



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

Plan Effective Date: Nov. 1, 2022

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:

1. Testing for syphilis infection **may be reimbursable** in the following situations:
 - a. For any asymptomatic person in a high-risk category* (**See Note 1**), once a year assessment using either a “standard” or “reverse” algorithm that includes initial and confirmatory tests for any initial positive test such as:
 - i. Treponemal Ig test AND
 - ii. Nontreponemal test; OR
 - b. Once every three months for HIV-positive men or MSM; OR
 - c. As part of a pregnancy screening; OR
 - d. For diagnosis of any person presenting with signs and/or symptoms of a syphilis infection* (**See Note 2**); OR

- e. A nontreponemal test as test of cure of treatment of a positive syphilis infection.
2. Screening for syphilis of asymptomatic individuals NOT belonging to a high-risk category* **(See Note 1) is not reimbursable** except for the following:
 - a. As part of newborn screening; OR
 - b. As part of a pregnancy screening; OR
 - c. As part of follow-up of victim of sexual assault.
3. Testing for syphilis using PCR or NAAT **is not reimbursable**.
4. 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 Note 3)**; OR
 - b. As part of a pregnancy screening; OR
 - c. For diagnosis of any person presenting with signs and/or symptoms of a chlamydial infection* **(See Note 4)**; OR
 - d. For diagnosis of any person with suspected lymphogranuloma venereum (LGV); OR
 - e. As test of cure of treatment at least three months after initial chlamydial diagnosis.
5. Screening for chlamydia of asymptomatic individuals NOT belonging to a high-risk category* **(See Note 3) is not reimbursable** except for the following:
 - a. As part of newborn screening; OR
 - b. As part of pregnancy screening; OR
 - As part of follow-up of victim of sexual assault.
6. Serology testing for chlamydia or lymphogranuloma venereum (LGV) **is not reimbursable**
7. 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 3)**; OR
 - b. As part of a pregnancy screening; OR
 - c. For diagnosis of any person presenting with signs and/or symptoms of a gonorrheal infection* **(See Note 5)**; OR
 - d. As test of cure of treatment.
8. Culture testing for *N. gonorrhoeae* **may be reimbursable** for testing antimicrobial susceptibility if patient does not respond to initial treatment.
9. Screening for gonorrhea of asymptomatic individuals NOT belonging to a high-risk category* **(See Note 3) is not reimbursable** except for the following:
 - a. As part of newborn screening; OR
 - b. As part of pregnancy screening; OR
 - c. As part of follow-up of victim of sexual assault.
10. Nucleic acid amplification tests (NAATs) for herpes simplex virus-1 or herpes simplex virus-2 (HSV-1 and HSV-2, respectively) in patients with active genital ulcers or mucocutaneous **may be reimbursable**.
11. Using immunoassay testing for herpes simplex virus-1 (HSV-1), and/or herpes simplex (non-specific type test) **is not reimbursable**.

12. Using 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.
13. Screening for herpes simplex virus-1 or herpes simplex virus-2 (HSV-1 and HSV-2, respectively) in asymptomatic patients **is not reimbursable**.
14. Testing for human papillomavirus (HPV) **may be reimbursable** in the following:
 - a. Immunohistochemistry testing for p16 or NAAT testing for HPV, including testing for high-risk types HPV-16 and HPV-18, in the diagnosis and/or assessment of cancer or cancer therapy; OR
 - b. For women as part of a cervical screening as indicated in CPCPLAB002 Cervical Cancer Screening.
15. Screening 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.
16. Nucleic acid amplification tests (NAATs) or PCR-based testing for *T. vaginalis* **may be reimbursable** in the following situations:
 - a. Symptomatic individuals* (**See Note 6**)
 - 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
 - c. NOTE: For further guidance for individuals with vaginitis, please refer to CPCPLAB059 Diagnosis of Vaginitis Including Multi-Target PCR Testing.
17. Rapid identification of *Trichomonas* by enzyme immunoassay **is not reimbursable**
18. Screening and/or testing prior to Preexposure prophylaxis (PrEP) regimen **may be reimbursable** in the following:
 - a. To determine baseline renal function (serum creatinine and estimate creatine clearance).
 - b. To confirm a baseline negative antibody result for HIV.
 - c. To determine whether a patient tests positive for Hepatitis B (HBV) or Hepatitis C.
 - d. A pregnancy test.
 - e. **Baseline and periodic screening for STIs in accordance with CDC guidelines for individuals taking PrEP**
19. Screening and/or testing during Preexposure prophylaxis (PrEP) regimen for HIV prevention **may be reimbursable** in the following:

