

# Susceptibility Studies

CPT: 87181, 87184, 87185, 87186, 87187, 87188, 87190

## CMS Policy for Florida, Puerto Rico, and U.S. Virgin Islands

Local policies are determined by the performing test location. This is determined by the state in which your performing laboratory resides and where your testing is commonly performed.

Medically Supportive ICD Codes are listed on subsequent page(s) of this document.

### Coverage Indications, Limitations, and/or Medical Necessity

Some microorganisms are resistant to certain antimicrobials. Susceptibility testing is often used to determine the likelihood that a particular drug treatment regimen will be effective in eliminating or inhibiting the growth of the infection. A culture of the infected area must be done to obtain the organism for identification and to allow susceptibility testing to be performed if warranted. Referenced to by the type of body fluid or cells collected (such as: blood culture, urine culture, sputum culture, wound culture, etc.), the culture involves incubating a sample at body temperature in a nutrient-rich environment. This process promotes the replication of any microorganisms present in the sample. Samples from the skin, stool, or sputum will grow normal flora as well as pathogenic bacteria if they are present. Other body samples, such as blood and urine, are usually sterile; they will show little or no growth unless a pathogenic microorganism is present.

Susceptibility testing is performed by growing the pure bacterial isolate in the presence of varying concentrations of several antimicrobials and then examining the amount of growth to determine which antimicrobials at which concentrations inhibit the growth of the bacteria. Antimicrobial susceptibility testing methods are divided into types based on the principle applied in each system. They include diffusion, dilution, and diffusion & dilution. Results of the testing are reported as "susceptible" (likely, but not guaranteed to inhibit the pathogenic microorganism), "intermediate" (may be effective at a higher than normal concentration), and "resistant" (not effective at inhibiting the growth of the organism). If there is more than one pathogen, the laboratory will report results for each one. The test results should be used to guide antibiotic choice. The results of antimicrobial susceptibility testing should be combined with clinical information and experience when selecting the most appropriate antibiotic for the patient.

### Indications

Bacterial and fungal cultures are used to define the microbial etiology of the infectious or suspected infectious process and provide a guide for appropriate therapy. Susceptibility studies will be considered medically reasonable and necessary when performed as a result of a positive bacterial culture, and/or less often, positive fungal culture.

### Limitations

Routine screening tests are not payable. Susceptibility studies will not be covered if the culture studies do not identify an organism.

Visit [QuestDiagnostics.com/MLCP](https://www.questdiagnostics.com/MLCP) to view current limited coverage tests, reference guides, and policy information.

To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference [www.cms.gov](https://www.cms.gov)

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Please refer to the [Limitations or Utilization Guidelines](#) section on previous page(s) for frequency information.

The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**

Code	Description
A49.9	Bacterial infection, unspecified
N30.00	Acute cystitis without hematuria
N30.01	Acute cystitis with hematuria
N30.20	Other chronic cystitis without hematuria
N30.90	Cystitis, unspecified without hematuria
N39.0	Urinary tract infection, site not specified
N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms
R30.0	Dysuria
R31.0	Gross hematuria
R31.9	Hematuria, unspecified
R32	Unspecified urinary incontinence
R33.9	Retention of urine, unspecified
R35.0	Frequency of micturition
R35.1	Nocturia
R39.15	Urgency of urination
R39.9	Unspecified symptoms and signs involving the genitourinary system
R53.83	Other fatigue
R82.90	Unspecified abnormal findings in urine
R82.99	Other abnormal findings in urine
Z79.899	Other long term (current) drug therapy

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**Disclaimer:**

This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Quest Diagnostics does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

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