

Bacterial, Viral, and Fungal Testing of Oral Infections (For Ohio Only)

Guideline Number: CSDEN302OH.A
 Effective Date: December 1, 2023

[➔ Instructions for Use](#)

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Related Dental Policies
None

Application

This Dental Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01

Coverage Rationale

Collection of Microorganisms for Culture and Sensitivity

Collection of microorganisms for culture and sensitivity is indicated to confirm choice of therapeutic agent for the following:

- For infections of the oral cavity that do not respond to antibiotic therapy and/or incision and drainage in a timely manner
- For infections of the oral cavity in patients with comorbidities including but not limited to impaired healing response, and compromised immune system
- For patients with severe or prolonged infection For infections with a high risk of transmission

Collection of microorganisms for culture and sensitivity is not indicated for the following:

- As a routine procedure for all infections
- For fungal infections, unless there has been no response to antifungal treatments

Viral Culture

Viral culturing is indicated for the presence of oral and perioral vesicles and ruptured vesicles.

Viral culturing is not indicated for suspected cytomegalovirus (CMV) oral lesions.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws

that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Code	Description
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report
D0415	Collection of microorganisms for culture and sensitivity
D0416	Viral culture

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Description of Services

There are many diagnostic tests available for bacterial and viral infections presenting in the oral cavity. Viral testing includes, but is not limited to, Varicella-Zoster, Herpes Simplex, Hand-Foot-and-Mouth Disease, Herpangina and Measles (Rubeola). Bacterial infections may involve individual teeth and surrounding tissues or affect the oral mucosa. Bacterial testing isolates specific pathogens, and the results can be used to guide treatment decisions. This is particularly true when infections have been resistant to previous treatment, or the infection is serious or prolonged. Testing for fungal infections does not typically provide useful information, as candida albicans is a part of the normal oral flora, however it may be considered if there is no response to antifungal treatment.

Pursuant to CA AB2585: While not common in dentistry, nonpharmacological pain management strategies should be encouraged if appropriate.

References

Bagheri, S. Clinical Review of Oral and Maxillofacial Surgery, 2nd ed. St. Louis: Mosby c2014. Chapter 4, Oral and Maxillofacial Infections; p. 95-118.

Cohen-Poradosu R, Kasper, D. Mandell. Douglas and Bennett's Principles and Practice of Infectious Diseases, 9th ed. Elsevier c2020. Chapter 242 Anaerobic Infections: General Concepts; p.2930.

Blijlevens N, van der Velden, W. Mandell. Douglas and Bennett's Principles and Practice of Infectious Diseases, 9th ed. Elsevier c2020. Chapter 305 Infections in the Immunocompromised Host: General Principles; p.3617.

Policy History/Revision Information

Date	Summary of Changes
12/01/2023	<ul style="list-style-type: none">New dental policy

Instructions for Use

This Dental Policy provides assistance in interpreting the UnitedHealthcare Community Plan of Ohio dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plans may differ. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Policy is provided for informational purposes. It does not constitute the practice of medicine or medical advice.

Archived Policy Versions

Effective Date	Guideline Number	Guideline Title
N/A	N/A	N/A