Kansas City	Diagnosis of Vaginitis	
	Policy Number: POL-PP-272 AHS – M2057	**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

Vaginitis is defined as inflammation of the vagina with symptoms of discharge, itching, and discomfort often due to a disruption of the vaginal microflora. The most common infections are bacterial vaginosis, *Candida* vulvovaginitis, and

trichomoniasis (Sobel, 1999). Other causes include vaginal atrophy in postmenopausal women, cervicitis, foreign body, irritants, and allergens (Sobel, 2023b).

Bacterial vaginosis (BV) is characterized by a shift in microbial species from the normally dominant hydrogen peroxide producing *Lactobacillus* species to *Gardnerella vaginalis* and anaerobic commensals.

Vulvovaginal candidiasis (VVC) is usually caused by *Candida albicans* but can occasionally be caused by other *Candida* species (CDC, 2021c). It is the second most common cause of vaginitis symptoms (after BV) and accounts for approximately one-third of vaginitis cases. For guidance on testing for Candida as the cause of onychomycosis, please see AHS-M2172 Onychomycosis Testing

Trichomoniasis is caused by the flagellated protozoan *Trichomonas vaginalis*, which principally infects the squamous epithelium in the urogenital tract: vagina, urethra, and paraurethral glands. This policy only addresses testing for T. vaginalis in vaginitis panels. For guidance on single organism amplified probe testing for T. vaginalis, please see AHS-G2157 Diagnostic Testing of Common Sexually Transmitted Infections.

Policy

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

For individuals with signs and symptoms of vaginitis, testing of pH, testing for the presence of amines, saline wet mount, hydrogen peroxide (KOH) wet mount, and microscopic examination of vaginal fluids **may be reimbursed**.

For individuals with signs and symptoms of vaginitis, direct probe DNA-based identification of *Gardnerella*, *Trichomonas*, and *Candida* (e.g., BD Affirm™ VPIII) **may be reimbursed**.

For individuals with signs and symptoms of vaginitis but with negative findings on wet-mount preparations and a normal pH test, vaginal cultures for *Candida* species for the diagnosis of vulvovaginal candidiasis **may be reimbursed**.

For individuals with complicated vulvovaginal candidiasis (VVC), qualitative polymerase chain reaction (PCR) based identification of *Candida* to confirm clinical diagnosis and identify non-albicans *Candida* **may be reimbursed**.

For individuals with signs and symptoms of bacterial vaginosis (BV), NAAT specific to the diagnosis of BV (e.g., Aptima® BV; OneSwab® BV Panel PCR with Lactobacillus Profiling by qPCR; SureSwab® Advanced BV, TMA) and single or multitarget PCR testing for the diagnosis of BV **may be reimbursed**.

For individuals with signs and symptoms of vaginitis, NAAT panel testing (no more than one test every seven days; see Note1) designed to detect more than one type of vaginitis (VVC, BV, and/or trichomoniasis, e.g., BD MAX™ Vaginal Panel, NuSwab® VG, Xpert® Xpress MVP) **may be reimbursed**.

For asymptomatic individuals, including asymptomatic pregnant individuals at an average or high risk for premature labor, screening for trichomoniasis and bacterial vaginosis **may not be reimbursed**.

For all other situations not described above, NAAT testing for Candida (e.g., quantitative NAAT testing) **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.

Testing for microorganisms involved in vaginal flora imbalance and/or infertility using molecular-based panel testing **may not be reimbursed.**

All other tests for vaginitis (e.g., broad molecular panels designed to concurrently test for vaginitis and various other STIs) not addressed above **may not be reimbursed**

NOTES:

Note 1; Per CDC recommendations, the longest minimum treatment for an organism included on the allowed vaginitis panels is a seven-day course of antibiotics to treat trichomoniasis, NAAT panel testing for three types of vaginitis should not be repeated before a minimum treatment window has passed. When symptoms persist despite treatment, individual organism testing may be performed within this window

Coding	
CPT	**Code Description**
81513	Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, 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 for Gardnerella vaginalis, Atopobium vaginae, Megasphaera type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and Lactobacillus species (L. crispatus and L. jensenii), 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
82120	Amines, vaginal fluid, qualitative
83986	pH: body fluid, not otherwise specified
87070	Culture, bacterial; any other source except urine, blood, or stool, aerobic, with isolation and presumptive identification of isolates
87149	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed
87150	Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed
87210	Smear, primary source with interpretation; wet mount for infectious agents (e.g., saline, India ink, KOH preps)
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique
87481	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique
87482	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique
87511	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique
87512	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique
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
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique

87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique
87905	Infectious agent enzymatic activity other than virus (e.g., sialidase activity in vaginal fluid)
0557U	Infectious disease (bacterial vaginosis and vaginitis), real-time amplification of DNA markers for Atopobium vaginae, Gardnerella vaginalis, Megasphaera types 1 and 2, bacterial vaginosis associated bacteria-2 and -3 (BVAB-2, BVAB-3), Mobiluncus species, Trichomonas vaginalis, Neisseria gonorrhoeae, Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. glabrata, C. krusei), Herpes simplex viruses 1 and 2, vaginal fluid, reported as detected or not detected for each organism Proprietary test: Health Track Vaginitis Laboratory/Manufacturer: Health TrackRx, Thermo Fisher Scientific
0330U	Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab Proprietary test: Bridge Women's Health Infectious Disease Detection Test Lab/Manufacturer: Bridge Diagnostics/ThermoFisher and Hologic Test Kit on Panther Instrument
0505U	Infectious disease (vaginal infection), identification of 32 pathogenic organisms, swab, and real-time PCR, reported as positive or negative for each organism Proprietary test: Vaginal Infection Testing Lab/Manufacturer: NxGen MDx LLC
0068U	Infectious disease (bacterial vaginosis and vaginitis), multiplex amplified probe technique, for detection of bacterial vaginosis–associated bacteria (BVAB-2, Atopobium vaginae, and Megasphera type 1), algorithm reported as detected or not detected and separate detection of Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata/Candida krusei, and trichomonas vaginalis, vaginal-fluid specimen, each result reported as detected or not detected Proprietary test: MYCODART-PCR Dual Amplification Real Time PCR Panel for 6 Candida species Lab/Manufacturer: RealTime Laboratories, Inc/MycoDART Inc
Q0111	Wet mounts, including preparations of vaginal, cervical, or skin specimens

References and Resources

Avalon Medical Policy AHS – M2057 – Diagnosis of Vaginitis

Related Documents

Avalon Medical Policy AHS - G2002 Cervical Cancer Screening
Avalon Medical Policy AHS – G2149 Pathogen Panel Testing
Avalon Medical Policy AHS – G2157 Diagnostic Testing of Common Sexually Transmitted Disease

Revision History

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