

BACTERIAL AND VIRAL TESTING

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Related Policies

None

INSTRUCTIONS FOR USE

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Dental Coverage Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Dental Coverage Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Dental Coverage Guideline. Other Clinical Policies and Coverage Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group health plans (inside and outside of Exchanges) to provide coverage for Pediatric Dental Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for Pediatric Dental EHBs. However, if such plans choose to provide coverage for benefits which are deemed Pediatric Dental EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute Pediatric Dental EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Collection of Microorganisms for Culture and Sensitivity

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

- For odontogenic infections that do not respond to rational antibiotic empiric therapy and/or incision and drainage in a timely manner
- For odontogenic infections in patients with comorbidities including but not limited to impaired healing response, and compromised immune system

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

- As a routine procedure for all infections (unless patient has multiple comorbidities or infection is resistant to conventional therapy)
- 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 resulting in lesions that may or may not be crusted over.

Viral culturing is not indicated for suspected cytomegalovirus (CMV) oral lesions (an incisional biopsy and testing is indicated).

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 Clinical Policies and Coverage Guidelines may apply.

CDT Code	Description
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report
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 Infection, Herpes Simplex Infection, Hand-Foot-and-Mouth Disease, Herpangina and Measles (Rubeola). Bacterial testing of dental infections can be done to isolate specific pathogens to guide treatment decisions, and the decision to test should be made on an individual patient basis.

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.

Bruch, J, Treister N. Clinical Oral Medicine and Pathology, 1st ed. Berlin Heidelberg: Springer c2010. Chapter 3, Diagnostic Tests and Studies; p.29.

GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
11/01/2018	<ul style="list-style-type: none"> • Routine review; no content changes • Archived previous policy version DCG039.02