

Effective date: Nov. 1, 2025

Applies to:

Commercial Products

- Harvard Pilgrim Health Care Commercial products
- Tufts Health Plan Commercial products

Public Plans Products

- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
- Tufts Health RITogether – A Rhode Island Medicaid Plan
- Tufts Health One Care – A dual-eligible product

Senior Products

- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
- Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Streptococci 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, refer to the Prenatal Screening (Nongenetic) policy.

Indications and/or Limitations of Coverage

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

1. For the detection of a streptococcal infection causing respiratory illness, bacterial culture testing from a throat swab **MEETS COVERAGE CRITERIA** when one of the following conditions is met:
 - a. When the individual has a modified Centor criteria score of 3 or greater (see Note 1 below).
 - b. When the individual is suspected of having bacterial pharyngitis in the absence of viral features, (e.g., cough, oral ulcers, rhinorrhea).
 - c. Following a negative rapid antigen diagnostic test (RADT) in a symptomatic child or adolescent.
- ~~2. Blood culture testing for a streptococcal infection **MEETS COVERAGE CRITERIA** when one of the following conditions is met:

 - ~~a. For individuals who fail to demonstrate clinical improvement.~~
 - ~~b. For individuals who have progressive symptoms or clinical deterioration after the initiation of antibiotic therapy.~~
 - ~~c.d. In cases of suspected prosthetic joint infection.~~~~
- ~~3-2.~~ In cases of skin and/or soft tissue infections, bacterial culture testing for a streptococcal infection from a skin swab or from pus **MEETS COVERAGE CRITERIA**.
- ~~4-3.~~ For individuals with suspected acute rheumatic fever (ARF) or post-streptococcal glomerulonephritis (PSGN), the following testing **MEETS COVERAGE CRITERIA**:
 - a. Serological titer testing.
 - b. Anti-streptolysin O immunoassay.
 - c. Hyaluronidase activity or anti-hyaluronidase immunoassay.
 - d. Streptokinase activity or anti-streptokinase immunoassay.

~~5.4. In cases of suspected viral pharyngitis, bacterial culture testing for streptococci from a throat swab DOES NOT MEET COVERAGE CRITERIA.~~ 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 **DOES NOT MEET COVERAGE CRITERIA** in any of the following situations:

~~6.~~

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

~~c. For individuals with suspected viral pharyngitis.~~

~~7.5.~~ For all situations not described above, serological titer testing **DOES NOT MEET COVERAGE CRITERIA.**

~~8.6.~~ Simultaneous ordering of both direct probe and amplification probe for the same organism in a single encounter **DOES NOT MEET COVERAGE CRITERIA.**

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.

~~9.7.~~ 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 **DOES NOT MEET COVERAGE CRITERIA.**

~~10.8.~~ For all situations, the following tests **DO NOT MEET COVERAGE CRITERIA:**

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

~~b. MALDI-TOF identification of streptococcus.~~

~~c.~~ The quantification of any strain of streptococcus using nucleic acid amplification, including PCR.

~~d.~~ Nicotinamide-adenine dinucleotidase activity or anti-nicotinamide-adenine immunoassay.

NOTES:

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

Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

Coding

Code	Description
CPT	Code Description
86060	Antistreptolysin O; titer
86063	Antistreptolysin O; screen
86215	Deoxyribonuclease, antibody
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified
86318	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step-method (e.g., reagent strip);
86581	Streptococcus pneumoniae antibody (IgG), serotypes, multiplex immunoassay, quantitative (Effective for DOS beginning June 1, 2026)
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, (e.g., enzyme immunoassay [EIA], enzyme-linked

Code	Description
	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 (i.e., visual) observation; Streptococcus, group A

