



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

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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. Antibody testing for syphilis infection **may be reimbursable** in the following situations:
 - a. For any asymptomatic person in a high-risk category (**See Notes 1 & 2**), 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 men who have sex with men (MSM); OR
 - c. For diagnosis of any person presenting with signs and/or symptoms of a syphilis infection* (**See Note 3**); OR
 - d. When a nontreponemal test is used as a test of cure (TOC) for a positive syphilis infection.
2. For asymptomatic individuals NOT belonging to a high-risk category (**See Notes 1 & 2**) antibody screening for syphilis **may be reimbursable** only in the following situations:
 - a. As part of newborn screening;
 - b. As part of follow-up in a victim of sexual assault;
 - c. For sexually active individuals less than 18 years of age (annually).
3. Polymerase chain reaction (PCR) and nucleic acid amplification testing (NAAT) for syphilis **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 Notes 1 & 4**); OR
 - b. For diagnosis of any person presenting with signs and/or symptoms of a chlamydial infection (**See Note 5**); 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.
5. For asymptomatic individuals NOT belonging to a high-risk category (**See Note 1 & 4**), 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).
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 1 & 4**); OR
 - b. For diagnosis of any person presenting with signs and/or symptoms of a gonorrheal infection (**See Note 6**); OR
 - c. 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. For asymptomatic individuals NOT belonging to a high-risk category (**See Note 1 & 4**), 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).
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**.
11. 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**.
12. Immunoassay testing for herpes simplex virus-1 (HSV-1), and/or herpes simplex (non-specific type test) **is not reimbursable**.
13. 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.
14. Screening for herpes simplex virus-1 or herpes simplex virus-2 (HSV-1 and HSV-2) in asymptomatic individuals **is not reimbursable**.
15. 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**.
16. 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.
17. Nucleic acid amplification tests (NAATs) or PCR-based testing for *T. vaginalis* **may be reimbursable** in the following situations:
 - a. Symptomatic individuals (**See Note 7**)
 - 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

18. Rapid identification of *Trichomonas* by enzyme immunoassay **is not reimbursable**
19. 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
20. 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.
21. 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, gonorrhea and/or syphilis infection 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 Syphilis (Cantor, et al., 2016; CDC, 2021g):

- 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 3: Signs and Symptoms of a Syphilis Infection (CDC, 2021g)

- 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 4: 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 5: 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 6: 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 7: 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

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.

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, 87660, 87661, 87797, 87798, 87799, 87808, 88341, 88342, 88344, 0064U, 0065U, 0096U, 0167U, 0210U, 0353U, 0354U, 0500T, G0432, G0433, G0435, G0472, G0475, G0499, S3645

References:

Albrecht, M. A. (2020, 12/22/2020). *Epidemiology, clinical manifestations, and diagnosis of genital herpes simplex virus infection*. Retrieved 06/30/2022 from <https://www.uptodate.com/contents/epidemiology-clinical-manifestations-and-diagnosis-of-genital-herpes-simplex-virus-infection>

Allen, U. D., MacDonald, N. E., & Top, K. (2019). *Diagnosis and management of sexually transmitted infections in adolescents*. <https://www.cps.ca/en/documents/position/sexually-transmitted-infections>

Arbyn, M., Roelens, J., Simoens, C., Buntinx, F., Paraskevaidis, 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. <https://doi.org/10.1002/14651858.CD008054.pub2>

BASHH. (2018, 09/26/2018). *BASHH CLINICAL EFFECTIVENESS GROUP Update on the treatment of Chlamydia trachomatis (CT) infection*. <https://www.bashhguidelines.org/current-guidelines/urethritis-and-cervicitis/chlamydia-2015/>

BD. (2020). *BD receives FDA Approval for HPV Test with Extended Genotyping Capabilities*. <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](#)

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).

<https://doi.org/10.1128/jcm.01782-17>

Bristow, C. C., Morris, S. R., Little, S. J., Mehta, S. R., & Klausner, J. D. (2019). Meta-analysis of the Cepheid Xpert® CT/NG assay for extragenital detection of *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (NG) infections. *Sex Health*, 16(4), 314-319.

