



**BlueCross BlueShield
of Oklahoma**

If a conflict arises between a Payment and Coding Policy (“PCP”) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a PCP 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 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. BCBSOK 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 submission of 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 (“HIPAA”) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (“UB”) Editor, American Medical Association (“AMA”), Current Procedural Terminology (“CPT”), CPT® Assistant, Healthcare Common Procedure Coding System (“HCPCS”), ICD-10 CM and PCS, National Drug Codes (“NDC”), Diagnosis Related Group (“DRG”) guidelines, Centers for Medicare and Medicaid Services (“CMS”) National Correct Coding Initiative (“NCCI”) Policy Manual, CCI table edits and other CMS guidelines.

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

Diagnostic Testing of Common Sexually Transmitted Infections

Policy Number: CPCPLAB051

Version 1.0

Enterprise Clinical Payment and Coding Policy Committee Approval Date:

Plan Effective Date: November 1, 2023

Description

BCBSOK 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 CPCPLAB059 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 – CPCPLAB065
- Hepatitis B and C – CPCPLAB015
- Pediatric Preventive Screening – CPCPLAB016
- Cervical Cancer Screening – CPCPLAB002
- Pathogen Panel Testing – CPCPLAB045

For STI screening in pregnant individuals, please see CPCPLAB014 Prenatal Screening (Nongenetic).

1. 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**); OR
 - b. For diagnosis of any person presenting with signs and/or symptoms of a chlamydial infection (**See Note 3**); OR
 - c. For diagnosis of any person with suspected lymphogranuloma venereum (LGV); OR
 - d. As test of cure of treatment at least three months after initial chlamydial diagnosis.
2. For asymptomatic individuals NOT belonging to a high-risk category (**See Note 1 & 2**), screening for chlamydia **may be reimbursable only in** the following situations:
 - a. As part of newborn screening; OR
 - b. As part of follow-up of victim of sexual assault; OR
 - c. For sexually active individuals less than 18 years of age (annually).
3. Serology testing for chlamydia or lymphogranuloma venereum (LGV) **is not reimbursable**.
4. 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 Note 1 & 2**); OR
 - b. For diagnosis of any person presenting with signs and/or symptoms of a gonorrheal infection (**See Note 4**); OR
 - c. As test of cure of treatment.
5. Culture testing for *N. gonorrhoeae* **may be reimbursable** for testing antimicrobial susceptibility if patient does not respond to initial treatment.
6. For asymptomatic individuals NOT belonging to a high-risk category (**See Note 1 & 2**), screening for gonorrhea **may be reimbursable only in** the following situations:
 - a. As part of newborn screening; OR
 - b. As part of follow-up of victim of sexual assault;
 - c. For sexually active individuals less than 18 years of age (annually).
7. When an individual meets the conditions described above for both chlamydia and gonorrhea, multitarget PCR testing (targets limited to *C. trachomatis* and *N. gonorrhoeae*) **may be reimbursable**.

8. For individuals with active genital ulcers or mucocutaneous lesions, nucleic acid amplification testing (NAAT) for herpes simplex virus (HSV-1) or herpes simplex virus-2 (HSV-2) **may be reimbursable**.
9. Immunoassay testing for herpes simplex virus-1 (HSV-1), and/or herpes simplex (non-specific type test) **is not reimbursable**.
10. Type-specific serologic testing for herpes simplex virus-2 (HSV-2) using a glycoprotein G2 (gG2) **may be reimbursable** in the following situations:
 - a. Recurrent or atypical genital symptoms or lesions with a negative herpes simplex virus PCR or culture result; OR
 - b. Clinical diagnosis of genital herpes with a negative PCR or culture result or without laboratory confirmation; OR
 - c. Patient's partner has genital herpes.
11. Screening for herpes simplex virus-1 or herpes simplex virus-2 (HSV-1 and HSV-2) in asymptomatic individuals **is not reimbursable**.
12. 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**.
13. Testing for HPV **is not reimbursable** in the following situations:
 - a. Screening 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; OR
 - b. As part of diagnosis of anogenital warts; OR
 - c. Screening for low-risk types of HPV; OR
 - d. In the general population either as part of a panel of tests or as an individual NAAT to determine HPV status.
14. Nucleic acid amplification tests (NAATs) or PCR-based testing for *T. vaginalis* **may be reimbursable** in the following situations:
 - a. Symptomatic individuals (**See Note 5**)
 - b. Asymptomatic individuals belonging to a high-risk group:
 - i. Concurrent STI or history of STIs
 - ii. Individuals in high prevalence settings, such as STI clinics
 - iii. Individuals who exchange sex for payment
15. Rapid identification of *Trichomonas* by enzyme immunoassay **is not reimbursable**.
16. Prior to beginning a Preexposure prophylaxis (PrEP) regimen, the following screens/tests **may be reimbursable**:
 - a. Serum creatinine and estimate creatine clearance to determine baseline renal function.
 - b. Antibody screening to confirm a baseline negative antibody result for HIV.
 - c. Hepatitis B (HBV) and/or Hepatitis C screening to identify positive individuals.
 - d. Pregnancy testing.
 - e. Baseline and periodic screening for STIs in accordance with CDC guidelines for individuals taking PrEP.

