



Aetna Better Health® of Louisiana

## **Reimbursement Policy Statement Louisiana Medicaid**

<u>Original Issue Date</u>	<u>Next Annual Review</u>	<u>Effective Date</u>	<u>Retirement Date</u>
		<b><u>08-01-2024</u></b>	
<u>Policy Name</u>		<u>Policy Number</u>	
<b><u>A-LA Vaginitis Lab Testing Prior Authorization</u></b>		<b><u>ABHLA-</u></b>	
<u>Policy Type</u>			
<b>Medical</b>	<b>Administrative</b>	<b>Pharmacy</b>	<b>Reimbursement</b>

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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## Aetna Better Health® of Louisiana

### 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 in-network 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. All out-of-network providers are required to submit a prior authorization request for services.

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



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**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:**

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



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### 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>
<u>Issued</u>		

### 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](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](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/>**