<https://doi.org/10.1071/sh18079>

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. <https://doi.org/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. [https://doi.org/10.1016/s1470-2045\(11\)70188-7](https://doi.org/10.1016/s1470-2045(11)70188-7)

CDC. (2017, 09/26/2017). *The State of STDs - Infographic*. Centers for Disease Control and Prevention. Retrieved 07/20/2018 from <https://www.cdc.gov/std/stats16/infographic.htm>

CDC. (2021a, 07/22/2021). *Chlamydia - CDC Fact Sheet (Detailed)*. Centers for Disease Control and Prevention. Retrieved 07/28/2021 from <https://www.cdc.gov/std/chlamydia/stdfact-chlamydia-detailed.htm>

CDC. (2021b, 07/22/2021). *Genital Herpes - CDC Fact Sheet (Detailed)*. Centers for Disease Control and Prevention. Retrieved 07/28/2021 from <https://www.cdc.gov/std/herpes/stdfact-herpes-detailed.htm>

CDC. (2021c, 01/19/2021). *Genital HPV Infection - Fact Sheet*. Centers for Disease Control and Prevention. Retrieved 07/28/2021 from <https://www.cdc.gov/std/hpv/stdfact-hpv.htm>

CDC. (2021d, 07/22/2021). *Gonorrhea - CDC Fact Sheet (Detailed Version)*. Centers for Disease Control and Prevention. Retrieved 07/28/2021 from <https://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea-detailed.htm>

CDC. (2021e). *Pre-Exposure Prophylaxis (PrEP)*. Centers for Disease Control and Prevention. <https://www.cdc.gov/hiv/clinicians/prevention/prep.html>

CDC. (2021f). *Sexually Transmitted Infections Treatment Guidelines, 2021*. Retrieved 07/28/2021 from <https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf>

CDC. (2021g, 04/22/2021). *Syphilis-CDC Fact Sheet (Detailed)*. Centers for Disease Control and Prevention. Retrieved 07/28/2021 from <https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm>

CDC. (2021h, 07/22/2021). *Trichomoniasis*. Retrieved 07/28/2021 from <https://www.cdc.gov/std/trichomonas/default.htm>

CDC. (2021i, 07/22/2021). *Trichomoniasis - CDC Fact Sheet*. Retrieved 07/28/2021 from <https://www.cdc.gov/std/trichomonas/stdfact-trichomoniasis.htm>

CDC. (2022a, 04/18/2022). *HPV & Men Fact Sheet*. <https://www.cdc.gov/std/hpv/stdfact-hpv-and-men.htm>

CDC. (2022b). *Sexually Transmitted Infections Treatment Guidelines, 2021 - Adolescents*. <https://www.cdc.gov/std/treatment-guidelines/adolescents.htm>

Cepheid. (2022a). *Xpert CT/NG Datasheet*. <https://cepheid.widen.net/s/24ygfduxc>

Cepheid. (2022b). *Xpert® CT/NG*. <https://www.cepheid.com/Package%20Insert%20Files/Xpert-CTNG-US-ENGLISH-Package-Insert-301-0234--Rev-K.pdf>

Chernesky, M., Fisher, W. A., Gale-Rowe, M., Labbé, A., Lau, T. T. Y., Lee, E., Martin, I., Ogilvie, G., Read, R., Robinson, J., Romanowski, B., Ryan, B., Singh, A., Steben, M., Wong, T., & Yudin, M. H. (2017, 04/20/2017). *Canadian Guidelines on Sexually Transmitted Infections-Laboratory diagnosis of sexually transmitted infections*. Public Health Agency of Canada. https://ipac-canada.org/photos/custom/Members/pdf/Laboratory%20Diagnosis%20of%20STI_April%202017_final-5.pdf

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.

Cosentino, L. A., Danby, C. S., Rabe, L. K., Macio, I., Meyn, L. A., Wiesenfeld, H. C., & Hillier, S. L. (2017). Use of Nucleic Acid Amplification Testing for Diagnosis of Extragenital Sexually Transmitted Infections. *J Clin Microbiol*, 55(9), 2801-2807. <https://doi.org/10.1128/jcm.00616-17>

Davidson, K. W., Barry, M. J., Mangione, C. M., Cabana, M., Caughey, A. B., Davis, E. M., Donahue, K. E., Doubeni, C. A., Krist, A. H., Kubik, M., Li, L., Ogedegbe, G., Pbert, L., Silverstein, M., Simon, M. A., Stevermer, J., Tseng, C. W., & Wong, J. B. (2021). Screening for Chlamydia and Gonorrhea: US Preventive Services Task Force Recommendation Statement. *JAMA*, 326(10), 949-956. <https://doi.org/10.1001/jama.2021.14081>

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. <https://doi.org/10.1111/jdv.15729>

FDA. (2012a, 12/27/2012). *501(k) Premarket Notification Xpert CT/NG*. <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm?ID=K121710>

FDA. (2012b, 12/27/2012). *510(k) SUBSTANTIAL EQUIVALENCE DETERMINATION DECISION SUMMARY K121710*. https://www.accessdata.fda.gov/cdrh_docs/reviews/K121710.pdf

