

## Urine Culture (87086, 87088) – NCD 190.12

<b>Indications:</b>
1. A beneficiary's urinalysis is abnormal suggesting urinary tract infection, for example, abnormal microscopic (hematuria, pyuria, bacteriuria); abnormal biochemical urinalysis (positive leukocyte esterase, nitrite, protein, blood); a Gram's stain positive for microorganisms; positive bacteriuria screen by a non-culture technique; or other significant abnormality of a urinalysis. While it is not essential to evaluate a urine specimen by one of these methods before a urine culture is performed, certain clinical presentations with highly suggestive signs and symptoms may lend themselves to an antecedent urinalysis procedure where follow-up culture depends upon an initial positive or abnormal test result.
2. A beneficiary has clinical signs and symptoms indicative of a possible urinary tract infection (UTI). Acute lower UTI may present with urgency, frequency, nocturia, dysuria, discharge or incontinence. These findings might also be noted in upper UTI with additional systemic symptoms (for example, fever, chills, lethargy); or pain in the costovertebral, abdominal, or pelvic areas. Signs and symptoms might overlap considerably with other inflammatory conditions of the genitourinary tract (for example, prostatitis, urethritis, vaginitis, or cervicitis). Elderly or immunocompromised beneficiaries or those with neurologic disorders might present atypically (for example, general debility, acute mental status changes, declining functional status).
3. The beneficiary is being evaluated for suspected urosepsis, fever of unknown origin, or other systemic manifestations of infection but without a known source. Signs and symptoms used to define sepsis have been well established.
4. A test of cure is generally not indicated in an uncomplicated infection. However, it may be indicated if the beneficiary is being evaluated for response to therapy and there is a complicating co-existing urinary abnormality including structural or functional abnormality including structural or functional abnormalities, calculi, foreign bodies, or ureteral/renal stents or there is clinical or laboratory evidence of failure to respond as described in Indications 1 and 2.
5. In surgical procedures involving major manipulations of the genitourinary tract, preoperative examination to detect occult infection may be indicated in selected cases (for example, prior to renal transplantation, manipulation or removal of kidney stones, or transurethral surgery of the bladder or prostate).
6. Urine culture may be indicated to detect occult infection in renal transplant recipients on immunosuppressive therapy.

<b>Limitations:</b>
1. CPT code 87086 may be used one time per encounter
2. Colony count restrictions on coverage of CPT code 87088 do not apply as they may be highly variable according to syndrome or other clinical circumstances (for example, antecedent therapy, collection time, and degree of hydration).

<b>Limitations Continued:</b>
3. CPT code 87088 may be used multiple times in association with or independent of 87086, as urinary tract infections may be polymicrobial.
4. Testing for asymptomatic bacteriuria as part of prenatal evaluation may be medically appropriate but is considered screening and therefore not covered by Medicare. The U.S. Preventive Services Task Force has concluded that screening for asymptomatic bacteriuria outside of the narrow indication for pregnant women is generally not indicated. There is insufficient data to recommend screening in ambulatory elderly beneficiaries including those with diabetes. Testing may be clinically indicated on other grounds including likelihood of recurrence or potential adverse effects of antibiotics but is considered screening in the absence of clinical or laboratory evidence of infection.
5. To detect a clinically significant post-transplant occult infection in a renal allograft recipient on long-term immunosuppressive therapy, use code Z79.899

<b>Most Common Diagnoses (which meet medical necessity) *</b>	
N12	Pyelonephritis / Tubulo-interstitial nephritis
N13.2	Hydronephrosis with renal and ureteral calculous obstruction
N20.0	Calculus of kidney
N20.1	Calculus of ureter
N30.00	Acute cystitis without hematuria
N30.1	Acute cystitis with hematuria
N40.1	BPH with lower urinary tract symptoms
N76.0	Acute vaginitis
M54.9	Dorsalgia
R10.30	Lower abdominal pain
R10.9	Abdominal pain
R30.0	Dysuria
R31.9	Hematuria
R31.29	Microscopic hematuria
R32	Urinary incontinence
R33.9	Retention of urine
R35.0	Frequency of micturition
R39.15	Urgency of urination
R39.9	Symptoms and signs involving the genitourinary system
R41.82	Altered mental status
R50.9	Fever
R53.83	Other fatigue
R82.90	Abnormal findings in urine
R82.998	Other abnormal findings in urine
Z79.899	Other long-term (current) drug therapy

\*For the full list of diagnoses meeting medical necessity see the Urine Culture National Coverage Determination 190.12 document.

The above CMS and WPS-GHA guidelines are current as of: 4/01/2024.