- a. Blood test to confirm a negative antibody result for HIV once every three months.
- b. Renal function (serum creatinine and estimate creatinine clearance) three months after beginning PrEP and up to one time every six months thereafter.
- c. Nucleic Acid Amplification Test (NAAT) to screen for gonorrhea and chlamydia based on anatomic site of exposure and/or blood test for syphilis once every three months for MSM.
- d. Nucleic Acid Amplification Test (NAAT) to screen for gonorrhea and chlamydia based on anatomic site of exposure and/or blood test for syphilis for women with reproductive potential once every three months.
- e. Nucleic Acid Amplification Test (NAAT) to screen for gonorrhea and chlamydia based on anatomic site of exposure and/or blood test for syphilis for sexually active individuals once at nine months after PrEP is initiated and once every six months thereafter.
- f. A pregnancy test once every three months.

20. 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*
- g. *Trichomonas vaginalis*

This policy is limited to testing for *C. trachomatis*, *N. gonorrhoeae*, *T. pallidum*, *T. vaginalis*, HSV, and HPV. The following conditions and/or tests are discussed in the corresponding policies:

- Plasma HIV-1 RNA Quantification for HIV-1 Infection: CPCPLAB065
- Hepatitis C: CPCPLAB015
- Preventive Screening in Adults: CPCPLAB007
- Pediatric Preventive Screening: CPCPLAB016
- Prenatal Screening: CPCPLAB014
- Cervical Cancer Screening: CPCPLAB002
- Pathogen Panel Testing: CPCPLAB045

NOTE 1: High-risk for Syphilis (Cantor, Pappas, Daeges, & Nelson, 2016; CDC, 2021h):

- Sexually active men who have sex with men (MSM)
- Sexually active HIV-positive status
- Having a sexual partner recently diagnosed with an STI
- Exchanging sex for money or drugs
- Individuals in adult correctional facilities
- During pregnancy when the following risk factors are present:
 - Sexually active HIV-positive status
 - Sexually active with multiple partners
 - Sexually active in conjunction with drug use or transactional sex
 - Late-entry to prenatal care (i.e., first visit during the second trimester or later) or no prenatal care
 - Methamphetamine or heroin use
 - Incarceration of the woman or her partner
 - Unstable housing or homelessness

NOTE 2: Signs and Symptoms of a Syphilis Infection (CDC, 2021h)

- Chancre

- Skin rash and/or mucous membrane lesions in mouth, vagina, anus, hands, and feet
- Condyloma lata
- Secondary symptomology can include fever, fatigue, sore throat, swollen lymph nodes, weight loss, muscle aches, headache, and hair loss

NOTE 3: High-risk for Chlamydia and/or Gonorrhea (CDC, 2021a, 2021d, 2021g; 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 4: Signs and Symptoms of a Chlamydia Infection (CDC, 2021a, 2021g):

- 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 5: 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 6: Signs and Symptoms of Trichomoniasis (CDC, 2021i, 2021j):

- 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, 86592, 86593, 86631, 86632, 86694, 86695, 86696, 86701, 86702, 86703, 86704, 86705, 86706, 86780, 86803, 86804, 87081, 87110, 87181, 87340, 87490, 87491, 87492, 87528, 87529, 87530, 87590, 87591, 87592, 87623, 87624, 87625,

