

Benefit Coverage

Covered Benefit for lines of business including:
Health Benefits Exchange (HBE), Medicare (Integrity/Connect), Rite Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Extended Family Planning (EFP)
Excluded from Coverage:
N/A

Medicare Distinction

For Medicare Lines of Business members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable payment policies, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other available CMS published guidance.

In the absence of an applicable or incomplete NCD, LCD, or other CMS published guidance OR if available Medicare coverage guidance is not met, then Neighborhood will apply coverage guidance from the Rhode Island Executive Office of Health & Human Services (EOHHS), or other peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies as a means of secondary coverage through the members' Medicaid benefit.

Description

Bacterial vaginosis (BV) is a common vaginal condition resulting from a disruption of the normal vaginal microbiota. It is characterized by a reduction in hydrogen peroxide-producing Lactobacillus species and an overgrowth of anaerobic bacteria such as Gardnerella vaginalis, Prevotella species, and Mobiluncus species. BV is the most prevalent cause of vaginal discharge among women of reproductive age. BV is associated with adverse reproductive health outcomes, including increased susceptibility to certain sexually transmitted infections, complications in pregnancy, and post-surgical infections.

Coverage Determination

Current Procedure Terminology codes (CPT® Codes) 81513, 81514, 87481, 87661 will be covered when billed with one or more of the ICD-10-CM diagnosis codes listed below.

CPT® Codes	Code Description
81513	Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis

81514	Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for Gardnerella vaginalis, Atopobium vaginae, Megaspheera type 1, Bacterial Vaginosis Associated Bacteria-hyphen2 (BVAB-hyphen2), and Lactobacillus species (L. crispatus and L. jensenii), utilizing vaginal-hyphenfluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and/or Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata, Candida krusei, when reported
87210	Refers to a smear, primary source with interpretation, wet mount for infectious agents
87481	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique

ICD-10-CM Code	Code Description
A54.02	Gonococcal vulvovaginitis, unspecified
A56.02	Chlamydial vulvovaginitis
A59.01	Trichomonal vulvovaginitis
A60.04	Herpesviral vulvovaginitis
B37.31	Acute candidiasis of vulva and vagina
B37.32	Chronic candidiasis of vulva and vagina
L29.2	Pruritus vulvae
L29.3	Anogenital pruritus, unspecified
L29.9	Pruritus, unspecified
N76.0	Acute vaginitis
N76.1	Subacute and chronic vaginitis
N76.2	Acute vulvitis
N76.3	Subacute and chronic vulvitis
N76.89	Other specified inflammation of vagina and vulva
N77.1	Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere
N89.8	Other specified noninflammatory disorders of vagina
N89.9	Noninflammatory disorder of vagina, unspecified
N93.0	Postcoital and contact bleeding
N95.2	Postmenopausal atrophic vaginitis
O86.13	Vaginitis following delivery
R30.0	Dysuria
R30.9	Painful micturition, unspecified

CMP Number:	078
CMP Cross Reference:	
Created:	August 2025
Annual Review Month:	August
Review Dates:	8/20/25
Revision Dates	
CMC Review Date:	8/20/25
Medical Director Approval Dates:	8/20/25
Effective Dates:	8/20/25

Neighborhood reviews clinical medical policies on an annual basis.

Disclaimer:

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

References:

1. Centers for Disease Control and Prevention. Sexually Transmitted Infection Treatment Guidelines, 2021: Bacterial Vaginosis [HTTPS://www.cdc.gov/std/treatment-guidelines/bv.htm](https://www.cdc.gov/std/treatment-guidelines/bv.htm)
2. CPT® codes, descriptions, and other data are copyright 2025 American Medical Association. All rights reserved. This information is provided under license from the AMA

3. Centers for Disease Control and Prevention. ICD-10-CM Official Guidelines for Coding and Reporting, FY 2025. Atlanta GA: US Department of Health and Human Services; 2025. Available at <https://www.cdc.gov/nchs/icd>