



# REIMBURSEMENT POLICY STATEMENT OHIO MARKETPLACE PLANS

Policy Name	Policy Number	Effective Date
Molecular Diagnostic Testing for Streptococcus A and B Infection	PY-1048	12/01/2019-09/30/2022
Policy Type		
Medical	Administrative	Pharmacy
<b>REIMBURSEMENT</b>		

Reimbursement Policy Statement: Reimbursement Policies prepared by CSMG Co. and its affiliates (including Care Source) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing, procedural editing and without which the patient can be expected to suffer prolonged, increased or new morbidity a body organ or part, or significant pain and discomfort. These services meet the standard of care, are the lowest cost alternative, and are not provided mainly for the convenience of the patient. Necessary services also include those services defined in any federal or state covered documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other applicable documents.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Certificate of Coverage) for complete details.

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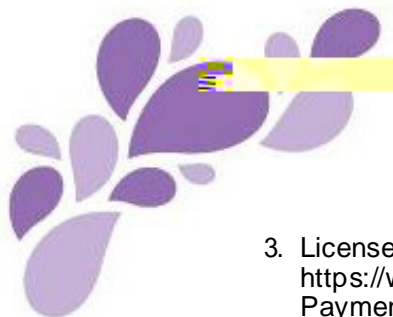


## D. Policy

- I. No Prior Authorization is required for the Molecular Diagnostic Testing by PCR addressed in this policy when the following criteria are met:
  - A. Conventional testing, such as the rapid strep test (throat culture), has been performed with a negative result on the same date of service as the requested molecular diagnostic test, AND;
  - B. The member presents with cardinal streptococcus A and/or B symptoms to include but not limited to:
    1. red, swollen tonsils
    2. white or yellow coating or patches on the tonsils
    3. sore throat
    4. difficult or painful swallowing
    5. fever
    6. bad breath
    7. stiff neck
    8. enlarged, tender glands (lymph nodes) in the neck
- II. CareSource considers Molecular Diagnostic Testing by PCR for Streptococcus A and Streptococcus B infection appropriate as the first line of testing only when submitted with any combination of the CPT and ICD-10 diagnosis codes listed in the Conditions of Coverage in this policy.
- III. Conventional



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3. License Agreement. (2019, January 15). Retrieved 7/29/19 from <https://www.cms.gov/apps/ama/license.asp?file=/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Downloads/19CLABQ1.zip>.
4. Medically Necessary. (2019, July (2019,

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