References:

- Albrecht, M. A. (2017, 01/10/2017). Epidemiology, clinical manifestations, and diagnosis of genital herpes simplex virus infection. *UpToDate*. Retrieved from <https://www.uptodate.com/contents/epidemiology-clinical-manifestations-and-diagnosis-of-genital-herpes-simplex-virus-infection>
- Albrecht, M. A. (2018, 01/10/2017). Epidemiology, clinical manifestations, and diagnosis of genital herpes simplex virus infection. *UpToDate*. Retrieved from <https://www.uptodate.com/contents/epidemiology-clinical-manifestations-and-diagnosis-of-genital-herpes-simplex-virus-infection>
- Allen, U. D., MacDonald, N. E., & Canadian Paediatric Society, I. D. a. I. C. (2018, 12/18/2018). Sexually transmitted infections in adolescents: Maximizing opportunities for optimal care. *Position Statements and Practice Points*. Retrieved from https://www.cps.ca/en/documents/position/sexually-transmitted-infections?utm_source=AMMI+Canada+members&utm_campaign=1930829c79-Information_Update_Job_Posting11_8_2013&utm_medium=email&utm_term=0_a934e89600-1930829c79-231313337
- Allen, U. D., MacDonald, N. E., & Top, K. (2019). Diagnosis and management of sexually transmitted infections in adolescents. Retrieved from <https://www.cps.ca/en/documents/position/sexually-transmitted-infections>
- Arbyn, M., Roelens, J., Simoens, C., Buntinx, F., Paraskevidis, E., Martin-Hirsch, P. P., & Prendiville, W. J. (2013). Human papillomavirus testing versus repeat cytology for triage of minor cytological cervical lesions. *Cochrane Database Syst Rev*(3), Cd008054. doi:10.1002/14651858.CD008054.pub2
- Audain, G., Bookhardt-Murray, L., Fogg, C., Gregerson, P., Haley, C., Luther, P., & Treherne, L. (2013). *Adapting your practice: Treatment and recommendations for unstably housed patients with HIV/AIDS* (I. National Health Care for the Homeless Council Ed. Third ed.). Nashville, TN: Health Care for the Homeless Clinicians' Network.
- BASHH. (2018). BASHH CLINICAL EFFECTIVENESS GROUP Update on the treatment of Chlamydia trachomatis (CT) infection. Retrieved from <https://www.bashhguidelines.org/current-guidelines/urethritis-and-cervicitis/chlamydia-2015/>
- BD. (2020). BD receives FDA Approval for HPV Test with Extended Genotyping Capabilities. Retrieved from <https://www.bd.com/en-us/company/news-and-media/press-releases/july-22-2020-bd-receives-fda-approval-for-hpv-test-with-extended-genotyping-capabilities>
- Bignell, C., & Fitzgerald, M. (2011). UK national guideline for the management of gonorrhoea in adults, 2011. *Int J STD AIDS*, 22(10), 541-547. doi:10.1258/ijsa.2011.011267
- Brischetto, A., Gassiep, I., Whiley, D., & Norton, R. (2018). Retrospective Review of Treponema pallidum PCR and Serology Results: Are Both Tests Necessary? *J Clin Microbiol*, 56(5). doi:10.1128/jcm.01782-17

Cantor, A. G., Pappas, M., Daeges, M., & Nelson, H. D. (2016). Screening for syphilis: Updated evidence report and systematic review for the us preventive services task force. *JAMA*, 315(21), 2328-2337. doi:10.1001/jama.2016.4114

Castle, P. E., Stoler, M. H., Wright, T. C., Jr., Sharma, A., Wright, T. L., & Behrens, C. M. (2011). Performance of carcinogenic human papillomavirus (HPV) testing and HPV16 or HPV18 genotyping for cervical cancer screening of women aged 25 years and older: a subanalysis of the ATHENA study. *Lancet Oncol*, 12(9), 880-890. doi:10.1016/s1470-2045(11)70188-7