FDA. (2019a, 05/23/2019). *501(k) Premarket Notification Xpert CT/NG, GeneXpert Dx System, GeneXpert Infinity-48s and GeneXpert Infinity-80 Systems, GeneXpert Infinity-48 System, Xpert Vaginal/Endocervical Specimen Collection, Xpert Urine Specimen Collection Kit, Xpert Swab Specimen Collection Kit*. <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm?ID=K190441>

FDA. (2019b, 05/23/2019). *510(k) SUBSTANTIAL EQUIVALENCE DETERMINATION DECISION SUMMARY K190441*. https://www.accessdata.fda.gov/cdrh_docs/reviews/K190441.pdf

FDA. (2021, 07/26/2021). *BD ONCLARITY HPV ASSAY*. U.S. Food & Drug Administration. <https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?db=pma&id=391601>

Feldman, S., & Crum, C. P. (2022, 05/02/2022). *Cervical cancer screening tests: Techniques for cervical cytology and human papillomavirus testing*. Retrieved 06/30/2022 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. <https://doi.org/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. <https://doi.org/10.1016/j.annemergmed.2018.09.012>

Ghanem, K. G. (2022, 05/26/2022). *Clinical manifestations and diagnosis of Neisseria gonorrhoeae infection in adults and adolescents*. Retrieved 06/30/2022 from <https://www.uptodate.com/contents/clinical-manifestations-and-diagnosis-of-neisseria-gonorrhoeae-infection-in-adults-and-adolescents>

Ghanem, K. G., & Tuddenham, S. (2022, 05/26/2022). *Screening for sexually transmitted infections*. Wolters Kluwer. Retrieved 06/30/2022 from <https://www.uptodate.com/contents/screening-for-sexually-transmitted-infections>

Gilson, R., Nugent, D., Werner, R. N., Ballesteros, J., & Ross, J. (2020). 2019 IUSTI-Europe guideline for the management of anogenital warts. *J Eur Acad Dermatol Venereol*, 34(8), 1644-1653. <https://doi.org/10.1111/jdv.16522>

Glass, N., Nelson, Heidi D. (2021). *Screening for Genital Herpes Simplex: A Brief Update for the U.S. Preventive Services Task Force*. <https://www.uspreventiveservicestaskforce.org/Home/GetFile/1/733/herpesup/pdf>

Golden, M., O'Donnell, M., Lukehart, S., Swenson, P., Hovey, P., Godornes, C., Romano, S., & 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). <https://doi.org/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. <https://doi.org/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. <https://doi.org/10.1136/sextrans-2017-053192>

Hicks, C. B., & Clement, M. (2021a, 11/05/2020). *Syphilis: Epidemiology, pathophysiology, and clinical manifestations in HIV-uninfected patients*. Retrieved 07/28/2021 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*. Retrieved 07/28/2021 from <https://www.uptodate.com/contents/syphilis-screening-and-diagnostic-testing>

Hsu, K. (2022, 04/08/2022). *Clinical manifestations and diagnosis of Chlamydia trachomatis infections*. <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., French, P., & Patel, R. (2014). 2014 European guideline on the management of syphilis. *J Eur Acad Dermatol Venereol*, 28(12), 1581-1593. <https://doi.org/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*. <https://doi.org/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. <https://doi.org/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. <https://doi.org/10.1136/sextrans-2016-053067>
- Kingston, M., French, P., Higgins, S., McQuillan, O., Sukthankar, A., Stott, C., McBrien, B., Tipple, C., Turner, A., Sullivan, A. K., Radcliffe, K., Cousins, D., FitzGerald, M., Fisher, M., Grover, D., Higgins, S., Kingston, M., Rayment, M., & Sullivan, A. (2016). UK national guidelines on the management of syphilis 2015. *Int J STD AIDS*, 27(6), 421-446. <https://doi.org/10.1177/0956462415624059>
- 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. <https://doi.org/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. <https://doi.org/10.7326/m14-1981>
- Liu, T. Y., Xie, R., Luo, L., Reilly, K. H., He, C., Lin, Y. Z., Chen, G., Zheng, X. W., Zhang, L. L., & Wang, H. B. (2014). Diagnostic validity of human papillomavirus E6/E7 mRNA test in cervical cytological samples. *J Virol Methods*, 196, 120-125. <https://doi.org/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*. U.S. Department of Health and Human Services. Retrieved 07/12/2018 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. <https://doi.org/10.7326/M13-2568>
- Murray, P., Braverman, P., Adelman, W., Breuner, C., Levine, D., Marcell, A. V., PJ, M., O'Brien, R., & Burstein, G. (2014). Screening for nonviral sexually transmitted infections in adolescents and young adults. *Pediatrics*, 134(1), e302-311. <https://doi.org/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*. National Institute for Health and Care Excellence (UK) Copyright (c) National Collaborating Centre for Cancer. <https://www.nice.org.uk/guidance/ng36/evidence/full-guideline-2307980269>
- NCCN. (2021a, 10/26/2021). *NCCN Clinical Practice Guidelines in Oncology Cervical Cancer*

