If a conflict arises between a Clinical Payment and Coding Policy ("CPCP") and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP 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. BCBSNM may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM 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, clinical 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 Medical Policy Committee Approval Date: 1/25/2022

Plan Effective Date: May 1, 2022

Description

BCBSNM 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 aged 30 to 65 years, once every five years 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 (PreEP) 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.

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 PreEP 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 under the age of 25
- Women age 25 or over who have multiple sexual partners
- Having a sexual partner recently diagnosed with an STI
- Previous or concurrent STI
- Exchanging sex for money or drugs

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

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Policy Update History:

5/1/2022	New policy