CDC. (2017, 09/26/2017). The State of STDs - Infographic. Retrieved from <https://www.cdc.gov/std/stats16/infographic.htm>

CDC. (2021a, 07/22/2021). Chlamydia - CDC Fact Sheet (Detailed). Retrieved from <https://www.cdc.gov/std/chlamydia/stdfact-chlamydia-detailed.htm>

CDC. (2021b, 07/22/2021). Genital Herpes - CDC Fact Sheet (Detailed). Retrieved from <https://www.cdc.gov/std/herpes/stdfact-herpes-detailed.htm>

CDC. (2021c, 01/19/2021). Genital HPV Infection - Fact Sheet. Retrieved from <https://www.cdc.gov/std/hpv/stdfact-hpv.htm>

CDC. (2021d, 07/22/2021). Gonorrhea - CDC Fact Sheet (Detailed Version). Retrieved from <https://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea-detailed.htm>

CDC. (2021e, 01/19/2021). HPV & Men Fact Sheet. Retrieved from <https://www.cdc.gov/std/hpv/stdfact-hpv-and-men.htm>

CDC. (2021f). Pre-Exposure Prophylaxis (PrEP). Retrieved from <https://www.cdc.gov/hiv/clinicians/prevention/prep.html>

CDC. (2021g). Sexually Transmitted Infections Treatment Guidelines,2021. Retrieved from <https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf>

CDC. (2021h, 04/22/2021). Syphilis-CDC Fact Sheet (Detailed). Retrieved from <https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm>

CDC. (2021i, 07/22/2021). Trichomoniasis. *2021 STD Treatment Guidelines*. Retrieved from <https://www.cdc.gov/std/trichomonas/default.htm>

CDC. (2021j, 07/22/2021). Trichomoniasis - CDC Fact Sheet. Retrieved from <https://www.cdc.gov/std/trichomonas/stdfact-trichomoniasis.htm>

Chernesky, M. (2018). *Section 3: Canadian Guidelines on Sexually Transmitted Infections- Laboratory diagnosis of sexually transmitted infections*. Ottawa, Ontario, Canada: Public Health Agency of Canada Retrieved from <https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections/canadian-guidelines-sexually-transmitted-infections-18.html#a23>

Cook, R. L., Hutchison, S. L., Ostergaard, L., Braithwaite, R. S., & Ness, R. B. (2005). Systematic review: noninvasive testing for Chlamydia trachomatis and Neisseria gonorrhoeae. *Ann Intern Med*, 142(11), 914-925.

de Vries, H. J., Zingoni, A., Kreuter, A., Moi, H., & White, J. A. (2015). 2013 European guideline on the management of lymphogranuloma venereum. *J Eur Acad Dermatol Venereol*, 29(1), 1-6. doi:10.1111/jdv.12461

de Vries, H. J. C., de Barbeyrac, B., de Vrieze, N. H. N., Viset, J. D., White, J. A., Vall-Mayans, M., & Unemo, M. (2019). 2019 European guideline on the management of lymphogranuloma venereum. *J Eur Acad Dermatol Venereol*, 33(10), 1821-1828. doi:10.1111/jdv.15729

FDA. (2018). Devices@FDA. Retrieved from <https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm>

FDA. (2021a, 07/26/2021). BD ONCLARITY HPV ASSAY. *Devices@FDA*. Retrieved from <https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?db=pma&id=391601>

FDA. (2021b). Devices@FDA. Retrieved from <https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm>

Feldman, S., & Crum, C. P. (2020, 04/14/2017). Cervical cancer screening tests: Techniques for cervical cytology and human papillomavirus testing. *UpToDate*. Retrieved from <https://www.uptodate.com/contents/cervical-cancer-screening-tests-techniques-for-cervical-cytology-and-human-papillomavirus-testing>