Evidence-based Scientific References

1. Wessels MR. Group C and group G streptococcal infection. Updated June 14, 2024. <https://www.uptodate.com/contents/group-c-and-group-g-streptococcal-infection>
2. Chow AW. Evaluation of acute pharyngitis in adults. Updated October 5, 2023. <https://www.uptodate.com/contents/evaluation-of-acute-pharyngitis-in-adults>
3. Schwartz B, Facklam RR, Breiman RF. Changing epidemiology of group A streptococcal infection in the USA. *Lancet* (London, England). Nov 10 1990;336(8724):1167-71.
4. CDC. Clinical Considerations for Group A Streptococcus. Updated August 5, 2025. <https://www.cdc.gov/group-a-strep/hcp/clinical-guidance/index.html>
5. CDC. Clinical Guidance for Scarlet Fever. Updated August 5, 2025. <https://www.cdc.gov/group-a-strep/hcp/clinical-guidance/scarlet-fever.html>
6. CDC. Diagnosing Acute Rheumatic Fever. Updated August 6, 2025. <https://www.cdc.gov/group-a-strep/hcp/clinical-guidance/diagnosing-acute-rheumatic-fever.html>
7. CDC. Clinical Guidelines for Post-Streptococcal Glomerulonephritis. Updated August 5, 2025. <https://www.cdc.gov/group-a-strep/hcp/clinical-guidance/post-streptococcal-glomerulonephritis.html>
8. Stevens DL, Bryant A. Group A streptococcus: Virulence factors and pathogenic mechanisms. Updated April 9, 2024. <https://www.uptodate.com/contents/group-a-streptococcus-virulence-factors-and-pathogenic-mechanisms>
9. Steer A, Gibofsky A. Acute rheumatic fever: Clinical manifestations and diagnosis. Updated May 15, 2024. <https://www.uptodate.com/contents/acute-rheumatic-fever-clinical-manifestations-and-diagnosis>
10. Steer AC, Smeesters PR, Curtis N. Streptococcal Serology: Secrets for the Specialist. *The Pediatric infectious disease journal*. Nov 2015;34(11):1250-2. doi:10.1097/inf.0000000000000881
11. Blyth CC, Robertson PW. Anti-streptococcal antibodies in the diagnosis of acute and post-streptococcal disease: streptokinase versus streptolysin O and deoxyribonuclease B. *Pathology*. Apr 2006;38(2):152-6. doi:10.1080/00313020600557060
12. Bruun T, Kittang BR, de Hoog BJ, et al. Necrotizing soft tissue infections caused by *Streptococcus pyogenes* and *Streptococcus dysgalactiae* subsp. *equisimilis* of groups C and G in western Norway. *Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases*. Dec 2013;19(12):E545-50. doi:10.1111/1469-0691.12276
13. Rantala S. *Streptococcus dysgalactiae* subsp. *equisimilis* bacteremia: an emerging infection. *European journal of clinical microbiology & infectious diseases : official publication of the European Society of Clinical Microbiology*. Aug 2014;33(8):1303-10. doi:10.1007/s10096-014-2092-0
14. Barshak MB, Madoff LC. Group B streptococcal infections in nonpregnant adults. Updated August 20, 2025. <https://www.uptodate.com/contents/group-b-streptococcal-infections-in-nonpregnant-adults>
15. Puopolo KM, Madoff LC. Group B streptococcal infection during pregnancy. Updated July 16, 2024. <https://www.uptodate.com/contents/group-b-streptococcal-infection-during-pregnancy>
16. Pediatrics AAo. Group B Streptococcal Infections. In: Kimberlin D, Brady M, Jackson M, Long S, eds. *Red Book: 2018 Report of the Committee on Infectious Diseases*. American Academy of Pediatrics; 2018:762-68.
17. AACC. Strep Throat Test. Updated January 27, 2021. <https://labtestsonline.org/tests/strep-throat-test>
18. Gera K, McIver KS. Laboratory Growth and Maintenance of *Streptococcus pyogenes* (The Group A Streptococcus, GAS). *Current protocols in microbiology*. 2013;30:9d.2.1-9d.2.13. doi:10.1002/9780471729259.mc09d02s30
19. Spellerberg B, Brandt C. Laboratory Diagnosis of *Streptococcus pyogenes* (group A streptococci). In: Ferretti JJ, Stevens DL, Fischetti VA, eds. *Streptococcus pyogenes : Basic Biology to Clinical Manifestations*. University of Oklahoma Health Sciences Center; 2016.

