

# MARYLAND MEDICARE PART A

**Policy No:** 97-01

**Topic:** Bacterial Cultures

**Beginning Effective Date**

April 28, 1997

**Ending Effective Date**

Not applicable at this time.

**Description:**

A bacterial culture is the act or process of growing living bacteria in a prepared nutrient media.

**Policy Type**

Local Medical Review Policy

**Indications and Limitations of Coverage and/or Medical Necessity**

- The laboratory tests listed in the “HCPCS Codes” section of this policy are for bacterial screening cultures.
- Medicare’s national policy does not allow coverage of screening procedures.
- When a screening culture results in an abnormal finding, the test is non-covered because the purpose of performing the test was for an excluded service.

**HCPCS Section/benefit Category**

Microbiology/Pathology and Laboratory

**Type of Bill Code**

Not applicable as it is a non-covered service.

### **Revenue Code**

Not applicable as it is a non-covered service.

### **HCPCS Codes**

87081©	Culture, bacterial, screening only, for single organisms
87082©	Culture, presumptive, pathogenic organisms, screening only, by commercial kit (specify type); for single organisms
87083©	multiple organisms
87084©	with colony estimation from density chart
87085©	with colony count

### **ICD-9-CM Codes that Support Medical Necessity**

Not applicable as it is a non-covered service.

### **Non-covered ICD-9-CM Code(s)**

Not applicable as it is a non-covered service.

### **HCFA National Policy**

- Establishment of national policy supercedes all previous contractor policy statements, including Local Medical Policy coverage guidelines.
- Title XVIII of the Social Security act, section 1862 (a) (1) (A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

- Title XVIII of the Social Security Act, section 1862 (a) (7). This section excludes routine physical examinations.

### **Reasons for Denial**

- The service is for screening purposes;
- The service is not medically necessary;
- The medical record does not verify that the service described by the HCPCS code was provided, and;
- The service does not follow the guidelines of this policy.

### **Sources of Information**

Not included at the time this policy was developed.

### **Other Comments**

Medicare will monitor the utilization of these laboratory tests through the Focused Medical Review (FMR) process.

### **Start Date of Comment Period**

### **Start Date of Notice Period**

March 28, 1997

### **Revision Date**

### **Revision Number**

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