If a conflict arises between a Clinical Payment and Coding Policy 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. Blue Cross and Blue Shield of New Mexico 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 approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative 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

Approval Date: Jan. 7, 2026

Plan Effective Date: April 24, 2026

Description

The Plan 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;
    b. Once every three months for HIV-positive men or men who have sex with men (MSM);
    c. For diagnosis of any person presenting with signs and/or symptoms of a syphilis infection* (See **Note 3**);
    d. Treponemal Ig testing and nontreponemal testing (once prior to transplant) as a part of a pre-transplant assessment in both donors and recipients for an allogeneic hematopoietic stem cell transplantation (allo-HCT);
    e. 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**);
    b. For diagnosis of any person presenting with signs and/or symptoms of a chlamydial infection (See **Note 5**);
    c. For diagnosis of any person with suspected lymphogranuloma venereum (LGV);
    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 **Notes 1 & 4**), screening for chlamydia **may be reimbursable** only in the following situations:
    a. As part of newborn screening;
    b. As part of follow-up of victim of sexual assault;
    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 **Notes 1 & 4**);
    b. For diagnosis of any person presenting with signs and/or symptoms of a gonorrheal infection (See **Note 6**);
    c. As test of cure of treatment.

8. For an individual that does not respond to initial treatment, culture testing for *N. gonorrhoeae* to determine antimicrobial susceptibility **may be reimbursable**.

9. For asymptomatic individuals NOT belonging to a high-risk category (See **Notes 1 & 4**), screening for gonorrhea **may be reimbursable** only in the following situations:
    a. As part of newborn screening;
    b. As part of follow-up of victim of sexual assault;
    c. For sexually active individuals less than 18 years of age (annually).

10. 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.

11. Rapid identification of *Trichomonas* by enzyme immunoassay **is not reimbursable.**

12. For symptomatic individuals (See **Note 8**), testing for *Mycoplasma genitalium* using NAAT **may be reimbursable.**

13. For asymptomatic individuals (See **Note 8**), screening for *M. genitalium* using NAAT **is not reimbursable.**

14. When an individual meets the conditions described above, multitarget PCR testing (targets limited to *C. trachomatis, N. gonorrhoeae, T. vaginalis,* and *M genitalium*) **may be reimbursable.**

15. 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**.

16. Immunoassay testing for herpes simplex virus-1 (HSV-1), and/or herpes simplex (non-specific type test) **is not reimbursable**.

17. 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 in individuals with a negative herpes simplex virus PCR or culture result;
    b. For the clinical diagnosis of genital herpes in individuals with a negative PCR or culture result or without laboratory confirmation;
    c. When an individual's partner has genital herpes.

18. Screening for herpes simplex virus-1 or herpes simplex virus-2 (HSV-1 and HSV-2) in asymptomatic individuals **is not reimbursable**.

19. 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**.

20. Testing for HPV **is not reimbursable** in the following situations:
    a. To screen 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;
    b. As part of diagnosis of anogenital warts;
    c. To screen for low-risk types of HPV;
    d. In the general population either as part of a panel of tests or as an individual NAAT to determine HPV status.

21. 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.

22. While an individual is undergoing a preexposure prophylaxis (PrEP) regimen for HIV prevention, the following screens/tests **may be reimbursable**:
    a. A blood test once every three months to confirm a negative antibody result for HIV.
    b. Serum creatinine and estimated creatinine clearance three months after beginning PrEP and up to one time every six months thereafter to assess renal function.
    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.

23. Nucleic acid testing to determine antimicrobial susceptibility in *N. gonorrhoeae* or macrolide resistance in *M. genitalium* **is not reimbursable.**

24. 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,2021c)

- 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, 2023a):

- 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, 2018, 2023a)

- 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;
- Signs and symptoms of neurosyphilis can include severe headache, trouble with muscle movements, muscle weakness or paralysis (not being able to move certain parts of the body), numbness, and changes in mental status (trouble focusing, confusion, personality change) and/or dementia (problems with memory, thinking, and/or making decisions).

- Signs and symptoms of ocular syphilis can include eye pain or redness, floating spots in the field of vision ("floaters"), sensitivity to light, and changes in vision (blurry vision or even blindness).
- Signs and symptoms of otosyphilis may include hearing loss, ringing, buzzing, roaring, or hissing in the ears ("tinnitus"), balance difficulties, and dizziness or vertigo.
- Signs and symptoms of late/tertiary syphilis include inflammatory lesions of the cardiovascular system (e.g., aortitis, coronary vessel disease), skin (e.g., gummatous lesions), and bone (e.g., osteitis).

