

Reimbursement Policy Statement Louisiana Medicaid Original Issue Date **Next Annual Review Effective Date Retirement Date** 01-01-2025 01-01-2026 01-01-2025 **Policy Name Policy Number** Vaginitis Lab Testing Prior Authorization A-LA 9900.01 **Policy Type** Medical **Administrative Pharmacy** Reimbursement

Aetna Better Health of Louisiana reimbursement policies are intended to provide a general reference for claims filing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims logic, benefits design and other factors not listed in this policy statement are considered in the development of reimbursement policies.

In addition to this Policy, reimbursement of rendered services are subject to member benefits, eligibility on the date of service, medical necessity, other plan policies and procedures, claim editing logic, provider contracts and all applicable authorization, notification and utilization management guidelines set forth by the Louisiana Department of Health (LDH) and the Centers for Medicare and Medicaid Services (CMS).

This policy does not ensure either an authorization or reimbursement of services. Please refer to the plan contract for the service(s) referenced therein. If there is a conflict between either this policy or the plan contract, then the plan contract will be the controlling document used to make an authorization or payment determination.

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A. Policy

Aetna Better Health of Louisiana implements comprehensive and robust policies to ensure alignment with Louisiana Department of Health (LDH) and to warrant that regulatory standards are met. The effective date of implementation for this reimbursement policy is contingent upon the Louisiana Department of Health's endorsement.

CPT codes for the gynecological laboratory diagnostic testing for vaginitis do not require prior authorization when proper diagnosis is documented.

B. Overview

Effective with the date listed on this policy, CPT codes for the gynecological diagnostic testing for vaginitis – CPT 81513 and 81514 – do not require prior authorization when appropriate diagnosis codes are documented.

If an appropriate diagnosis code is not listed, CPT 81513 and 81514 will not be eligible for reimbursement.

C. Definitions

CPT Code: numerical code used to identify surgical, diagnostic, or medical procedures as listed in the Current Procedural Terminology.

Diagnosis Code: Codes outlined the most current International Classification of Diseases Revision used to classify patient conditions.

D. Reimbursement Guidelines

For all providers billing services for vaginosis diagnostic screening, relevant CPT codes listed in Section E of this policy will pay if an appropriate diagnosis code is included. Prior authorization is not required. Relevant diagnosis codes are also listed in Section E of the policy.

If an appropriate diagnosis code is not listed, CPT codes 81513 and 81514 will be system rejected.



E. Codes/Condition of Coverage

CPT Codes for Vaginosis Diagnostic Lab Testing:

81513 –INFECTIOUS DISEASE, BACTERIAL VAGINOSIS, QUANTITATIVE REAL-TIME AMPLIFICATION OF RNA MARKERS OF BACTERIA UTILIZING VAGINAL-FLUID SPECIMENS, ALGORITHM REPORTED AS A POSITIVE OR NEGATIVE RESULT FOR BACTERIAL VAGINOSIS

81514 - INFECTIOUS DISEASE, BACTERIAL VAGINOSIS AND VAGINITIS, QUANTITATIVE REAL-TIME AMPLIFICATION OF DNA MARKERS OF BACTERIA UTILIZING VAGINAL-FLUID SPECIMENS, ALGORITHM REPORTED AS A POSITIVE OR NEGATIVE FOR HIGH LIKELIHOOD OF BACTERIAL VAGINOSIS, INCLUDES SEPARATE DETECTION OF TRICHOMONAS VAGINALIS AND/OR CANDIDA SPECIES (C. ALBICANS, C. TROPICALIS, C. PARAPSILOSIS, C. DUBLINIENSIS), CANDIDA GLABRATA, CANDIDA KRUSEI, WHEN REPORTED

Diagnosis Codes Acceptable to Justify CPT 81513 and 81514:

A59.01	Trichomonal vulvovaginitis
B37.31, B37.32	Candidiasis of vulva and vagina
B96.89	Other specified bacterial agents as the cause of diseases classified elsewhere [Gardnerella vaginitis]
F11.10 - F11.19, F13.10 - F13.19, F14.10 - F14.19, F15.10 - F15.19, F16.10 - F16.19, F19.10 - F19.19	Nondependent abuse of drugs [injection drug use]
F11.20 - F11.229, F13.20 - F13.229, F14.20 - F14.29, F15.20 - F15.29, F16.20 - F16.29, F19.20 - F19.29	Drug dependence [injection drug use]
L29.2	Pruritus vulvae
L29.3	Anogenital pruritus, unspecified
N76.0	Acute vaginitis
N76.1	Subacute and chronic vaginitis
N76.2	Acute vulvitis
N76.3	Subacute and chronic vulvitis
N77.1	Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere
N89.8	Other specified noninflammatory disorders of vagina
O23.00 - O23.93	Infections of genitourinary tract in pregnancy
Z72.51 - Z72.53	High risk sexual behavior [exchange of sex for payment, new or multiple partners]



F. Frequently Asked Questions

Q: If no relevant diagnosis code is applicable, can a provider still request Prior Authorization for codes 81513 and 81514?

A: No. For Par providers, a diagnosis code is required for payment. For out-of-network providers, prior authorization is required for payment consideration.

G. Review/Revision Date

<u>Action</u>	<u>Date</u>	<u>Comments</u>
Issued	01-01-25	

H. Resources

Louisiana Department of Health State Contract, regulations, Provider Manual, fee schedules and notices

http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PS/PS.pdf

Healthy Louisiana Medicaid Managed Care Entities System Companion Guide:_ https://ldh.la.gov/assets/medicaid/MCE System Companion Guide/HLA MCE SCG v.1.pdf_

Individual state Medicaid regulations, manuals & fee schedules http://www.lamedicaid.com/provweb1/fee schedules/feeschedulesindex.htm

American Medical Association, Current Procedural Terminology (CPT®) Professional Edition and associated publications and services

https://www.ama-assn.org/

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

https://www.cms.gov/