



Reimbursement Policy

Policy Number: RPLAB051

Policy Title: Diagnostic Testing of Common Sexually Transmitted Infections

Approval Date: May 15, 2026

Effective Date: Sept. 4, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement Policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. If a conflict arises between a reimbursement policy and any provider contract pursuant to which a provider participates in and/or provides covered services to eligible member(s) and/or plans, the provider's contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, Benefit Booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of Oklahoma may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology (CPT®) Assistant, Healthcare Common Procedure Coding System, ICD-10-CM and ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies, and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Description

The Plan has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information

This policy is limited to testing for *C. trachomatis*, *N. gonorrhoeae*, *T. pallidum*, *T. vaginalis* (for guidance on *T. vaginalis* in vaginitis, see RPLAB059 Diagnosis of Vaginitis Including Multi-Target PCR Testing), HSV, and HPV. The following conditions and/or tests are discussed in the corresponding policies:

- Human Immunodeficiency Virus – **RPLAB065**
- Hepatitis B and C – **RPLAB015**
- Pediatric Preventive Screening – **RPLAB016**
- Cervical Cancer Screening – **CPCPLAB002**
- Pathogen Panel Testing – **CPCPLAB045**

1. Qualitative nucleic acid amplification tests (NAATs) for chlamydia **may be reimbursable** in the following situations:
 - a. Once a year assessment for any asymptomatic person in a high-risk category (See **Notes 1 & 2**);
 - b. For diagnosis of any person presenting with signs and/or symptoms of a chlamydial infection (See **Note 3**);
 - c. For diagnosis of any person with suspected lymphogranuloma venereum (LGV);
 - d. At least three months after initial chlamydial diagnosis as a test of cure for non-pregnant individuals;
 - e. At least four weeks after initial chlamydial diagnosis as a test of cure for pregnant individuals.
2. For asymptomatic individuals NOT belonging to a high-risk category (See **Notes 1 & 2**), NAAT screening for chlamydia **may be reimbursable** only in the following situations:
 - a. For pregnant individuals 24 years of age or younger as part of the first prenatal visit;
 - b. As part of newborn screening;
 - c. As part of follow-up of victim of sexual assault;
 - d. For sexually active individuals less than 18 years of age (annually).
3. Culture testing, antibody testing, and antigen testing for chlamydia or lymphogranuloma venereum (LGV) **is not reimbursable**.

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4. Qualitative nucleic acid amplification tests (NAATs) for gonorrhea **may be reimbursable** in the following situations:
 - a. Once a year assessment for any asymptomatic person in a high-risk category (See **Notes 1 & 4**);
 - b. For diagnosis of any person presenting with signs and/or symptoms of a gonorrheal infection (See **Note 4**);
 - c. At least three months after initial gonorrhea diagnosis as test of cure.
 5. For an individual that does not respond to initial treatment, culture testing for *N. gonorrhoeae* to determine antimicrobial susceptibility **may be reimbursable**.
 6. For asymptomatic individuals NOT belonging to a high-risk category (See **Notes 1 & 4**), screening for gonorrhea **may be reimbursable** only in the following situations:
 - a. For pregnant individuals 24 years of age or younger as part of the first prenatal visit;
 - b. As part of newborn screening;
 - c. As part of follow-up of victim of sexual assault;
 - d. For sexually active individuals less than 18 years of age (annually).
 7. Qualitative nucleic acid amplification tests (NAATs) testing for *T. vaginalis* **may be reimbursable** in the following situations:
 - a. Symptomatic individuals (See **Note 5**);
 - b. Follow-up testing a minimum of three months after initial trichomoniasis diagnosis;
 - c. Annual screening for asymptomatic individuals belonging to a high-risk group (See **Note 7**);
 - d. Annual screening for asymptomatic individuals who have an HIV infection;
 - e. As part of follow-up in a victim of sexual assault.
 8. Rapid identification of *Trichomonas* by enzyme immunoassay **is not reimbursable**.
 9. For symptomatic individuals (See **Note 8**), testing for *Mycoplasma genitalium* using qualitative NAAT **may be reimbursable**.
 10. For asymptomatic individuals, screening for *M. genitalium* using NAAT **is not reimbursable**.
 11. When an individual meets the conditions described above, multitarget PCR testing (targets limited to *C. trachomatis*, *N. gonorrhoeae*, *T. vaginalis*, and *M. genitalium*) **may be reimbursable**.
 12. For individuals with active genital ulcers or mucocutaneous lesions, qualitative nucleic acid amplification testing (NAAT) for herpes simplex virus (HSV-1) or herpes simplex virus-2 (HSV-2) **may be reimbursable**.

