Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Laboratory: β-Hemolytic Streptococcus Testing

Effective date: Nov. 1, 2025

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Streptococci are Gram-positive, catalase-negative bacteria that are further divided into α-hemolytic, such as *S. pneumoniae* and *S. mutans*; β-hemolytic, such as *S. pyogenes* (Group A), *S. agalactiae* (Group B), and *S. dysgalactiae subsp equisimilis* (Groups C and G); and γ-hemolytic, such as viridans group streptococci. Streptococcal infections can be manifested in a variety of pathologies, including cutaneous infections, pharyngitis, acute rheumatic fever, pneumonia, postpartum endometritis, and toxic shock syndrome to name a few. Streptococcal infections can be identified using bacterial cultures obtained from blood, saliva, pus, mucosal, and skin samples as well as rapid antigen diagnostic testing (RADT) and nucleic acid-based methodologies.

For prenatal screening of Group B Streptococcus, refer to the Prenatal Screening (Nongenetic) policy.

Indications and/or Limitations of Coverage

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

1. For the detection of a streptococcal infection causing respiratory illness, bacterial culture testing from a throat swab **MEETS COVERAGE CRITERIA** when one of the following conditions is met:
   a. When the individual has a modified Centor criteria score of 3 or greater (see Note 1 below).
   b. When the individual is suspected of having bacterial pharyngitis in the absence of viral features, (e.g., cough, oral ulcers, rhinorrhea).
   c. Following a negative rapid antigen diagnostic test (RADT) in a symptomatic child or adolescent.
2. In cases of skin and/or soft tissue infections, bacterial culture testing for a streptococcal infection from a skin swab or from pus **MEETS COVERAGE CRITERIA**.
3. For individuals with suspected acute rheumatic fever (ARF) or post-streptococcal glomerulonephritis (PSGN), the following testing **MEETS COVERAGE CRITERIA**:
   a. Serological titer testing.
   b. Anti-streptolysin O immunoassay.
   c. Hyaluronidase activity or anti-hyaluronidase immunoassay.
   d. Streptokinase activity or anti-streptokinase immunoassay.
4. Except in cases of asymptomatic children under the age of three years who have a mitigating circumstance (including a symptomatic family member), RADT for a streptococcal infection **DOES NOT MEET COVERAGE CRITERIA** in any of the following situations:
   a. As a follow-up test for individuals who have had either a bacterial culture test or a nucleic acid test for a streptococcal infection.
   b. As a screening method in an asymptomatic patient.
5. For all situations not described above, serological titer testing **DOES NOT MEET COVERAGE CRITERIA**.

6. Simultaneous ordering of both direct probe and amplification probe for the same organism in a single encounter **DOES NOT MEET COVERAGE CRITERIA**.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

7. For all situations not described above, testing with an anti-streptolysin O immunoassay, a hyaluronidase activity or anti-hyaluronidase immunoassay, or a streptokinase activity or anti-streptokinase immunoassay **DOES NOT MEET COVERAGE CRITERIA**.
8. For all situations, the following tests **DO NOT MEET COVERAGE CRITERIA**:
    a. Panel tests that screen and identify multiple streptococcal strains (*S. pyogenes* [group A], *S. agalactiae* [group B], *S. dysgalactiae* [groups C/G], α-hemolytic Streptococcus, and/or γ-hemolytic Streptococcus), using either immunoassay or nucleic acid-based assays (e.g., Solana Strep Complete Assay, Lyra Direct Strep Assay).
    b. The quantification of any strain of streptococcus using nucleic acid amplification, including PCR.
    c. Nicotinamide-adenine dinucleotidase activity or anti-nicotinamide-adenine immunoassay.

NOTES:
Note 1: Centor criteria includes tonsillar exudates, tender anterior cervical lymphadenopathy, fever, and absence of cough with each criterion being worth one point.

Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

Coding

Code	Description
CPT	Code Description
86060	Antistreptolysin 0; titer
86063	Antistreptolysin 0; screen
86215	Deoxyribonuclease, antibody
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified
86318	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step-method (e.g., reagent strip);
86581	Streptococcus pneumoniae antibody (IgG), serotypes, multiplex immunoassay, quantitative (Effective for DOS beginning June 1, 2026)
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates
87071	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
87081	Culture, presumptive, pathogenic organisms, screening only;
87430	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Streptococcus, group A
87650	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique
87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique
87652	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification
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
87880	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; Streptococcus, group A

Evidence-based Scientific References

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Publication History

04/01/2026: Annual policy review; administrative edits; removed 87880; added 86581 to coding grid, effective for DOS beginning June 1, 2026
09/01/2025: Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.