



Blue Cross
Blue Shield
of Michigan

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Blue Cross Blue Shield of Michigan Medical Policy

These documents are not used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information.

Enterprise:	Blue Cross Blue Shield of Michigan
Department	Medical Affairs
Effective Date:	January 1, 2012; updated 1st Quarter 2019
Next Review Date	2 nd Quarter 2020

Procedure codes: 87650, 87651, 87652

Topic: Infectious Agent Detection by Nucleic Acid (DNA or RNA), Streptococcus Group A

Background:

Group A beta-hemolytic streptococcus (GABHS) is a form of bacteria responsible for many common infections, including acute pharyngitis. When a diagnosis of streptococcal pharyngitis appears likely based on examination findings and social factors, a rapid diagnosis may improve patient care and avoid use of unnecessary antibiotics.

The gold standard for diagnosis has been swabbing the throat and testing for GABHS by rapid antigen detection test (RADT). This is followed by a back-up throat culture if the results are negative. Advances in molecular technology have produced DNA probe assays using nucleic acid hybridization to detect *streptococcus pyogenes* from throat swabs. Advantages of the molecular test are increased sensitivity and specificity compared to the standard culture. Another advantage is the rapid turnaround time, with results available within one day.

Medical Policy Statement:

Infectious agent detection by nucleic acid (DNA or RNA) for streptococcus Group A utilizing an FDA-approved device is established for members meeting selection criteria.

Infectious agent detection by nucleic acid (DNA or RNA) for streptococcus Group A following a positive rapid antigen detection test is not medically necessary; nor the is simultaneous use of a confirmatory culture and DNA probe test.

Rationale:

A direct DNA probe test for streptococcus Group A has been shown to perform at least as well as conventional swab culture, the current standard of practice. Various studies have demonstrated higher sensitivity and specificity, with results available within a much shorter period of time.

Scope:

This policy applies to all underwritten groups and self-funded groups; subject to customer approval.

Medicare Information:

CMS does not have a coverage determination for this procedure. The codes have been assigned a fee on the Clinical Laboratory Fee Schedule available on the CMS.gov website.

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Clinical-Laboratory-Fee-Schedule-Files-Items/19CLABQ1.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>

References:

1. Anderson et al. Multicenter clinical evaluation of the illumigene group A streptococcus DNA amplification assay for detection of group A streptococcus from pharyngeal swabs. Journal of Clinical Microbiology 2013 May; 51(5): 1474-1477. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647941/>
2. Shulman et al. Clinical practice guideline for the diagnosis and management of group A streptococcal pharyngitis: 2012 Update by the Infectious Diseases Society of America
3. Tanz et al. Performance of a rapid antigen-detection test and throat culture in community pediatric offices: implications for management of pharyngitis. Pediatrics 2009 Feb; 123(2): 437-44. Article retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/19171607>
4. Health Network Laboratories: Group A streptococcus, throat, DNA. Retrieved from: http://www.healthnetworklabs.com/pages/lablink_april_13.pdf

BCBSM Medical Policy History

Policy Effective Date	BCBSM Signature Date	Comments
1/01/2012; updated 1 st quarter 2015	4/14/2015	BCBSM policy established
1/01/2012; updated May 2016	5/10/2016	Routine Maintenance- CMS verified, updated
1/01/2012; updated April 2017	6/21/2017	Routine Maintenance
1/01/2012; updated April 2018	5/7/18	Routine Maintenance
1/01/2012; updated Jan 2019	3/19/19	Routine Maintenance- updated Clinical Lab fee link