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13. Type-specific antibody testing for herpes simplex virus-2 (HSV-2) using a glycoprotein G2 (gG2) **may be reimbursable** in the following situations:
- Recurrent or atypical genital symptoms or lesions in individuals with a negative herpes simplex virus PCR or culture result;
 - For the clinical diagnosis of genital herpes in individuals with a negative PCR or culture result or without laboratory confirmation;
 - When an individual's partner has genital herpes.
14. Antibody and antigen testing for HSV-1 and/or herpes simplex (non-specific type test) and antigen testing for HSV-2 **is not reimbursable**.
15. In asymptomatic individuals, screening for herpes simplex virus-1 or herpes simplex virus-2 (HSV-1 and HSV-2) **is not reimbursable**.
16. In the diagnosis and/or assessment of cancer or cancer therapy (immunohistochemistry testing for p16 or NAAT testing for high-risk human papillomavirus [HR-HPV]), testing for HR-HPV **may be reimbursable**.
17. Testing for HPV **is not reimbursable** in the following situations:
- To screen for oncogenic high-risk types, such as HPV-16 and HPV-18, as part of a general sexually transmitted disease (STD) or sexually transmitted infection (STI) screening process or panel for asymptomatic patients;
 - As part of diagnosis of anogenital warts;
 - Testing for low-risk types of HPV;
 - In the general population either as part of a panel of tests or as an individual NAAT to determine HPV status.
18. Prior to beginning or while an individual is undergoing a preexposure prophylaxis (PrEP) regimen for HIV prevention, the following screens/tests for additional STIs **may be reimbursable**:
- Qualitative NAAT screening for gonorrhea and chlamydia:
 - Once every three months for MSM;
 - Once every six months for sexually active individuals.
 - Blood testing to screen for syphilis:
 - Once every three months for MSM;
 - Once every six months for sexually active individuals.
19. Nucleic acid testing to determine antimicrobial susceptibility in *N. gonorrhoeae* or macrolide resistance in *M. genitalium* **is not reimbursable**.
20. Direct probe detection and/or quantitative NAAT the following microorganisms **is not reimbursable**:
- Chlamydia trachomatis*
 - Neisseria gonorrhoeae*

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- c. Herpes Simplex Virus-1
 - d. Herpes Simplex Virus-2
 - e. *Treponema pallidum*
 - f. *Trichomonas vaginalis*

NOTE 1: For sexually active children and adolescents under the age of 18, risk factors for chlamydia or gonorrhea infection as defined by the CDC include: (4)

- Initiating sex early in adolescence;
- Living in detention facilities;
- Receiving services at STD clinics;
- Being involved in commercial sex exploitation or exchanging sex for drugs, money, food, or housing;
- Having multiple sex partners;
- Having sequential sex partners of limited duration or concurrent partnerships;
- Failing to use barrier protection consistently and correctly;
- Having lower socioeconomic status, and facing numerous obstacles to accessing healthcare;
- At risk individuals also include:
 - Males who have sex with males (YMSM);
 - Transgender youths;
 - Youths with disabilities, substance abuse, or mental health disorders.

NOTE 2: High-risk for Chlamydia and/or Gonorrhea (CDC, 2021b, 2024a, 2024d; LeFevre, 2014):

- Sexually active men who have sex with men (MSM);
- Sexually active individuals who have an HIV-positive status;
- Sexually active individuals with a cervix who are under the age of 25;
- Individuals with a cervix who are 25 years of age or older who have multiple sexual partners;
- Having a sexual partner recently diagnosed with an STI;
- Previous or concurrent STI;
- Exchanging sex for money or drugs
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NOTE 3: Signs and Symptoms of a Chlamydia Infection (11):

- Genital symptoms, including “discharge, burning during urination, unusual sores, or rash;”
- Pelvic Inflammatory Disease (PID), including “symptoms of abdominal and/or pelvic pain, along with signs of cervical motion tenderness, and uterine or adnexal tenderness on examination;”
- Urethritis;
- Pyuria;
- Dysuria;
- Increase in frequency in urination;

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- Epididymitis (with or without symptomatic urethritis) in men;
 - Proctitis;
 - Sexually acquired chlamydial conjunctivitis.

