

MICROBIOLOGY ANTIBIOTIC REPORTING UPDATES

Effective February 15, 2020, gram negative susceptibility reporting changes will occur. The microbiology department has verified a new Gram-negative identification and susceptibility panel. Introduction of this panel will allow for minimum inhibitory concentration (MIC) interpretations to be updated to the most current CLSI standards for *Enterobacteriaceae* (cephalosporins and carbapenems), *Acinetobacter* spp. (carbapenems), and *P. aeruginosa* (carbapenems and piperacillin/tazobactam). Two additional antibiotics that may now be reported include Ceftazidime/avibactam and Imipenem. Agents no longer reported include Cefotaxime, Cefuroxime, and Doripenem.

CLSI (MIC) reporting guidelines for Ciprofloxacin and Levofloxacin have also changed. New comments will appear on the report regarding the testing and reporting of these antimicrobials.

If there are any questions, please contact Jean Fisher or Kayleigh Griffin in the microbiology laboratory.

¹*Clinical and Laboratory Standards Institute. Performance standards for antimicrobial susceptibility testing; twenty fifth informational supplement. Wayne, PA: CLSI; 2015. CLSI document M100-S25.*

MICROBIOLOGY ENTERIC PATHOGEN PANEL COVERAGE

In general, when community-acquired diarrhea persists for 7 days, or the diarrhea is travel-related, or there are signs/symptoms of severe disease, EP molecular testing may be warranted. Additional directed testing may be indicated if the EP molecular results are negative and diarrhea persists. No additional testing is indicated for EP-positive result unless the clinical picture changes. Clostridium difficile molecular testing is warranted on health-care associated diarrhea with onset after the 3rd inpatient day or after recent antibiotic use.

That being said, payers are now starting to restrict coverage for the molecular Enteric Pathogen Panel.

- Effective 01/01/2020, BCBS requires pre-authorization for all out patient orders.
- Effective 3/1/2020, UHC will require pre-authorization on all patients.
- Wellcare of Nebraska currently requires pre-authorization on all patients.
- Medicare and Medicare commercial products are covered as stated in WPS LCD A56637 <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=56637>

When indicated, stool culture can be ordered using test code #2422 ARUP Stool culture and E. coli Shiga-like toxin. We will continue to explore cost effective options for stool pathogen testing.

EFFECTIVE MARCH 1, 2020 ~ MICROBIOLOGY CHARGE UPDATES

Test name	CPT	Price	Indication
Beta-lactamase disk test	87185	\$5.00	If beta-lactamase disk test is performed
Organism Sensitivity: Disk(s) (12 or fewer agents)	87184	\$7.00	If additional antimicrobial testing (disk method) is requested or required to be tested for sensitivity to be reported (e.g., fosfomycin or ciprofloxacin requested on urine, inducible beta-lactamase testing with penicillin disks on <i>Staphylococcus</i> species)
D test (<i>Streptococcus</i>)	87184	\$7.00	If D test is required for clindamycin susceptibility (e.g. <i>Streptococcus pneumoniae</i> , beta-streptococcus isolates from blood cultures)
Quantitative BAL with Gram stain	87071; 87205	\$10.00	For quantitative aerobic BALs only – Gram stain charge now included
Anaerobic Quantitative BAL	87073	\$20.00	For quantitative anaerobic BALs only

EFFECTIVE 03/01/2020, UHC WILL REQUIRE PREAUTH ON GENETIC & MOLECULAR TESTING

UHC will start requiring preauthorization on the following codes:

81277, 81307, 81308, 81309, 81522, 81542, 81552, 87505, 87506, 87507, 0152U, 87510, 87511, 87512, 87660, 87661, 87797, 87798, 87799, 87800, 87801, 0097U, 87480, 87481, 87482, 87623, 87652, 0115U, 0098U, 0099U, 0100U, 0068U

Due to this change in policy, the following tests will require preauthorization:

Test #	Test Name	CPT Code
7526	Adenovirus by PCR	87798
678	Affirm	87480, 87510, 87660
7633	Aptopobium vaginae by PCR	87798
7646	Bacteroides fragilis by Real-Time PCR	87798
7662	BK Virus by RT-PCR Quantitative	87799
8136	BVAB2 by PCR	87798
7635	Candida albicans by PCR	87481
7636	Candida glabrata by PCR	87481
7637	Candida parapsilosis by PCR	87481
7638	Candida tropicalis by PCR	87481
675	E Coli by PCR	87798
8302	EBV by PCR, Quantitative	87799
8446	Enteric Pathogen Panel	87506
7034	Epstein Barr Virus by PCR	87798
7640	Gardnerella vaginalis by PCR	87511
7524	H1N1 Influenza	87798
8337	Herpesvirus 8 DNA, Quant by RT-PCR	87799
8135	Megasphaera Species (Type 1 & 2) by PCR	87798
7645	Mobiluncus mulieris & M curtisii by PCR	87798
9384	MTB Complex Detection & Rifampin Resistance by PCR	87556, 87798
2431	Mumps by PCR	87798
9339	Norovirus by PCR	87798
7723	Parvovirus B19 by PCR	87798
1427	Respiratory Viral Panel by PCR	0099U
324	Rotavirus by PCR	87798
7642	Trichomonas vaginalis by PCR	87661
1987	Trichomonas vaginalis DNA	87661
7644	Ureaplasma urealyticum PCR	87798
2405	Varicella-Zoster by PCR	87798

<https://www.uhcprovider.com/content/dam/provider/docs/public/resources/news/2019/network-bulletin/December-2019-Network-Bulletin.pdf>