

Reimbursement Policy

Subject: Sexually Transmitted Infections Testing — Professional

Policy Number: **G-21001**

Policy Section: **Laboratory**

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

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

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

Disclaimer

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

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup Medicare Advantage may:

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

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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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

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

Policy

Amerigroup Medicare Advantage allows reimbursement of sexually transmitted infection (STI) tests unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. Amerigroup Medicare Advantage considers certain STI testing CPT codes to be part of a

laboratory panel grouping. When Amerigroup Medicare Advantage receives a claim with two or more single tests laboratory procedure codes reported, we will bundle those two or more single test into the comprehensive laboratory procedure code listed below.

Applicable single STI CPT codes:

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

Applicable comprehensive code:

- 87801 Comprehensive multiple organism code

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

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

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

Policy History	
(06/25/21)	Initial approval 06/25/21 and effective: 01/01/22

References and Research Materials
This policy has been developed through consideration of the following: <ul style="list-style-type: none"> • American Academy of Family Physicians • American Medical Association CPT Professional Edition 2021

- Business decision
- CMS
- State contract

Definitions

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

Related Policies and Materials

Code and Clinical Editing