NOTE 4: Signs and Symptoms of Gonorrhea (10):

- Dysuria;
- Urethral infection;
- Urethral or vaginal discharge;
- Epididymitis (Testicular or scrotal pain);
- Rectal infection symptoms include anal itching, discharge, rectal bleeding, and painful bowel movements.

NOTE 5: Signs and Symptoms of Trichomoniasis (12):

- Vaginal or penile discharge;
- Itching, irritation, a burning sensation, or soreness of the genitalia;
- Discomfort or burning sensation during/after urination and/or ejaculation;
- Urethritis;
- Epididymitis;
- Prostatitis.

NOTE 6: High-risk for Trichomoniasis (13):

- Receiving care in high-prevalence settings (e.g., STI clinics, correctional facilities)
- Having multiple sexual partners
- Exchanging sex for money or drugs
- Having a previous or concurrent STI
- Drug misuse
- History of incarceration
- Sexually active individuals with an HIV-positive status.

NOTE 7: Signs and Symptoms of *M. genitalium* Infection (14):

- When present, typical symptoms of *M. gen*-urethritis in men include dysuria, urethral pruritus, and purulent or mucopurulent urethral discharge.
- When present, typical symptoms of *M. gen* cervicitis in women include vaginal discharge, vaginal itching, dysuria, and pelvic discomfort.
- When present, typical symptoms of PID due to *M. gen* include mild to severe pelvic pain, abdominal pain, abnormal vaginal discharge, and/or bleeding.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Code	Description
86631	CHLAMYDIA ANTIBODY
86632	CHLAMYDIA IGM ANTIBODY
86694	HERPES SIMPLEX NES ANTBODY
86695	HERPES SIMPLEX TYPE 1 TEST
86696	HERPES SIMPLEX TYPE 2 TEST
87081	CULTURE SCREEN ONLY
87110	CHLAMYDIA CULTURE
87140	CULTURE TYPE IMMUNOFLUORESC
87181	MICROBE SUSCEPTIBLE DIFFUSE
87270	CHLAMYDIA TRACHOMATIS AG IF
87320	CHLMYD TRACH AG IA
87490	CHLMYD TRACH DNA DIR PROBE
87491	CHLMYD TRACH DNA AMP PROBE
87492	CHLMYD TRACH DNA QUANT
87494	CHLMY TRCH&NEISRA GONOR MULT
87528	HSV DNA DIR PROBE
87529	HSV DNA AMP PROBE
87530	HSV DNA QUANT
87563	M. GENITALIUM AMP PROBE
87590	N.GONORRHOEAE DNA DIR PROB
87591	N.GONORRHOEAE DNA AMP PROB
87592	N.GONORRHOEAE DNA QUANT
87623	HPV LOW-RISK TYPES
87624	HPV HI-RISK TYP POOLED RSLT
87625	HPV TYPES 16 & 18 ONLY
87626	HPV SEP HI-RSK TYP&POOL RSLT
87660	TRICHOMONAS VAGIN DIR PROBE
87661	TRICHOMONAS VAGINALIS AMPLIF
87797	DETECT AGENT NOS DNA DIR
87798	DETECT AGENT NOS DNA AMP
87799	DETECT AGENT NOS DNA QUANT
87800	DETECT AGNT MULT DNA DIREC
87808	TRICHOMONAS ASSAY W/OPTIC
87810	CHLMYD TRACH ASSAY W/OPTIC
88341	IMHCHEM/IMCYTCHM EA ADD ANTB
88342	IMHCHEM/IMCYTCHM 1ST ANTB
88344	IMHCHEM/IMCYTCHM EA MLT ANTB
0096U	HPV HI RISK TYPES MALE URINE
0402U	ONC URTHL MRNA XPRSN 6 SNP

0455U	NFCT AGT STI MULT AMP PRB UR
0463U	ONC CRVX MRNA GENXPRSN 14BMK
0483U	NFCT DS NG GYRA S91F PT MUT
0484U	NFCT DS MGEN 23S RRNA PT MUT
G0433	ELISA HIV-1/HIV-2 screen

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Centers for Medicare & Medicaid Services. (2026). Healthcare Common Procedure Coding System (HCPCS) Level II.