NOTE 4: High-risk for Chlamydia and/or Gonorrhea (CDC, 2021b, 2024a, 2024d; 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 multiple sexual partners, 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, 2021b, 2024a):
- 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, 2024d):
- 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, 2023b**):**
- 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.

NOTE 8: Signs and Symptoms of *M. genitalium* Infection (CDC, 2021a):

- When present, typical symptoms of *M.gen*-urethritis in men include dysuria, urethral pruritus, and purulent or mucopurulent urethral discharge.
- When present, typical symptoms of *M.gen* cervicitis in women include vaginal discharge, vaginal itching, dysuria, and pelvic discomfort.
- When present, typical symptoms of PID due to *M.ge*n include mild to severe pelvic pain, abdominal pain, abnormal vaginal discharge, and/or bleeding.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee that 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, 87494, 87528, 87529, 87530, 87563, 87590, 87591, 87592, 87623, 87624, 87625, 87626, 87660, 87661, 87797, 87798, 87799, 87808, 88341, 88342, 88344, 0064U, 0065U, 0096U, 0210U, 0402U, 0455U, 0463U, 0483U, 0484U, 0500T, G0432, G0433, G0435, G0472, G0475, G0499, S3645

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Policy Update History:

Approval Date	Effective Date; Summary of Changes
01/07/2026	04/24/2026; Added code 87494. No other changes.
09/26/2025	01/03/2026 Document updated with literature review. The following changes were made to Reimbursement Information: For clarity added "qualitative" to "qualitative NAAT' in #4, #7, #12, #15; added "NAAT" to #5 and #9; revised #10 to state "Qualitative NAAT for T. vaginalis may be reimbursable in the following situations: a) For symptomatic individuals (see Note 5); b) Follow-up testing a minimum of three months after initial trichomoniasis diagnosis; c) Annual screening for asymptomatic individuals belong to a high-risk group (see Note 6); d) Annual screening for asymptomatic individuals who have an HIV infection; e) As part of follow-up in a victim of sexual assault." Revised #21 to state: "Prior to beginning a Preexposure prophylaxis (PrEP) regimen, triple panel testing (hepatis B surface antigen [HBsAg], hepatitis B surface antibody [anti-HBs], total antibody to hepatitis B core antigen [anti-HBc]) to screen for hepatitis B may be reimbursable." Revised #22 to state: "Prior to beginning or while an individual is undergoing a preexposure prophylaxis (PrEP) regimen for HIV prevention, the following screens/tests for additional STIs may be reimbursable: a) Qualitative NAAT screening for gonorrhea and chlamydia: i) Once every three months for MSM. ii) Once every six months for sexually active individuals. b) Blood testing to screen for syphilis: i) Once every three months for MSM. ii) Once every six months for sexually active individuals." Revised leading statement in #24 to state: "Direct probe detection and/or quantitative NAAT". Added codes 87626, 87800; removed codes 82565, 82575, 84702, 84703, 86701, 86702, 86703, 86705, 86803, 86804, 87660, 0500T, G0432, G0433, G0435, G0472, G0475, S3645. References revised.
01/23/2025	04/15/2025; Added code 87626. No other changes.

10/30/2024	01/15/2025; Document updated with literature review. The following changes were made to Reimbursement Information: Added 1.d. Treponemal Ig testing and nontreponemal testing (once prior to transplant) as a part of a pre-transplant assessment in both donors and recipients for an allogeneic hematopoietic stem cell transplantation (allo-HCT); added 12: For symptomatic individuals (See Note 8), testing for Mycoplasma genitalium using NAAT may be reimbursable; added 13. For asymptomatic individuals (See Note 8), screening for M. genitalium using NAAT is not reimbursable; added T. vaginalis, and M genitalium to #13; added Nucleic acid testing to determine antimicrobial susceptibility in N. gonorrhoeae or macrolide resistance in M. genitalium is not reimbursable. Added additional signs and symptoms of a syphilis infection to Note 3; added Note 8 for Signs and Symptoms of M. genitalium infection. Added codes 87563, 0402U, 0455U, 0463U, 0483U, 0484U; removed 0167U, 0353U, 0354U. References revised.
11/01/2023	11/01/2023: 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 C. trachomatis and N. gonorrhoeae) may be reimbursable. References revised; some added, others removed.
11/01/2022	11/01/2022: New policy