not apply as they may be highly variable according to syndrome or other clinical circumstances (for example, antecedent therapy, collection time, and degree of hydration).
3. CPT® code 87088 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 U.S. 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 beneficiaries 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.
5. To detect a clinically significant post-transplant occult infection in a renal allograft recipient on long-term immunosuppressive therapy, use code Z79.899.

Visit QuestDiagnostics.com/MLCP to view current limited coverage tests, reference guides, and policy information.

To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference

www.cms.gov

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The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**

***Note—Bolded diagnoses below have the highest utilization**

There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

| Code | Description |
|---------------|---|
| N30.00 | Acute cystitis without hematuria |
| N30.01 | Acute cystitis with hematuria |
| N30.90 | Cystitis, unspecified without hematuria |
| N39.0 | Urinary tract infection, site not specified |
| N40.1 | Benign prostatic hyperplasia with lower urinary tract symptoms |
| R10.9 | Unspecified abdominal pain |
| R30.0 | Dysuria |
| R31.0 | Gross hematuria |
| R31.29 | Other microscopic hematuria |
| R31.9 | Hematuria, unspecified |
| R32 | Unspecified urinary incontinence |
| R33.9 | Retention of urine, unspecified |
| R35.0 | Frequency of micturition |
| R35.1 | Nocturia |
| R39.15 | Urgency of urination |
| R39.9 | Unspecified symptoms and signs involving the genitourinary system |
| R53.83 | Other fatigue |
| R80.9 | Proteinuria, unspecified |
| R82.90 | Unspecified abnormal findings in urine |
| Z79.899 | Other long term (current) drug therapy |

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Disclaimer:

This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Quest Diagnostics does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

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