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Policy History

Approval Date	Description
05/15/2026	09/04/2026; Document updated with literature review. The following changes were made: Added prenatal STI screening previously addressed on CPCPLAB014 Prenatal Testing (Non genetic) to #1.e, #2.a, and #6.a. Revised #3 to add culture testing, antibody testing, and antigen testing, removing serology, for chlamydia or lymphogranuloma venereum as not reimbursable. Revised #4.c to state "at least three months after initial gonorrhoea diagnosis test." Revised #7 to remove PCR-based tests, and added b. Follow-up testing a minimum of three months after initial trichomoniasis diagnosis; c. Annual screening for asymptomatic individuals belonging to a high-risk group (See Note 7); d, annual screening for asymptomatic

	<p>individuals who have an HIV infection; e. As part of follow-up in a victim of sexual assault. Removed #13 and replaced immunoassay testing with antibody and antigen testing in new #14 for HSV-1 and/or herpes simplex. Removed previous #18 for Hepatitis B testing for individuals being considered for PrEP as that is now addressed in RPLAB015 Hepatitis Testing. Revised new #18 for individuals prior to beginning or while undergoing PrEP, screening/test for additional STIs that may be reimbursable. Added Trichomonas vaginalis to #20 as not reimbursable for direct probe detection and/or quantitative NAAT which was previously addressed on RPLAB059; removed HPV from #20 as testing is now by HPV type. Added codes 87140, 87270, 87320, 87800, 87810; removed codes 86704, 86706, 87340, G0499. References revised.</p>
01/07/2026	04/24/2026; Added code 87494. No other changes.
09/26/2025	<p>01/03/2026; Document updated with literature review. The following changes were made to Reimbursement Information: For clarity added "qualitative" to "qualitative NAAT" in #1, #4, #12; added "NAAT" to #6; revised #7 to state "Qualitative NAAT for T. vaginalis may be reimbursable in the following situations: a) For symptomatic individuals (see Note 5); b) Follow-up testing a minimum of three months after initial trichomoniasis diagnosis; c) Annual screening for asymptomatic individuals belong to a high-risk group (see Note 6); d) Annual screening for asymptomatic individuals who have an HIV infection; e) As part of follow-up in a victim of sexual assault." Revised #18 to state: "Prior to beginning a Preexposure prophylaxis (PrEP) regimen, triple panel testing (hepatitis B surface antigen [HBsAg], hepatitis B surface antibody [anti-HBs], total antibody to hepatitis B core antigen [anti-HBc]) to screen for hepatitis B may be reimbursable." Revised #19 to state: "Prior to beginning or while an individual is undergoing a preexposure prophylaxis (PrEP) regimen for HIV prevention, the following screens/tests for additional STIs may be reimbursable: a) Qualitative NAAT screening for gonorrhea and chlamydia: i) Once every three months for MSM. ii) Once every six months for sexually active individuals. b) Blood testing to screen for syphilis: i) Once every three months for MSM. ii) Once every six months for sexually active individuals." Revised leading statement in #21 to state: "Direct probe detection and/or quantitative NAAT". Added code 87800; removed codes 82565, 82575, 84702, 84703, 86701, 86702, 86703, 86705, 86803, 86804, 87660, 0500T, G0432, G0433, G0435, G0472, G0475, S3645. References revised.</p>
01/23/2025	04/15/2025; Added code 87626. No other changes.

10/30/2024	01/15/2025; Document updated with literature review. The following changes were made to Reimbursement Information: Added #9: For symptomatic individuals (See Note 6), testing for <i>Mycoplasma genitalium</i> using NAAT may be reimbursable; added 10. For asymptomatic individuals (See Note 6), screening for <i>M. genitalium</i> using NAAT is not reimbursable; added <i>T. vaginalis</i> , and <i>M. genitalium</i> to #11; added #20: Nucleic acid testing to determine antimicrobial susceptibility in <i>N. gonorrhoeae</i> or macrolide resistance in <i>M. genitalium</i> is not reimbursable. Added Note 6 for Signs and Symptoms of <i>M. genitalium</i> infection. Added codes 87563, 0402U, 0455U, 0463U, 0483U, 0484U; removed codes 0167U, 0353U, 0354U. References revised.
11/01/2023	11/01/2023: Document updated with literature review. Reimbursement information revised for clarity. Added #10: When an individual meets the conditions described above for both chlamydia and gonorrhea, multitarget PCR testing (targets limited to <i>C. trachomatis</i> and <i>N. gonorrhoeae</i>) may be reimbursable. References revised; some added, others removed.
11/01/2022	11/01/2022: New policy