Kansas City	B Hemolytic Streptococcus Testing	
	Policy Number: POL-PP-260 AHS – G2159	**Original Creation Date:** 7/1/2025
	Version Number: 002	**Version Effective Date:** 10/1/2025
	Policy Status: Active	**Next Review Date:** 10/1/2026

PROVIDER/ENTITY IMPACTED					
☒ PROFESSIONAL	☒ FACILITY	☐ DME	☐ AMBULATORY SURGERY	☒ LAB	☐ OTHER

LINES OF BUSINESS IMPACTED						
☒ COMMERCIAL	☒ BLUE MEDICARE ADVANTAGE	☒ ACA QHP[1]	☒ SMALL GROUP ACA	☒ JAA[2]	☒ FEP[3]	☐ DENTAL

[1] ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family [2] JAA: Joint Administrative Account [3] FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Streptococcus are Gram-positive, catalase-negative bacteria that are further divided into α-hemolytic, such as S. pneumoniae and S. mutans; β-hemolytic, such as S. pyogenes (Group A), S. agalactiae (Group B), and S. dysgalactiae subsp

equisimilis (Groups C and G); and γ-hemolytic, such as viridans group streptococci. Streptococcal infections can be manifested in a variety of pathologies, including cutaneous infections, pharyngitis, acute rheumatic fever, pneumonia, postpartum endometritis, and toxic shock syndrome to name a few. Streptococcal infections can be identified using bacterial cultures obtained from blood, saliva, pus, mucosal, and skin samples as well as rapid antigen diagnostic testing (RADT) and nucleic acid-based methodologies.
For prenatal screening of Group B Streptococcus, please review policy AHS-G2035.

Policy

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

For the detection of a streptococcal infection causing respiratory illness, bacterial culture testing from a throat swab **may be reimbursed** when **one** of the following conditions is met:

- When the individual has a modified Centor criteria score of 3 or greater (see Note 1 below).
- When the individual is suspected of having bacterial pharyngitis in the absence of viral features, (e.g., cough, oral ulcers, rhinorrhea).
- Following a negative rapid antigen diagnostic test (RADT) in a symptomatic child or adolescent.

In cases of skin and/or soft tissue infections, bacterial culture testing for a streptococcal infection from a skin swab or from pus **may be reimbursed.** For individuals with suspected acute rheumatic fever (ARF) or post-streptococcal glomerulonephritis (PSGN), the following testing **may be reimbursed**:

- Serological titer testing.
- Anti-streptolysin O immunoassay.
- Hyaluronidase activity or anti-hyaluronidase immunoassay.
- Streptokinase activity or anti-streptokinase immunoassay.

Except in cases of asymptomatic children under the age of three years who have a mitigating circumstance (including a symptomatic family member), RADT for a streptococcal infection **may not be reimbursed** in any of the following situations:

- As a follow-up test for individuals who have had either a bacterial culture test or a nucleic acid test for a streptococcal infection.
- As a screening method in an asymptomatic patient.

For all situations not described above, serological titer testing **may not be reimbursed**.

Simultaneous ordering of **both** direct probe and amplification probe for the same organism in a single encounter **may not be reimbursed**

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

For all situations not described above, testing with an anti-streptolysin O immunoassay, a hyaluronidase activity or anti-hyaluronidase immunoassay, **or** a streptokinase activity or anti-streptokinase immunoassay **may not be reimbursed**

For all situations, the following tests **may not be reimbursed**:

- Panel tests that screen and identify multiple streptococcal strains (*S. pyogenes* [group A], *S. agalactiae* [group B], *S. dysgalactiae* [groups C/G], α-hemolytic a-treptococcus, and/or a-hemolytic Streptococcus), using either immunoassay or nucleic acid-based assays (e.g., Solana Strep Complete Assay, Lyra Direct Strep Assay).

- The quantification of any strain of streptococcus using nucleic acid amplification, including PCR.
- Nicotinamide-adenine dinucleotidase activity or anti-nicotinamide-adenine immunoassay.

NOTES:
Note 1: Centor criteria include tonsillar exudates, tender anterior cervical lymphadenopathy, fever, and absence of cough with each criterion being worth one point

Coding	
CPT/HCPCS	Description
86060	Antistreptolysin 0; titer
86063	Antistreptolysin 0; screen
86215	Deoxyribonuclease, antibody
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified
86581	Streptococcus pneumoniae antibody (IgG), serotypes, multiplex immunoassay, quantitative
87040	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)
87070	Culture, bacterial; any other source except urine, blood, or stool, aerobic, with isolation and presumptive identification of isolates
87071	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood, or stool
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
87081	Culture, presumptive, pathogenic organisms, screening only;
87430	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Streptococcus, group A
87650	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique
87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique
87652	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism
87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism
87880	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group A

References and Resources

This policy has been developed through consideration of the following:

Avalon Medical Policy AHS – G2159 – β - Hemolytic Streptococcus Testing

Related Documents

Avalon Medical Policy AHS-G2035 Prenatal Screening (Nongenetic)

Revision History

Version	Date	Summary of Revisions
001	07/01/2025	Initial version
002	10/01/2025	Avalon 4th Quarter updates