



POLICY INFORMATION

Policy Number:	POL-PP-296 AHS – M2172 – Onychomycosis Testing	Original Effective Date:	07/01/2025
Version Number:	001	Revision Date:	
Policy Status:	Active	Next Revision Date:	07/01/2026

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED

<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input checked="" type="checkbox"/> LAB	<input type="checkbox"/> OTHER
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LINES OF BUSINESS IMPACTED

<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL
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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

Onychomycosis, also known as tinea unguium (Wollina et al., 2016), is a fungal infection of the nail typically caused by pathogenic fungal dermatophytes, such as *Trichophyton rubrum*, *Trichophyton mentagrophytes*, and *Epidermophyton*



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floccosum; onychomycosis may also be caused by yeasts, including Candida parapsilosis and Candida guilliermondii, or non-dermatophyte molds, including Neoscytalidium dimidiatum, Onychocola canadensis, the Aspergillus species, Scopulariopsis species, Alternaria species, Acremonium species, and Fusarium species (Ameen et al., 2014; Bongomin et al., 2018; Wollina et al., 2016). Terms such as male and female are used when necessary to refer to sex assigned at birth. characterized by susceptibility to opportunistic infections and HIV-related cancers (CDC, 2014). HIV-1 is the dominant subtype of HIV infection, but another subtype, HIV-2, is a crucial subtype in certain areas of the world, such as Western Africa (Wood, 2023).

Policy

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

For individuals with onychomycosis, direct microscopic examination with potassium hydroxide, fungal culture of desquamated subungual material, or fungal stain of a nail clipping(s) may be reimbursed.

For individuals with onychomycosis and for whom anti-fungal therapy has failed to resolve infection, nucleic acid amplification testing (NAAT) may be reimbursed.

To screen for, diagnose, or confirm onychomycosis, NAAT (see Note 1) 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 .

To screen for, diagnose, or confirm onychomycosis, attenuated total-reflectance fourier transform infrared (ATR-FTIR) spectroscopy may not be reimbursed.

Testing for the presence of fungal-derived sterols (e.g., ergosterol) may not be reimbursed.

NOTES:

Note 1: Nucleic acid testing (e.g., PCR, PCR-RFLP, and next-generation sequencing [NGS]) of the following microorganisms: Candida species, Aspergillus species, Trichophyton rubrum, Trichophyton mentagrophytes, Epidermophyton floccosum, Neoscytalidium dimidiatum, Onychocola canadensis, Scopulariopsis species, Alternaria species, Acremonium species, and Fusarium species (Ameen et al., 2014; Bongomin et al., 2018; Wollina et al., 2016).

Coding

Table with 2 columns: CPT, Code Description. Rows include 82542 (Column chromatography), 87101 (Culture, fungi isolation), 87149 (Culture, typing; identification by nucleic acid probe), and 87150 (Culture, typing; identification by nucleic acid probe, amplified probe technique).



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87153	Culture, typing; identification by nucleic acid sequencing method, each isolate (eg, sequencing of the 16S rRNA gene)
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87206	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses, or cell types
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)
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
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, 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
88312	Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)
88749	Unlisted in vivo (eg, transcutaneous) laboratory service

References and Resources

Avalon Medical Policy AHS – M2172 – Onychomycosis Testing

Related Documents

Policy Number	Policy Title
AHS-G2149	Pathogen Panel Testing
AHS-M2097	Identification Of Microorganisms Using Nucleic Acid Probes

Revision History

Version	Date	Summary of Revisions
001	06/01/2025	Initial version