

## RB.047.A STI Laboratory Testing Reimbursement

Original Implementation Date: 05/14/2026  
Version [A] Date: 05/14/2026  
Last Reviewed Date: 04/09/2026

### \*\*\* NOTIFICATION OF PENDING POLICY IMPLEMENTATION \*\*\*

Please note that this Policy Bulletin will be implemented on 05/14/2026.

This document provides a 30-day notification of its pending implementation and is not currently implemented.

## PRODUCT VARIATIONS

This policy applies to all Jefferson Health Plans/Health Partners Plans lines of business.

Application of Claim Payment Policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Payment may vary based on individual contract.

## POLICY STATEMENT

The purpose of this claim payment policy is to define the billing requirements necessary to ensure accurate and timely reimbursement for covered laboratory testing related to Sexually Transmitted Infections (STIs). Payment will be made for medically necessary STI laboratory testing when all applicable billing requirements are met. This policy outlines the standards and procedures to support prompt, consistent, and accurate claims processing and payment.

When a single sexually transmitted infectious agent is being tested, the Plan will reimburse the individual sexually transmitted infection (STI) test code **{87491, 87591, 87661, or 87798}**.

When two or more individual STI testing codes (**87491, 87591, 87661, 87798**) are submitted separately by the same provider for the same member on the same date of service, the plan will deny the services, and the provider will need to resubmit the claim for payment using the comprehensive panel code.

Reimbursement shall be limited to one (1) unit of **87801**, regardless of the number of individual testing codes or units billed.

The use of modifiers will not override this reimbursement methodology.

## POLICY GUIDELINES

STI testing is reimbursable when medically necessary and performed according to the applicable clinical guidelines.

Laboratory testing must be coded and billed following CPT, HCPCS, and revenue code guidelines.

Providers must retain medical records supporting medical necessity. Documentation should include:

- Reason for testing
- Relevant clinical history
- Test results, as applicable

Providers are responsible for ensuring accurate submission to facilitate prompt and correct reimbursement.

The Plan will deny payment for sexually transmitted infection (STI) laboratory testing services that are not billed in accordance with the established billing requirements.

## CODING

*Note: The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that may be listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.*

*CPT® is a registered trademark of the American Medical Association.*

CPT Code	Description
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
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique

HCPCS Code	Description
N/A	

ICD-10 Codes	Description
N/A	

## BENEFIT APPLICATION

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the members' benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

## DESCRIPTION OF SERVICES

STI testing (sexually transmitted infection testing) will confirm a sexually transmitted infection . STIs, formerly called sexually transmitted diseases (STDs), are contagious conditions that spread through sexual activity.

STI testing involves taking a sample of bodily fluid to check for signs of infection.

## DEFINITIONS

N/A

## DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making. Policy Bulletins are developed by Jefferson Health Plans/Health Partners Plans to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Policy Bulletin may be updated and therefore is subject to change.

## POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
New Policy	A	05/14/2026

## REFERENCES

- Centers for Medicare and Medicaid Services, CMS Manual Pub. 100-04, Chapter 12

2. Medicare NCCI 2026 coding policy Manual- Chapter 1:  
<https://www.cms.gov/files/document/01-chapter1-ncci-medicare-policy-manual-2026-final.pdf>
3. STI testing (STD testing): <https://my.clevelandclinic.org/health/diagnostics/std-testing>
4. Centers for Medicare & Medicaid Services Manual – Pub. 100-3 National Coverage Determination / 210.10 – Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=352&ncdver=1>