

Sexually Transmitted Infection Testing Policy, Professional and Facility

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using either the 1500 Health Insurance Claim Form (a/k/a CMS-1500) and UB04 Form or their electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and other qualified health care professionals.

Policy

Overview

This policy describes reimbursement for Infectious agent detection by nucleic acid (DNA or RNA) assays for the detection of Sexually Transmitted Infections (STI), represented by CPT codes 87491, 87591, 87661, or 87801, and submitted for reimbursement on professional and facility claim forms. For purposes of this policy, professional charges are considered those submitted on a 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent. Facility charges are considered those submitted on a UB-04 Claim Form or its electronic equivalent.

An FDA-cleared PCR assay for detection of gonorrhea and chlamydial infection (Amplicor, Roche Diagnostic Corp.) has been modified for *T. vaginalis* detection in vaginal or endocervical swabs and in urine from women and men; sensitivity ranges from 88%–97% and specificity from 98%–99%. [10] APTIMA *T. vaginalis* Analyte Specific Reagents (ASR, Gen-Probe, Inc.) also can detect *T. vaginalis* RNA by transcription-mediated amplification using the same instrumentation platforms available for the FDA-cleared APTIMA Combo2 assay for diagnosis of gonorrhea and chlamydial infection; published validation studies of *T. vaginalis* ASR found sensitivity ranging from 74%–98% and specificity of 87%–98%.

Reimbursement Guidelines

UnitedHealthcare Community Plan will reimburse for the following services for Sexually Transmitted Infections (STIs) in men and women:

Single Tests:

- 87491 Chlamydia
- 87591 Gonorrhea
- 87661 Trichomonas vaginalis

Comprehensive Test:

- 87801 Infectious agent, multiple organisms

Procedure code 87801 is a more comprehensive, multiple organism code for infectious agent detection by nucleic acid. Effective 8/1/2020, when any two or more of the single test codes (87491, 87591, and/or 87661) are billed separately for the same provider and the same date of service, the reimbursement will be based on the rate for 87801, which is the more comprehensive multiple organisms code. Regardless of the units billed for a single code, payment will be made based on a single unit of 87801.

State Exceptions

Arizona	Arizona Medicaid is exempt from policy due to capitation.
California	Excluded from policy
Indiana	For Indiana Medicaid: When the 3 of the single test codes (87491, 87591, and/or 87661) are billed separately for the same provider and the same date of service, the reimbursement will be based on the rate for 87801, which is the more comprehensive multiple organisms code.
Kansas	Excluded from policy
Louisiana	Excluded from policy
Massachusetts	Excluded from policy
New York	Excluded from policy

Definitions

Sexually transmitted infections (STI)	Infections that are passed from one person to another through sexual contact.
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Codes

87491	87591	87661	87801
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Resources

Individual state Medicaid regulations, manuals & fee schedules; as applicable

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Disease Control and Prevention (CDC)

M. B. Nye, J. R. Schwebke, and B. A. Body, "Comparison of APTIMA Trichomonas vaginalis transcription-mediated amplification to wet mount microscopy, culture, and polymerase chain reaction for diagnosis of trichomoniasis in men and women," *Am J Obstet Gynecol*, vol. 200, pp. 188 e1-7, Feb 2009.

CDC, "Recommendations for the laboratory-based detection of Chlamydia trachomatis and Neisseria gonorrhoeae--2014," *MMWR Recomm Rep*, vol. 63, pp. 1-19, Mar 14, 2014.

Centers for Medicare & Medicaid Services Manual – Pub. 100-3 National Coverage Determination / 210.10 – Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs

United States Preventive Services Task Force Recommendations

History

6/28/2024	Policy Version Change State Exceptions: Indiana updated History section: Entries prior to 6/28/2022 archived
6/30/2023	Policy Version Change State Exceptions: Removed North Carolina History section: Entries prior to 6/30/2021 archived
4/30/2023	Policy Date and Version Change State Exceptions Section: Removed Hawaii
9/13/2022	Policy Version Change State Exceptions: Removed Rhode Island
5/1/2020	Policy Implemented by UnitedHealthcare Community Plan
12/19/2019	Policy approved by the Reimbursement Policy Oversight Committee