20. Wald ER. Group A streptococcal tonsillopharyngitis in children and adolescents: Clinical features and diagnosis. Updated May 29, 2025. <https://www.uptodate.com/contents/group-a-streptococcal-tonsillopharyngitis-in-children-and-adolescents-clinical-features-and-diagnosis>
21. Shulman ST, Bisno AL, Clegg HW, et al. Clinical practice guideline for the diagnosis and management of group A streptococcal pharyngitis: 2012 update by the Infectious Diseases Society of America. *Clinical infectious diseases* : an official publication of the Infectious Diseases Society of America. Nov 15 2012;55(10):e86-102. doi:10.1093/cid/cis629
22. Miller JM, Binnicker MJ, Campbell S, et al. A Guide to Utilization of the Microbiology Laboratory for Diagnosis of Infectious Diseases: 2018 Update by the Infectious Diseases Society of America and the American Society for Microbiology. *Clinical Infectious Diseases*. 2018;67(6):e1-e94. doi:10.1093/cid/ciy381
23. Freeman J, Roberts S. Approach to Gram stain and culture results in the microbiology laboratory. Updated July 31, 2024. <https://www.uptodate.com/contents/approach-to-gram-stain-and-culture-results-in-the-microbiology-laboratory>
24. Weinzierl EP, Jerris RC, Gonzalez MD, Piccini JA, Rogers BB. Comparison of Alere i Strep A Rapid Molecular Assay With Rapid Antigen Testing and Culture in a Pediatric Outpatient Setting. *American Journal of Clinical Pathology*. 2018;aqy038-aqy038. doi:10.1093/ajcp/aqy038
25. Cohen JF, Bertille N, Cohen R, Chalumeau M. Rapid antigen detection test for group A streptococcus in children with pharyngitis. *The Cochrane database of systematic reviews*. Jul 4 2016;7:Cd010502. doi:10.1002/14651858.CD010502.pub2
26. Cohen DM, Russo ME, Jaggi P, Kline J, Gluckman W, Parekh A. Multicenter Clinical Evaluation of the Novel Alere i Strep A Isothermal Nucleic Acid Amplification Test. *Journal of clinical microbiology*. Jul 2015;53(7):2258-61. doi:10.1128/jcm.00490-15
27. Boyanton BL, Jr., Darnell EM, Prada AE, Hansz DM, Robinson-Dunn B. Evaluation of the Lyra Direct Strep Assay To Detect Group A Streptococcus and Group C and G Beta-Hemolytic Streptococcus from Pharyngeal Specimens. *Journal of clinical microbiology*. Jan 2016;54(1):175-7. doi:10.1128/jcm.02405-15
28. Uphoff TS, Buchan BW, Ledeboer NA, Granato PA, Daly JA, Marti TN. Multicenter Evaluation of the Solana Group A Streptococcus Assay: Comparison with Culture. *Journal of clinical microbiology*. Sep 2016;54(9):2388-90. doi:10.1128/jcm.01268-16
29. Church DL, Lloyd T, Larios O, Gregson DB. Evaluation of Simplexa Group A Strep Direct Kit Compared to Hologic Group A Streptococcal Direct Assay for Detection of Group A Streptococcus in Throat Swabs. *Journal of clinical microbiology*. Mar 2018;56(3)doi:10.1128/jcm.01666-17
30. K162274 510(k) premarket notification of intent to market Solana Strep Complete Assay (FDA) (2016).
31. Helmig RB, Gertsen JB. Diagnostic accuracy of polymerase chain reaction for intrapartum detection of group B streptococcus colonization. *Acta obstetrica et gynecologica Scandinavica*. Sep 2017;96(9):1070-1074. doi:10.1111/aogs.13169
32. Raignoux J, Benard M, Huo Yung Kai S, et al. [Is rapid intrapartum vaginal screening test of group B streptococci (GBS) during partum useful in identifying infants developing early-onset GBS sepsis in postpartum period?]. *Archives de pediatrie : organe officiel de la Societe francaise de pediatrie*. Sep 2016;23(9):899-907. Test de depistage rapide intra partum du portage vaginal de streptocoque du groupe B (SGB) pour le reperage des nouveau-nes a risque d'infection neonatale precoce a SGB. Etude observationnelle analytique dans une maternite de type III. doi:10.1016/j.arcped.2016.06.003
33. Luo R, Sickler J, Vahidnia F, Lee Y-C, Frogner B, Thompson M. Diagnosis and Management of Group a Streptococcal Pharyngitis in the United States, 2011–2015. *BMC Infectious Diseases*. 2019/02/26 2019;19(1):193. doi:10.1186/s12879-019-3835-4
34. O. Luiz F, Alves KB, Barros RR. Prevalence and long-term persistence of beta-haemolytic streptococci throat carriage among children and young adults. *J Med Microbiol*. Oct 2019;68(10):1526-1533. doi:10.1099/jmm.0.001054
35. Fraser H, Gallacher D, Achana F, et al. Rapid antigen detection and molecular tests for group A streptococcal infections for acute sore throat: systematic reviews and economic evaluation. *Health Technol Assess*. Jun 2020;24(31):1-232. doi:10.3310/hta24310
36. Kim HN, Kim J, Jang WS, Nam J, Lim CS. Performance evaluation of three rapid antigen tests for the diagnosis of group A Streptococci. *BMJ Open*. Aug 5 2019;9(8):e025438. doi:10.1136/bmjopen-2018-025438
37. Bilir SP, Kruger E, Faller M, et al. US cost-effectiveness and budget impact of point-of-care NAAT for streptococcus. *Am J Manag Care*. May 1 2021;27(5):e157-e163. doi:10.37765/ajmc.2021.88638
38. Dubois C, Smeesters PR, Refes Y, et al. Diagnostic accuracy of rapid nucleic acid tests for group A streptococcal pharyngitis: systematic review and meta-analysis. *Clinical Microbiology and Infection*. 2021/05/06/ 2021;doi:10.1016/j.cmi.2021.04.021
39. McCarty T, White C, Meeder J, et al. Analytical performance and potential clinical utility of the GenMark Dx ePlex® blood culture identification gram-positive panel. *Diagnostic Microbiology and Infectious Disease*. 2022;104(3):115762.
40. CDC. Clinical Guidance for Group A Streptococcal Pharyngitis. Updated August 5, 2025. <https://www.cdc.gov/group-a-strep/hcp/clinical-guidance/strep-throat.html>
41. Kimberlin DW, Barnett ED, Lynfield R, Sawyer MH. Group A Streptococcal Infections. 2021.
42. Puopolo KM, Lynfield R, Cummings JJ. Management of Infants at Risk for Group B Streptococcal Disease. *Pediatrics*. 2019;144(2):e20191881. doi:10.1542/peds.2019-1881

