

Bacterial and Viral Testing of Oral Infections

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[Instructions for Use](#)

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Related Dental Policies
None

Coverage Rationale

Collection of Microorganisms for Culture and Sensitivity

Collection of microorganisms for culture and sensitivity is indicated for the following:

- For infections of the oral cavity that do not respond to antibiotic therapy and/or incision and drainage in a timely manner
- For infections of the oral cavity in patients with comorbidities including but not limited to impaired healing response, and compromised immune system
- For patients with severe or prolonged infection

Collection of microorganisms for culture and sensitivity is not indicated for the following:

- As a routine procedure for all infections
- If infection is small and limited to localized area
- If infection is draining on its own with no evidence of spread of infection
- For fungal infections
- For viral culturing (this procedure has its own reporting code)

Viral Culture

Viral culturing is indicated for the presence of oral and perioral vesicles and ruptured vesicles.

Viral culturing is not indicated for suspected cytomegalovirus (CMV) oral lesions.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Code	Description
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report

CDT Code	Description
D0415	Collection of microorganisms for culture and sensitivity
D0416	Viral culture

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Description of Services

There are many diagnostic tests available for bacterial and viral infections presenting in the oral cavity. Viral testing includes, but is not limited to, Varicella-Zoster, Herpes Simplex, Hand-Foot-and-Mouth Disease, Herpangina and Measles (Rubeola). Bacterial infections may involve individual teeth and surrounding tissues or affect the oral mucosa. Bacterial testing isolates specific pathogens and the results can be used to guide treatment decisions. This is particularly true when infections have been resistant to previous treatment, or the infection is serious or prolonged. Testing for fungal infections does not typically provide useful information, as candida albicans is a part of the normal oral flora. Testing may be considered if there is no response to antifungal treatment and signs of continued infection remain.

References

Bagheri, S. Clinical Review of Oral and Maxillofacial Surgery, 2nd ed. St. Louis: Mosby c2014. Chapter 4, Oral and Maxillofacial Infections; p. 95-118.

Cohen-Poradosu R, Kasper, D. Mandell, Douglas and Bennett's Principles and Practice of Infectious Diseases, 9th ed. Elsevier c2020. Chapter 242 Anaerobic Infections: General Concepts; p.2930

Blijlevens N, van der Velden, W.. Mandell, Douglas and Bennett's Principles and Practice of Infectious Diseases, 9th ed. Elsevier c2020. Chapter 305 Infections in the Immunocompromised Host: General Principles; p.3617

Guideline History/Revision Information

Date	Summary of Changes
03/15/2021	<ul style="list-style-type: none"> Updated dental entity brand logo
01/01/2021	<p>Template Update</p> <ul style="list-style-type: none"> Reformatted policy; transferred content to new template
12/01/2020	<p>Title Change</p> <ul style="list-style-type: none"> Previously titled <i>Bacterial and Viral Testing</i> <p>Coverage Rationale</p> <p><i>Collection of Microorganisms for Culture and Sensitivity</i></p> <ul style="list-style-type: none"> Revised list of conditions for which collection of microorganisms for culture and sensitivity is indicated: <ul style="list-style-type: none"> Added “for patients with severe or prolonged infection” Replaced: <ul style="list-style-type: none"> “For <i>odontogenic</i> infections that do not respond to <i>rationale</i> antibiotic <i>empiric</i> therapy and/or incision and drainage in a timely manner” with “for infections <i>of the oral cavity</i> that do not respond to antibiotic therapy and/or incision and drainage in a timely manner” “For <i>odontogenic</i> infections in patients with comorbidities including but not limited to impaired healing response, and compromised immune system” with “for infections <i>of the oral cavity</i> in patients with comorbidities including but not limited to impaired healing response, and compromised immune system” <p><i>Viral Culture</i></p> <ul style="list-style-type: none"> Removed language indicating an incisional biopsy and testing is indicated for suspected cytomegalovirus (CMV) oral lesions <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>Description of Services</i> and <i>References</i> sections to reflect the most current information Archived previous policy version DCG039.04

Instructions for Use

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare standard dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.