- Version 1.2022. Retrieved 06/30/2022 from https://www.nccn.org/professionals/physician_gls/pdf/cervical.pdf
- NCCN. (2021b, 10/07/2021). *NCCN Clinical Practice Guidelines in Oncology Vulvar Cancer (Squamous Cell Carcinoma) Version 1.2022*. Retrieved 06/30/2022 from https://www.nccn.org/professionals/physician_gls/pdf/vulvar.pdf
- NCCN. (2021c, 09/02/2021). *NCCN Clinical Practice Guidelines Occult Primary (Cancer of Unknown Primary [CUP])*. Retrieved 06/30/2022 from https://www.nccn.org/professionals/physician_gls/pdf/occult.pdf
- NCCN. (2022a, 03/02/2022). *NCCN Clinical Practice Guidelines in Oncology Anal Carcinoma Version 1.2022*. Retrieved 06/30/2022 from https://www.nccn.org/professionals/physician_gls/pdf/anal.pdf
- NCCN. (2022b, 04/26/2022). *NCCN Clinical Practice Guidelines in Oncology Head and Neck Cancers Version 2.2022*. Retrieved 06/30/2022 from https://www.nccn.org/professionals/physician_gls/pdf/head-and-neck.pdf
- NCCN. (2022c, 01/26/2022). *NCCN Clinical Practice Guidelines in Oncology Penile Cancer Version 2.2022*. Retrieved 06/30/2022 from https://www.nccn.org/professionals/physician_gls/pdf/penile.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. <https://doi.org/10.1177/0956462415615443>
- Palefsky, J. M. (2022, 06/17/2022). *Human papillomavirus infections: Epidemiology and disease associations*. <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. <https://www.cdc.gov/mmwr/pdf/rr/rr6302.pdf>
- Patel, R., Green, J., Clarke, E., Seneviratne, K., Abbt, N., Evans, C., Bickford, J., Nicholson, M., O'Farrell, N., Barton, S., FitzGerald, M., & Foley, E. (2015). 2014 UK national guideline for the management of anogenital herpes. *Int J STD AIDS*, 26(11), 763-776. <https://doi.org/10.1177/0956462415580512>
- Patel, R., Kennedy, O. J., Clarke, E., Geretti, A., Nilsen, A., Lautenschlager, S., Green, J., Donders, G., van der Meijden, W., Gomberg, M., Moi, H., & Foley, E. (2017). 2017 European guidelines for the management of genital herpes. *Int J STD AIDS*, 28(14), 1366-1379. <https://doi.org/10.1177/0956462417727194>
- Pham, M. D., Wise, A., Garcia, M. L., Van, H., Zheng, S., Mohamed, Y., Han, Y., Wei, W. H., Yin, Y. P., Chen, X. S., Dimech, W., Braniff, S., Technau, K. G., Luchters, S., & Anderson, D. A. (2020). Improving the coverage and accuracy of syphilis testing: The development of a novel rapid, point-of-care test for confirmatory testing of active syphilis infection and its early evaluation in China and South Africa. *EclinicalMedicine*, 24, 100440. <https://doi.org/10.1016/j.eclinm.2020.100440>
- Riley, L. E., & Wald, A. (2022, 02/10/2022). *Genital herpes simplex virus infection and pregnancy*. <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*. Canadian Paediatric Society. Retrieved 07/16/2018 from <https://www.cps.ca/en/documents/position/congenital-syphilis>

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. <https://doi.org/10.1111/j.1574-695X.2007.00289.x>

Tshomo, U., Franceschi, S., Tshokey, T., Tobgay, T., Baussano, I., Tenet, V., Snijders, P. J., Gheit, T., Tommasino, M., Vorsters, A., & 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. <https://doi.org/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*. <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. <https://doi.org/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. <https://doi.org/10.1177/0956462413482811>

Wong, E. H., Klausner, J. D., Caguin-Grygiel, G., Madayag, C., Barber, K. O., Qiu, J. S., Liska, 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. <https://doi.org/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. <http://dx.doi.org/>

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. <https://doi.org/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. <https://doi.org/10.1002/jcla.21765>

Policy Update History:

11/1/2022	New policy
8/15/2023	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.
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