

Policy

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Purpose

Longevity Health evaluates technologies to ensure the technology is supported by published scientific evidence in peer-reviewed medical literature, is generally accepted as safe and effective by the medical community and is furnished in a manner consistent with community standards of care, and provides measurable improvement in health outcomes or health risks. This policy outlines the technology evaluation of urine PCR testing.

Definitions, Abbreviations, and Acronyms

Acronym	Meaning
PCR	Polymerase Chain Reaction

Policy

The diagnosis of urinary tract infections (UTIs) has largely been informed by urinalysis or urine culture historically. More recently, urine polymerase chain reaction (PCR) testing is becoming more available as an alternative test. This policy outlines the appropriateness of its use for certain diagnoses based on available literature.

Urine PCR

Urinary tract infections and symptoms suspicious for urinary tract infections are common place in long term care. A urine polymerase chain reaction (PCR) is a laboratory test promoted to healthcare professionals working in long-term care facilities as a rapid diagnostic platform for urinary tract infection. It is diagnostic method that uses molecular biology to identify the presence of bacterial DNA in urine.

Literature Review

The literature review regarding the use of urine PCR tests to diagnose urinary tract infections suggest the following:

- 1) The urine PCR is not proven to be more effective than current testing strategies in identifying bacteria presence in the urine.
- 2) The urine PCR results can be misleading and may lead to over treatment of urinary conditions, thus hindering progress in antibiotic stewardship.

- 3) There is no evidence that the use of this test improves patient outcomes.

Coverage

Based on the literature available, urine PCR testing will not be covered as there is no evidence to support its use in the long term care population.

References

Zering J, Stohs EJ. Urine polymerase chain reaction tests: stewardship helper or hinderance? *Antimicrob Steward Healthc Epidemiol*. 2024 Mar 6;4(1):e77. doi: 10.1017/ash.2024.71. PMID: 38721490; PMCID: PMC11077600.

chrome-extension://efaidnbmnnibpcajpcglclefindmkaj/https://doh.wa.gov/sites/default/files/2023-11/420-548-UrinePCRGuidanceWAPALTC-WADOH_0.pdf

Change Log

Document Version	Major or Minor Revision?	Date	Name	Comments
1.0	New	4/1/2025	Stefanie Caswell	New Policy Development
2.0	N/A	12/12/2025	Stefanie Caswell	Annual review, no change