Feltner, C., Grodensky, C., Ebel, C., & et al. (2016). Serologic screening for genital herpes: An updated evidence report and systematic review for the us preventive services task force. *JAMA*, 316(23), 2531-2543. doi:10.1001/jama.2016.17138

Gaydos, C. A., Ako, M. C., Lewis, M., Hsieh, Y. H., Rothman, R. E., & Dugas, A. F. (2019). Use of a Rapid Diagnostic for Chlamydia trachomatis and Neisseria gonorrhoeae for Women in the Emergency Department Can Improve Clinical Management: Report of a Randomized Clinical Trial. *Ann Emerg Med*, 74(1), 36-44. doi:10.1016/j.annemergmed.2018.09.012

Gaydos, C. A., Klausner, J. D., Pai, N. P., Kelly, H., Coltart, C., & Peeling, R. W. (2017). Rapid and point-of-care tests for the diagnosis of Trichomonas vaginalis in women and men. *Sex Transm Infect*, 93(S4), S31-s35. doi:10.1136/sextrans-2016-053063

Ghanem, K. G. (2018, 06/15/2018). Clinical manifestations and diagnosis of Neisseria gonorrhoeae infection in adults and adolescents. *UpToDate*. Retrieved from <https://www.uptodate.com/contents/clinical-manifestations-and-diagnosis-of-neisseria-gonorrhoeae-infection-in-adults-and-adolescents>

Ghanem, K. G., & Tuddenham, S. (2021a, 12/04/2020). Screening for sexually transmitted infections. *UpToDate*. Retrieved from <https://www.uptodate.com/contents/screening-for-sexually-transmitted-infections>

Ghanem, K. G., & Tuddenham, S. (2021b, 12/04/2020). Screening for sexually transmitted infections. *UpToDate*. Retrieved from <https://www.uptodate.com/contents/screening-for-sexually-transmitted-infections>

Gilson, R., Nugent, Diarmuid, Werner, Ricardo Niklas, Ballesteros, Juan, Ross, John. (2019). 2019 European Guideline for the Management of Anogenital Warts Retrieved from <https://www.iusti.org/regions/Europe/pdf/2019/IUSTIguidelinesHPV2019.pdf>

Glass, N., Nelson, Heidi D. (2021). Screening for Genital Herpes Simplex: A Brief Update for the U.S. Preventive Services Task Force. Retrieved from file:///C:/Users/AHCS8398/Downloads/herpesup.pdf

Golden, M., O'Donnell, M., Lukehart, S., Swenson, P., Hovey, P., Godornes, C., . . . Getman, D. (2019). Treponema pallidum Nucleic Acid Amplification Testing To Augment Syphilis Screening among Men Who Have Sex with Men. *J Clin Microbiol*, 57(8). doi:10.1128/jcm.00572-19

Guenat, D., Launay, S., Riethmuller, D., Mougin, C., & Pretet, J. L. (2016). Validation of Novaprep((R)) HQ+ liquid-based cytology medium for high-risk human papillomavirus detection by hc2. *Infect Agent Cancer*, 11, 41. doi:10.1186/s13027-016-0092-7

Guy, R. J., Causer, L. M., Klausner, J. D., Unemo, M., Toskin, I., Azzini, A. M., & Peeling, R. W. (2017). Performance and operational characteristics of point-of-care tests for the diagnosis of urogenital gonococcal infections. *Sex Transm Infect*, 93(S4), S16-s21. doi:10.1136/sextrans-2017-053192

Hicks, C. B., & Clement, M. (2021a, 11/05/2020). Syphilis: Epidemiology, pathophysiology, and clinical manifestations in HIV-uninfected patients. *UpToDate*. Retrieved from <https://www.uptodate.com/contents/syphilis-epidemiology-pathophysiology-and-clinical-manifestations-in-hiv-uninfected-patients>

