Kansas City	**Testing for Diagnosis of Active or Latent Tuberculosis**	
	Policy Number: POL-PP-312 AHS – G2063	**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

Infection by *Mycobacterium tuberculosis* (Mtb)results in a wide range of clinical presentations dependent upon the site of infection from classic signs and symptoms of pulmonary disease (cough greater than two to three weeks' duration, lymphadenopathy, fevers, night sweats, weight loss) to silent infection with a complete absence of signs or symptoms.

Culture of Mtb is the gold standard for diagnosis as it is the most sensitive and provides an isolate for drug susceptibility testing and species identification. Nucleic acid amplification tests (NAAT) use polymerase chain reactions (PCR) to enable sensitive detection and identification of low-density infections. Interferon-gamma release assays (IGRAs) are blood tests of cell-mediated immune response which measure T-cell release of interferon (IFN)-gamma following stimulation by specific antigens such as *Mycobacterium tuberculosis* antigens used to detect a cellular immune response to *M. tuberculosis* which would indicate latent tuberculosis infection (LTBI).

Policy

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

To diagnose or screen for latent tuberculosis (TB) infection, an interferon gamma release assay (IGRA) **may be reimbursed.**

- Individuals who are at risk for infection with *Mycobacterium tuberculosis* (Mtb).
- Individuals who are unlikely to be infected with Mtb when screening is obliged by law.

For all suspected TB infections, the following tests **may be reimbursed**:

- Acid fast bacilli (AFB) smear/stain.
- Culture and culture-based drug susceptibility testing of *Mycobacteria*
- Qualitative nucleic acid amplification testing (NAAT) for Mycobacteria spp, M. tuberculosis and M. avium complex

For individuals whose sputum is AFB smear positive or NAAT positive, molecular-based drug susceptibility testing **may be reimbursed** when **one** of the following criteria is met:

- The individual has been treated for TB in the past.
- The individual was born in or has lived for at least 1 year in a foreign country with at least a moderate TB incidence (≥20 per 100, 000) or a high primary multi-drug resistant (MDR)-TB prevalence (≥2%).
- The individual is a contact of an individual with MDR-TB.
- The individual is HIV infected

Repeat drug susceptibility testing **may be reimbursed** in **any** of the following situations:

- For individuals whose sputum cultures remain positive after 3 months of treatment.
- When there is bacteriological reversion from negative to positive.

For individuals with pleural effusion, pericardial effusion, or ascites and suspected TB infection, cell counts, protein, glucose, and lactate dehydrogenase (LDH) concentrations of cerebrospinal, pleural, peritoneal, pericardial, and other fluids **may be reimbursed**.

In HIV-infected individuals with CD4 cell counts ≤100 cells/microL who have signs and symptoms of tuberculosis, urine-based detection of mycobacterial cell wall glycolipid lipoarabinomannan (LAM) **may be reimbursed**.

For individuals with active tuberculosis, IGRA **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.

Quantitative nucleic acid testing for *Mycobacterium* spp, *M. tuberculosis*, and *M. avium complex* **may not be reimbursed.**

Whole genome sequencing of *Mycobacterium* spp. for the detection of drug resistance **may not be reimbursed.**

Genotyping of *Mycobacterium* spp. **may not be reimbursed.**

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Testing of adenosine deaminase (ADA) and interferon-gamma (IFN- γ) levels in cerebrospinal, pleural, peritoneal, pericardial, and other fluids for the diagnosis of extrapulmonary TB **may not be reimbursed.**

Testing of serum protein biomarkers or panels of biomarkers for the detection and diagnosis of TB **may not be reimbursed.**

Coding	
CPT	**Code Description**
81099	Unlisted urinalysis procedure
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (list separately in addition to code for primary procedure)
81479	Unlisted molecular pathology procedure
82945	Glucose, body fluid, other than blood
83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified
83615	Lactate dehydrogenase (LD), (LDH)
84157	Protein, total, except by refractometry; other source (eg, synovial fluid, cerebrospinal fluid)
84311	Spectrophotometry, analyte not elsewhere specified
86480	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon
86481	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
87116	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates

87150	Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed
87153	Culture, typing; identification by nucleic acid sequencing method, each isolate (eg, sequencing of the 16S rRNA gene)
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)
87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)
87185	Susceptibility studies, antimicrobial agent; enzyme detection (eg, beta lactamase), per enzyme
87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate
87187	Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC), each plate (list separately in addition to code for primary procedure)
87188	Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent
87190	Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent
87206	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types
87551	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique
87552	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification
87556	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique
87557	Infectious agent detection by nucleic acid (DNA or RNA); mycobacteria tuberculosis, quantification
87561	Infectious agent detection by nucleic acid (DNA or RNA); mycobacteria avium-intracellulare, amplified probe technique
87562	Infectious agent detection by nucleic acid (DNA or RNA); mycobacteria avium-intracellulare, quantification
87564	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacterium tuberculosis, rifampin resistance, amplified probe-technique
0574U	Mycobacterium tuberculosis, culture filtrate protein – 10 – kDa (CFP-10), serum or plasma, liquid chromatography mass spectrometry (LC-MSD) Proprietary Test: NanoDetect – TBTM Lab/Manufacturer: NanoPin Technologies

References and Resources

Avalon Medical Policy AHS – G2063 – Testing for Diagnosis of Active or Latent Tuberculosis

Related Documents

N/A

Revision History

Version	Date	Summary of Revisions
001	07/01/2025	Initial version
002	07/01/2025	Avalon 3rd Quarter updates
003	10/01/2025	Avalon 4th Quarter updates