43. Gewitz M, H., Baltimore R, S., Tani L, Y., et al. Revision of the Jones Criteria for the Diagnosis of Acute Rheumatic Fever in the Era of Doppler Echocardiography. *Circulation*. 2015/05/19 2015;131(20):1806-1818. doi:10.1161/CIR.000000000000205
44. Short S, Bashir H, Marshall P, et al. *Diagnosis and Treatment of Respiratory Illness in Children and Adults*. 5th ed. Institute for Clinical Systems Improvement; 2017.
45. Centor RM, Mclsaac W. Centor Score (Modified/Mclsaac) for Strep Pharyngitis. *MDCalc*. 2022. <https://www.mdcalc.com/centor-score-modified-mclsaac-strep-pharyngitis>
46. Metlay JP, Waterer GW, Long AC, et al. Diagnosis and Treatment of Adults with Community-acquired Pneumonia. An Official Clinical Practice Guideline of the American Thoracic Society and Infectious Diseases Society of America. *Am J Respir Crit Care Med*. Oct 1 2019;200(7):e45-e67. doi:10.1164/rccm.201908-1581ST
47. Stevens DL, Bisno AL, Chambers HF, et al. Practice Guidelines for the Diagnosis and Management of Skin and Soft Tissue Infections: 2014 Update by the Infectious Diseases Society of America. *Clinical Infectious Diseases*. 2014;59(2):e10-e52. doi:10.1093/cid/ciu296
48. Mitchell RB, Archer SM, Ishman SL, et al. Clinical Practice Guideline: Tonsillectomy in Children (Update). *Otolaryngol Head Neck Surg*. Feb 2019;160(1_suppl):S1-s42. doi:10.1177/0194599818801757
49. IDSA. Clinical Practice Guideline: Tonsillectomy in Children (Update) (Endorsed). <https://www.idsociety.org/practice-guideline/tonsillectomy-in-children/>
50. AAOS. DIAGNOSIS AND PREVENTION OF PERIPROSTHETIC JOINT INFECTIONS CLINICAL PRACTICE GUIDELINE. <https://aaos.org/globalassets/quality-and-practice-resources/pji/pji-clinical-practice-guideline-final-9-18-19-.pdf>
51. IDSA. Diagnosis and Prevention of Periprosthetic Joint Infections (Endorsed). <https://www.idsociety.org/practice-guideline/periprosthetic-joint-infections/>
52. Bradley JS, Byington CL, Shah SS, et al. The Management of Community-Acquired Pneumonia in Infants and Children Older Than 3 Months of Age: Clinical Practice Guidelines by the Pediatric Infectious Diseases Society and the Infectious Diseases Society of America. *Clinical Infectious Diseases*. 2011;53(7):e25-e76. doi:10.1093/cid/cir531
53. ACOG. Prevention of Group B Streptococcal Early-Onset Disease in Newborns. 2020;
54. Filkins L, Hauser J, Robinson-Dunn B, Tibbetts R, Boyanton B, Revell P. Guidelines for the Detection and Identification of Group B Streptococcus. Updated July 23, 2021. <https://asm.org/Guideline/Guidelines-for-the-Detection-and-Identification-of-Group-B-Streptococcus>
55. NICE. Rapid tests for group A streptococcal infections in people with a sore throat. <https://www.nice.org.uk/guidance/dg38>
56. HHS. Evaluation of Class III Designation--De Novo Request. https://www.accessdata.fda.gov/cdrh_docs/pdf13/k133883.pdf
57. FDA. Product Classification. <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpcd/classification.cfm?ID=3515>
58. FDA. 510(k) Substantial Equivalence Determination Desion Summary (K183366). https://www.accessdata.fda.gov/cdrh_docs/reviews/K183366.pdf
59. FDA. Groups A, C And G Beta-Hemolytic Streptococcus Nucleic Acid Amplification System. <https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?db=pmn&id=K201269>

Publication History

- 04/01/2026:** Annual policy review; administrative edits; removed 87880; added 86581 to coding grid, effective for DOS beginning June 1, 2026
- 09/01/2025:** Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025
-

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.