Hicks, C. B., & Clement, M. (2021b, 07/06/2021). Syphilis: Screening and diagnostic testing. *UpToDate*. Retrieved from <https://www.uptodate.com/contents/syphilis-screening-and-diagnostic-testing>

Hsu, K. (2019, 01/17/2018). Clinical manifestations and diagnosis of Chlamydia trachomatis infections. *UpToDate*. Retrieved from <https://www.uptodate.com/contents/clinical-manifestations-and-diagnosis-of-chlamydia-trachomatis-infections>

Janier, M., Hegyi, V., Dupin, N., Unemo, M., Tiplica, G. S., Potocnik, M., . . . Patel, R. (2014). 2014 European guideline on the management of syphilis. *J Eur Acad Dermatol Venereol*, 28(12), 1581-1593. doi:10.1111/jdv.12734

Janier, M., Unemo, M., Dupin, N., Tiplica, G. S., Potocnik, M., & Patel, R. (2020). 2020 European guideline on the management of syphilis. *Acta Clin Belg*. doi:10.1080/17843286.2020.1773112

Juarez-Figueroa, L., Uribe-Salas, F., Garcia-Cisneros, S., Olamendi-Portugal, M., & Conde-Glez, C. J. (2007). Evaluation of a rapid strip and a particle agglutination tests for syphilis diagnosis. *Diagn Microbiol Infect Dis*, 59(2), 123-126. doi:10.1016/j.diagmicrobio.2007.04.008

Kelly, H., Coltart, C. E. M., Pant Pai, N., Klausner, J. D., Unemo, M., Toskin, I., & Peeling, R. W. (2017). Systematic reviews of point-of-care tests for the diagnosis of urogenital Chlamydia trachomatis infections. *Sex Transm Infect*, 93(S4), S22-s30. doi:10.1136/sextrans-2016-053067

Kingston, M., French, P., Higgins, S., McQuillan, O., Sukthankar, A., Stott, C., . . . Sullivan, A. (2016). UK national guidelines on the management of syphilis 2015. *Int J STD AIDS*, 27(6), 421-446. doi:10.1177/0956462415624059

Lacey, C. J., Woodhall, S. C., Wikstrom, A., & Ross, J. (2013). 2012 European guideline for the management of anogenital warts. *J Eur Acad Dermatol Venereol*, 27(3), e263-270. doi:10.1111/j.1468-3083.2012.04493.x

