

Reimbursement Policy

Subject: Sexually Transmitted Infections Testing — Professional

Policy Number: **G-21001**

Policy Section: **Laboratory**

Last Approval Date: **06/25/21**

Effective Date: **01/01/22**

Visit our provider website for the most current version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://providerpublic.mybcbswny.com>.

Disclaimer

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) if the service is covered by a member's Highmark BCBSWNY benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Highmark BCBSWNY may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

Highmark BCBSWNY reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Highmark BCBSWNY strives to minimize these variations.

Highmark BCBSWNY reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to our provider website.

Policy

Highmark BCBSWNY allows reimbursement of sexually transmitted infection (STI) tests unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. Highmark BCBSWNY considers certain STI testing CPT codes to be part of a laboratory panel grouping. When

<https://providerpublic.mybcbswny.com>

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Highmark BCBSWNY receives a claim with two or more single tests laboratory procedure codes reported, we will bundle those two or more single test into the comprehensive laboratory procedure code listed below.

Applicable single STI CPT codes:

- 87491 Chlamydia trachomatis
- 87591 Neisseria gonorrhoeae
- 87661 Trichomonas vaginalis

Applicable comprehensive code:

- 87801 Comprehensive multiple organism code

Highmark BCBSWNY will reimburse the more comprehensive, multiple organism code for infectious agent detection by nucleic acid; amplified probe technique, CPT code 87801 when two or more single test CPT codes are billed separately by the same provider on the same date of service. Reimbursement will be made based on a single unit of CPT code 87801 regardless of the units billed for a single code. No modifiers will override the bundle edit.

Note: The provider is required to bill for the applicable single STI CPT codes, as rendered. The comprehensive CPT code will be reimbursed as indicated above.

Related Coding

Code	Description	Comments
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	Requires reporting 1 unit when any two or more codes (87491, 87591, 87661) are reported

Policy History

06/25/21	Initial approval 06/25/21 and effective: 01/01/22
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References and Research Materials

<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • American Academy of Family Physicians • American Medical Association CPT Professional Edition 2021 • Business decision • CMS • State Medicaid • State contracts
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Definitions

Sexually Transmitted Infection	Infection that is passed from one person to another through sexual contact
General Reimbursement Policy Definitions	

Related Policies and Materials

Code and Clinical Editing
