Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Laboratory: Identification of Microorganisms Using Nucleic Acid Probes

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

Nucleic acid hybridization technologies utilize complementary properties of the DNA double-helix structures to anneal together DNA fragments from different sources. These techniques are utilized in polymerase chain reaction (PCR) and fluorescent resonance energy transfer (FRET) techniques to identify microorganisms.[1]

A discussion of every infectious agent that might be detected with a probe technique is beyond the scope of this policy. Many probes have been combined into panels of tests. For the purposes of this policy, only individual probes are reviewed.

For guidance on nucleic acid identification of *Candida* in vaginitis, please refer to the Diagnosis of Vaginitis 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. Specifications pertaining to Medicare and Medicaid can be found in the "Applicable State and Federal Regulations" section of this policy document.

1. The coverage status of nucleic acid identification using direct probe, amplified probe, or quantification for the microorganism's procedure codes is summarized in Table 1 below. "MCC" in the table below indicates that the test **MEETS COVERAGE CRITERIA**; while "DNMCC" tests indicates that the test **DOES NOT MEET COVERAGE CRITERIA**.

Microorganism	Direct Probe	Amplified Probe	Quantification
Bartonella henselae or *quintana*		87471 (MCC)	87472 (DNMCC)
Chlamydia pneumoniae	87485 (DNMCC)	87486 (MCC)	87487 (DNMCC)
Clostridium difficile		87493 (MCC)	
Cytomegalovirus	87495 (DNMCC)	87496 (MCC)	87497 (MCC)
Enterococcus, Vancomycin-resistant (e.g., enterococcus vanA, vanB)		87500 (MCC)	
Enterovirus		87498 (MCC)	
Hepatitis G	87525 (DNMCC)	87526 (DNMCC)	87527 (DNMCC)
Herpes virus-6	87531 (DNMCC)	87532 (DNMCC)	87533 (MCC)
Legionella pneumophila	87540 (DNMCC)	87541 (MCC)	87542 (DNMCC)
Orthopoxvirus		87593 (MCC)	

Mycoplasma pneumoniae	87580 (DNMCC)	87581 (MCC)	87582 (DNMCC)
Respiratory syncytial virus		87634 (MCC)	
Staphylococcus aureus		87640 (MCC)	
Staphylococcus aureus, methicillin resistant		87641 (MCC)	

2. Simultaneous ordering of amplified probe and quantification for the same organism in a single encounter **DOES NOT MEET COVERAGE CRITERIA**.

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
87471	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique
87472	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, quantification
87485	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique
87486	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique
87487	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification
87493	Infectious agent detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique
87495	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique
87496	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique
87497	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification
87498	Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique, includes reverse transcription when performed
87500	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (e.g., enterococcus species van A, van B), amplified probe technique
87525	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, direct probe technique
87526	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, amplified probe technique
87527	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, quantification
87531	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique
87532	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique
87533	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification
87540	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique
87541	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique
87542	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, quantification
87580	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique
87581	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique
87582	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification
87593	Infectious agent detection by nucleic acid (DNA or RNA); orthopoxvirus (e.g., monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique
87640	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique
87641	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique

Evidence-based Scientific References

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7. CDC. Laboratory Testing for Chlamydia pneumoniae. Updated January 30, 2024. https://www.cdc.gov/cpneumoniae/php/laboratories
8. CDC. Clinical Testing and Diagnosis for CDI. Updated March 6, 2024. https://www.cdc.gov/c-diff/hcp/diagnosis-testing/
9. CDC. Laboratory Testing for CMV and Congenital CMV. Updated April 15, 2024. https://www.cdc.gov/cytomegalovirus/php/laboratories/index.html
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13. CDC. Laboratory Testing for Mycoplasma pneumoniae. Updated December 27, 2023. https://www.cdc.gov/mycoplasma/php/laboratories
14. CDC. Laboratory Testing for Non-Polio Enterovirus. Updated April 16, 2024. https://www.cdc.gov/non-polio-enterovirus/php/laboratories/index.html
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16. CDC. Laboratory Testing for Legionella. Updated January 29, 2024. https://www.cdc.gov/legionella/php/laboratories
17. CDC. Clinical Guidance for Bartonella henselae. Updated May 15, 2024. https://www.cdc.gov/bartonella/hcp/bartonella-henselae/
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Publication History

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.