- Lanjouw, E., Ouburg, S., de Vries, H. J., Stary, A., Radcliffe, K., & Unemo, M. (2016). 2015 European guideline on the management of Chlamydia trachomatis infections. *Int J STD AIDS*, 27(5), 333-348. doi:10.1177/0956462415618837
- LeFevre, M. L. (2014). Screening for Chlamydia and gonorrhoea: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med*, 161(12), 902-910. doi:10.7326/m14-1981
- Liu, T. Y., Xie, R., Luo, L., Reilly, K. H., He, C., Lin, Y. Z., . . . Wang, H. B. (2014). Diagnostic validity of human papillomavirus E6/E7 mRNA test in cervical cytological samples. *J Virol Methods*, 196, 120-125. doi:10.1016/j.jviromet.2013.10.032
- Marcell, A. V., & Health, M. T. C. f. F. P. a. R. (2014). Preventive Male Sexual and Reproductive Health Care: Recommendations for Clinical Practice. Retrieved from <http://content.guidelinecentral.com/guideline/get/pdf/2787>
- Moyer, V. A. (2014). Screening for oral cancer: U.S. preventive services task force recommendation statement. *Ann Intern Med*, 160(1), 55-60. doi:10.7326/M13-2568
- Murray, P., Braverman, P., Adelman, W., Breuner, C., Levine, D., Marcell, A. V., . . . Burstein, G. (2014). Screening for nonviral sexually transmitted infections in adolescents and young adults. *Pediatrics*, 134(1), e302-311. doi:10.1542/peds.2014-1024
- NCCC. (2018). National Institute for Health and Care Excellence: Clinical Guidelines. In *Cancer of the Upper Aerodigestive Tract: Assessment and Management in People Aged 16 and Over*. London: National Institute for Health and Care Excellence (UK)
Copyright (c) National Collaborating Centre for Cancer.
- NCCN. (2021a). NCCN Clinical Practice Guidelines in Occult Primary. *NCCN Guidelines*, 2.2021. Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/occult.pdf
- NCCN. (2021b). NCCN Clinical Practice Guidelines in Oncology Anal Carcinoma. *NCCN Guidelines*, 2.2021. Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/anal.pdf
- NCCN. (2021c). NCCN Clinical Practice Guidelines in Oncology Cervical Cancer. *NCCN Guidelines*, 2.2021. Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/cervical.pdf
- NCCN. (2021d). NCCN Clinical Practice Guidelines in Oncology Cervical Cancer. *NCCN Guidelines*, 1.2021. Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/cervical.pdf
- NCCN. (2021e). NCCN Clinical Practice Guidelines in Oncology Head and Neck Cancers. *NCCN Guidelines*, 3.2021. Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/head-and-neck.pdf
- NCCN. (2021f). NCCN Clinical Practice Guidelines in Oncology Penile Cancer. *NCCN Guidelines*, 2.2021. Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/penile.pdf
- NCCN. (2021g). NCCN Clinical Practice Guidelines in Oncology Vulvar Cancer (Squamous Cell Carcinoma). *NCCN Guidelines*, 3.2021. Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/vulvar.pdf
- Nwokolo, N. C., Dragovic, B., Patel, S., Tong, C. Y., Barker, G., & Radcliffe, K. (2016). 2015 UK national guideline for the management of infection with Chlamydia trachomatis. *Int J STD AIDS*, 27(4), 251-267. doi:10.1177/0956462415615443

Palefsky, J. M. (2018, 06/13/2018). Human papillomavirus infections: Epidemiology and disease associations. *UpToDate*. Retrieved from <https://www.uptodate.com/contents/human-papillomavirus-infections-epidemiology-and-disease-associations>

Palefsky, J. M. (2019, 06/13/2018). Human papillomavirus infections: Epidemiology and disease associations. *UpToDate*. Retrieved from <https://www.uptodate.com/contents/human-papillomavirus-infections-epidemiology-and-disease-associations>

Papp, J. R., Schachter, J., Gaydos, C. A., & Van Der Pol, B. (2014). Recommendations for the laboratory-based detection of *Chlamydia trachomatis* and *Neisseria gonorrhoeae*--2014. *MMWR Recomm Rep*, 63(Rr-02), 1-19. Retrieved from <https://www.cdc.gov/mmwr/pdf/rr/rr6302.pdf>

Patel, R., Green, J., Clarke, E., Seneviratne, K., Abbt, N., Evans, C., . . . Foley, E. (2015). 2014 UK national guideline for the management of anogenital herpes. *Int J STD AIDS*, 26(11), 763-776. doi:10.1177/0956462415580512

Patel, R., Kennedy, O. J., Clarke, E., Geretti, A., Nilsen, A., Lautenschlager, S., . . . Foley, E. (2017). 2017 European guidelines for the management of genital herpes. *Int J STD AIDS*, 28(14), 1366-1379. doi:10.1177/0956462417727194

Riley, L. E., & Wald, A. (2020, 02/16/2018). Genital herpes simplex virus infection and pregnancy. *UpToDate*. Retrieved from <https://www.uptodate.com/contents/genital-herpes-simplex-virus-infection-and-pregnancy>

Robinson, J., & Canadian Paediatric Society, I. D. a. I. C. (2018, 04/06/2018). Congenital syphilis: No longer just of historical interest. *Position Statements and Practice Points*. Retrieved from <https://www.cps.ca/en/documents/position/congenital-syphilis>

