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

Guideline Number: CSDEN407OH.B
Effective Date: December 1, 2026

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Related References and Policies

- UnitedHealthcare Community Plan of Ohio Medicaid Dental Quick Reference Guide
- Dental Provider Manual: UnitedHealthcare Community Plan of Ohio

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. Early and periodic screening, diagnostic, and treatment (EPSDT) covered dental service considerations are applied to members younger than age 21 years of age pursuant to Ohio Administrative Code 5160-1-14(C)(3).

Prior Authorization

The Ohio Department of Medicaid (ODM) determines coverage of dental services based on medical necessity, alignment with policy criteria, and clinical indications. CDT codes that are designated as covered by ODM are eligible for reimbursement when all applicable guidelines are met. For a comprehensive list of covered CDT codes, refer to the UnitedHealthcare Community Plan of Ohio Medicaid Dental Quick Reference Guide and/or Dental Provider Manual: UnitedHealthcare Community Plan of Ohio.

Non-covered codes may be reimbursable if special justification is submitted to include prior-authorization, clinical narrative of medical necessity, and supporting documentation including but not limited to clinical records, diagnostic imaging, periodontal charting, or any other relevant documentation to support the clinical rationale.

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, and the clinical presentation of most types is itself diagnostic. However definitive testing may be appropriate for immunocompromised patients, or if there is no response to antifungal treatment.

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Clinical Indications

Covered Codes

None

Collection of Microorganisms for Culture and Sensitivity

Collection of microorganisms for culture and sensitivity is indicated 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 the following:
    - Individuals with an unmanaged medical condition; these conditions include but are not limited to metabolic, cardiovascular, and autoimmune/inflammatory, as well as genetic conditions that affect collagen synthesis
    - Individuals taking medications that negatively affects the healing response; these include but are not limited to immunosuppressive agents, corticosteroids, anticoagulants, NSAIDS, and nicotine
    - Individuals with a compromised immune system; conditions/procedures include but are not limited to HIV/AIDS, solid organ and stem cell transplant, cancer, chemotherapy, select blood dyscrasias, chronic kidney disease, or dialysis
- For patients with severe or prolonged infection

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

- As a routine procedure for all infections
- If infection is small and limited to localized area
- If infection is draining on its own with no evidence of spread of infection
- For fungal infections, unless there has been no response to antifungal treatment

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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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.

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.

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.

Kerr A, Miller C, Nelson R. Little and Falace's Dental Management of the Medically Compromised Patient, 10th ed. St. Louis: Elsevier c2024. Chapter 1, Patient Evaluation, Risk Assessment and the Diagnostic Process; p. 1-17.

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Rajendra Santosh AB, Muddana K, Bakki SR. Fungal infections of oral cavity: diagnosis, management, and association with COVID-19. SN Compr Clin Med. 2021;3(6):1373-1384. doi: 10.1007/s42399-021-00873-9.

Policy History/Revision Information

Date	Summary of Changes

12/01/2026	**Template Update**
	• Renamed *Related Dental Policy* to *Related References and Policies*
	• Reordered contents of policy
	  ○ Moved *Description of Services* towards beginning of policy
	• Added *Prior Authorization* section
	• Renamed *Coverage Rationale* to *Clinical Indications*
	  ○ Added *Covered Codes*
	Supporting Information
	• Archived previous policy version CSDEN407OH.A

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
11/01/2025 – 11/30/2026	CSDEN407OH.A	Bacterial and Viral Testing of Oral Infections
12/01/23 – 10/31/2025	CSDEN302OH.A	Bacterial and Viral Testing of Oral Infections

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