UnitedHealthcare Community Plan

UnitedHealthcare Community Plan of New Jersey
Genitourinary Pathogen Nucleic Acid Detection Panel Testing Medical Policy and Prior Authorization Requirement – Effective January 1, 2021

Together, we're working toward achieving better health outcomes, improving patient experiences and lowering the cost of care. To continue this important work, our new medical policy and expanded prior authorization requirement will help improve cost efficiencies for the overall health care system, while still providing access to safe, quality health care.

For dates of service on or after Jan 1, 2021, we're introducing a clinical policy update for diagnostic testing to evaluate vaginitis. We're also expanding the notification/prior authorization requirements for genetic and molecular testing performed in an outpatient setting to include the following genitourinary pathogen test codes.

Genitourinary Pathogen Test Codes	
87481	Infectious agent detection by nucleic acid (DNA or RNA); candida species, amplified probe technique
87482	Infectious agent detection by nucleic acid (DNA or RNA); candida species, quantification
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaganalis, direct probe technique
87511	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaganalis, amplified probe technique
87512	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaganalis, quantification
87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (e.g., 6, 11, 42, 43, 44)
87797	Infectious agent detection by nucleic acid (DNA or RNA); Not otherwise specified; direct probe technique, each organism
87798	Infectious agent detection by nucleic acid (DNA or RNA); Not otherwise specified; amplified probe technique, each organism
87799	Infectious agent detection by nucleic acid (DNA or RNA); Not otherwise specified; quantification, each organism
87800	Infectious agent detection by nucleic acid (DNA or RNA); Multiple organisms, direct probe(s) technique
87801	Infectious agent detection by nucleic acid (DNA or RNA); Multiple organisms, amplified probe(s) technique
0068U	Candida species panel (C. albicans, C. glabrata, C. parapsilosis, C. krusei, C. tropicalis, and C. auris), amplified probe technique with qualitative report of the presence or absence of each species

How Will This Affect Care Providers and Members?

In this policy, the following diagnostic tests **are** medically necessary to evaluate vaginitis in adolescent girls and adult women:

- Direct DNA probe tests to detect the presence of Candida and Trichomoniasis in individuals with symptoms of vaginitis
- Amplified DNA probe tests for the detection of Trichomoniasis in individuals with symptoms of vaginitis

Clinical testing of vaginal discharge, such as pH testing, a potassium hydroxide (KOH) whiff test and microscopy, aren't impacted by this policy and are available diagnostic tests to evaluate vaginitis in adolescent girls and adult women.

The following diagnostic tests are **not** medically necessary to evaluate vaginitis in adolescent girls and adult women:

- Amplified DNA probe testing for vulvovaginitis due to Candida species
- Direct and amplified DNA probe testing for bacterial vaginosis (i.e., Gardnerella vaginalis)
- Multiplex polymerase chain reaction (PCR) panel testing of genitourinary pathogens

Of note, this policy **does not** apply to tests for gonorrhea and chlamydia and has **no effect** on testing for these organisms.

Genitourinary Pathogen Nucleic Acid Detection Panel Testing Medical Policy

Our Genitourinary Pathogen Nucleic Acid Detection Panel Testing Medical Policy includes the criteria we'll use to facilitate medical necessity reviews. The policy is available at **UHCprovider.com** > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Community Plans.

- We conduct medical necessity reviews under the terms of the member's benefit plan, which requires services to be medically necessary, including cost-effective, to be covered.
- Consistent with existing prior authorization requirements, if we determine the requested service isn't medically necessary, you'll need to submit a new prior authorization request if you make a change to the service.
- If you don't notify us or complete the notification/prior authorization process before the service is rendered, we may deny the claims and you won't be able to bill the member for the service.

How to Request Notification/Prior Authorization

You can complete the notification/prior authorization process online. Go to **UHCprovider.com/paan** > Genetic and Molecular Lab Testing Notification/Prior Authorization.

We'll review the request and the required clinical records, and contact the requesting care provider and member with our coverage decision. If coverage is denied, we'll include details in the denial letter on how to appeal.

If you don't complete the notification/prior authorization process before the planned service is rendered, we may deny the claims and you won't be able to bill the member for the service.

Questions

If you have questions, please call Provider Services at the number on the back of the member's ID card.

PCA-1-20-00410-C&S-WEB_02242020