Schwebke, J., Merriweather, A., Massingale, S., Scisney, M., Hill, C., & Getman, D. (2018). Screening for *Trichomonas vaginalis* in a Large High-Risk Population: Prevalence Among Men and Women Determined by Nucleic Acid Amplification Testing. *Sex Transm Dis*, 45(5), e23-e24. doi:10.1097/olq.0000000000000757

Sobel, J. (2019). Trichomoniasis. Retrieved from https://www.uptodate.com/contents/trichomoniasis?search=trichomoniasis&source=search_result&selectedTitle=1~53&usage_type=default&display_rank=1

Sobel, J. (2020). Trichomoniasis. Retrieved from https://www.uptodate.com/contents/trichomoniasis?search=trichomoniasis&source=search_result&selectedTitle=1~53&usage_type=default&display_rank=1

Tsang, R. S., Martin, I. E., Lau, A., & Sawatzky, P. (2007). Serological diagnosis of syphilis: comparison of the Trep-Chek IgG enzyme immunoassay with other screening and confirmatory tests. *FEMS Immunol Med Microbiol*, 51(1), 118-124. doi:10.1111/j.1574-695X.2007.00289.x

Tshomo, U., Franceschi, S., Tshokey, T., Tobgay, T., Baussano, I., Tenet, V., . . . Clifford, G. M. (2017). Evaluation of the performance of Human Papillomavirus testing in paired urine and clinician-collected cervical samples among women aged over 30 years in Bhutan. *Virology*, 14(1), 74. doi:10.1186/s12985-017-0744-2

Unemo, M. (2020). 2020 European guideline on the diagnosis and treatment of gonorrhoea in adults. *Int J STD AIDS*. Retrieved from <https://iusti.org/wp-content/uploads/2020/10/IUSTI-Gonorrhoea-2020.pdf>

USPSTF. (2019). Preexposure Prophylaxis for the Prevention of HIV Infection: US Preventive Services Task Force Recommendation Statement. *JAMA*, *321*(22), 2203-2213. doi:10.1001/jama.2019.6390

White, J., O'Farrell, N., & Daniels, D. (2013). 2013 UK National Guideline for the management of lymphogranuloma venereum: Clinical Effectiveness Group of the British Association for Sexual Health and HIV (CEG/BASHH) Guideline development group. *Int J STD AIDS*, *24*(8), 593-601. doi:10.1177/0956462413482811

Wong, E. H., Klausner, J. D., Caguin-Grygiel, G., Madayag, C., Barber, K. O., Qiu, J. S., . . . Pandori, M. W. (2011). Evaluation of an IgM/IgG sensitive enzyme immunoassay and the utility of index values for the screening of syphilis infection in a high-risk population. *Sex Transm Dis*, *38*(6), 528-532. doi:10.1097/OLQ.0b013e318205491a

Workowski, K. A., & Bolan, G. A. (2015). Sexually transmitted diseases treatment guidelines, 2015. *MMWR Recomm Rep*, *64*(Rr-03), 1-137.

Yao, Y. L., Tian, Q. F., Cheng, B., Cheng, Y. F., Ye, J., & Lu, W. G. (2017). Human papillomavirus (HPV) E6/E7 mRNA detection in cervical exfoliated cells: a potential triage for HPV-positive women. *J Zhejiang Univ Sci B*, *18*(3), 256-262. doi:10.1631/jzus.B1600288

Zhiyan, L., Meiling, W., Ping, L., Jinhua, D., Zhenlin, Y., & Zhenru, F. (2015). Consistency Between Treponema pallidum Particle Agglutination Assay and Architect Chemiluminescent Microparticle Immunoassay and Characterization of Inconsistent Samples. *J Clin Lab Anal*, *29*(4), 281-284. doi:10.1002/jcla.21765

Policy Update History:

11/1/2022	New policy
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