Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Laboratory: Testing for Diagnosis of Active or Latent Tuberculosis

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

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).

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. To diagnose or screen for latent tuberculosis (TB) infection, an interferon gamma release assay (IGRA) **MEETS COVERAGE CRITERIA** in:
   a. Individuals who are at risk for infection with *Mycobacterium tuberculosis* (Mtb).
   b. Individuals who are unlikely to be infected with Mtb when screening is obliged by law.
2. For all suspected TB infections, the following tests **MEET COVERAGE CRITERIA**:
   a. Acid fast bacilli (AFB) smear/stain.
   b. Culture and culture-based drug susceptibility testing of *Mycobacteria* spp.

~~3. Direct probe or amplified probe nucleic acid-based testing, including PCR, **MEETS COVERAGE CRITERIA** for any of the following:~~
   ~~a. *Mycobacteria* spp.~~
   ~~b.~~c. ~~*M. tuberculosis*~~.
   ~~c.~~d. Qualitative nucleic acid amplification testing (NAAT) for *Mycobacteria* spp., *M. tuberculosis,* and *M. avium* ~~*intracellulare*~~ complex.

~~4.~~3. For individuals whose sputum is AFB smear positive or ~~Hologic Amplified MTD~~NAAT positive, molecular-based drug susceptibility testing **MEETS COVERAGE CRITERIA** when one of the following criteria is met:
   a. The individual has been treated for TB in the past.
   b. 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%).

c. The individual is a contact of an individual with MDR-TB.
d. The individual is HIV infected.

~~5.~~4. Repeat drug susceptibility testing **MEETS COVERAGE CRITERIA** in any of the following situations:
a. For individuals whose sputum cultures remain positive after 3 months of treatment.
b. When there is bacteriological reversion from negative to positive.

~~6.~~5. 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 **MEETS COVERAGE CRITERIA**.

~~7.~~6. 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) **MEETS COVERAGE CRITERIA**.

~~8.~~7. For individuals with active tuberculosis, IGRA **DOES NOT MEET COVERAGE CRITERIA**.

~~9.~~8. ~~Simultaneous ordering of any combination of direct probe, amplified probe, and/or quantification 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.

~~10.~~9. Quantitative nucleic acid testing for *Mycobacterium* spp, *M. tuberculosis*, and *M. avium* ~~*intracellulare*~~*complex* **DOES NOT MEET COVERAGE CRITERIA**.

~~11.~~10. Whole genome sequencing of *Mycobacterium* spp. for the detection of drug resistance **DOES NOT MEET COVERAGE CRITERIA**.

~~12.~~11. Genotyping of *Mycobacterium* spp. **DOES NOT MEET COVERAGE CRITERIA**.

~~13.~~12. 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 **DOES NOT MEET COVERAGE CRITERIA**.

~~14.~~13. Testing of serum protein biomarkers or panels of biomarkers for the detection and diagnosis of TB **DOES NOT MEET COVERAGE CRITERIA**.

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
81099	Unlisted urinalysis procedure
81425	Genome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis
81426	Genome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (e.g., 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 (e.g., 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 (e.g., TB, AFB, mycobacteria) any source, 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,

Code	Description
	each organism probed
87153	Culture, typing; identification by nucleic acid sequencing method, each isolate (e.g., sequencing of the 16S rRNA gene)
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (e.g., antibiotic gradient strip)
87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)
87185	Susceptibility studies, antimicrobial agent; enzyme detection (e.g., 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
~~87550~~	~~Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique~~
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
~~87555~~	~~Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique~~
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
~~87560~~	~~Infectious agent detection by nucleic acid (DNA or RNA); mycobacteria avium-intracellulare, direct probe technique~~
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 (Effective for DOS beginning June 1, 2026)
0574U	Mycobacterium tuberculosis, culture filtrate protein–10-kDa (CFP-10), serum or plasma, liquid chromatography mass spectrometry (LC-MS) Proprietary test: NanoDetect-TB™ Lab/Manufacturer: NanoPin Technologies, Inc.

Evidence-based Scientific References

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Publication History

04/01/2026:	Annual policy review; removed codes 87149, 87550, 87555, 87560; added 87564 and 0574U to coding grid; administrative edits
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.