17. When an individual is undergoing a preexposure prophylaxis (PrEP) regimen for HIV prevention, the following screens/tests **may be reimbursable**:

- a. Blood test to once every three months to confirm a negative antibody result for HIV.
- b. Renal function (serum creatinine and estimate creatinine clearance) three months after beginning PrEP and up to one time every six months thereafter.
- c. NAAT screening, based on anatomic site of exposure, for gonorrhea and chlamydia:
 - i. Once every three months for MSM and for individuals with child-bearing potential
 - ii. Nine months after PrEP is initiated and once every six months thereafter for sexually active individuals.
- d. Blood test to screen for syphilis:
 - i. Once every three months in MSM and individuals with child-bearing potential;
 - ii. Nine months after PrEP is initiated and once every six months thereafter for sexually active individuals.
- e. A pregnancy test once every three months.

18. Using nucleic acid testing to quantify the following microorganisms **is not reimbursable**:

- a. *Chlamydia trachomatis*
- b. *Neisseria gonorrhoeae*
- c. Herpes Simplex Virus-1
- d. Herpes Simplex Virus-2
- e. Human Papillomavirus
- f. *Treponema pallidum*

NOTE 1: For sexually active children and adolescents under the age of 18, risk factors for chlamydia or gonorrhea infections as defined by the CDC include: (CDC,2022b)

- 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, 2021a, 2021d, 2021f; LeFevre, 2014):

- Sexually active men who have sex with men (MSM)
- Sexually active HIV-positive status
- Sexually active women 24 years and under

- Women 25 years or older who have a new sex partner, multiple sexual partners, or a sex partner with concurrent partners; practice inconsistent condom use when not in a mutually monogamous relationship
- Having a sexual partner recently diagnosed with an STI
- Previous or concurrent STI
- Exchanging sex for money or drugs
- History of incarceration

NOTE 3: Signs and Symptoms of a Chlamydia Infection (CDC, 2021a, 2021f):

- Genital symptoms, including “discharge, burning during urination, unusual sores, or rash”
- Pelvic Inflammatory Disease, 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
- Epididymitis (with or without symptomatic urethritis) in men
- Proctitis
- Sexually acquired chlamydial conjunctivitis

NOTE 4: Signs and Symptoms of Gonorrhea (CDC, 2021d):

- 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 (CDC, 2021h, 2021i):

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

Procedure Codes

Codes
82565, 82575, 84702, 84703, , 86631, 86632, 86694, 86695, 86696, 86701, 86702, 86703, 86704, 86705, 86706, , 86803, 86804, 87081, 87110, 87181, 87340, 87490, 87491, 87492, 87528, 87529, 87530, 87590, 87591, 87592, 87623, 87624, 87625, 87660, 87661, 87797, 87798, 87799, 87808, 88341, 88342, 88344, 0064U, 0096U, 0167U, , 0353U, 0354U, 0500T, G0432, G0433, G0435, G0472, G0475, G0499, S3645

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Policy Update History:

TBD	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 C. trachomatis and N. gonorrhoeae) may be reimbursable. References revised; some added, others removed.
11/1/2022	New policy