



Reimbursement Policy for STI Lab Panel Testing

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

This policy outlines the reimbursement guidelines for the use of nucleic acid (DNA (Detection by Nucleic Acid) or RNA) assays to detect Sexually Transmitted Infections (STIs) identified by CPT (Current Procedural Terminology) codes 87491, 87591, 87661, or 87801 on professional and facility claim forms. In this policy, professional charges refer to those submitted on a 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent, while facility charges pertain to those submitted on a UB-04 Claim Form or its electronic equivalent.

Applicable Single STI CPT Codes:

- 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 – Infection agent detection by nucleic acid (DNA or RNA) trichomonas vaginalis amplified probe technique

Applicable Comprehensive CPT Code:

- 87801: Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique

Reimbursement Guidelines

The reimbursement guidelines for services related to Sexually Transmitted Infections (STIs) in both men and women are as follows. The specific reimbursement amount is determined by State Medicaid policies, provider contracts, fee schedules, and/or the Centers for Medicare & Medicaid Services (CMS).

For Single Tests, the following procedure codes are applicable:

- 87491 for Chlamydia testing.
- 87591 for Gonorrhea testing.
- 87661 for Trichomonas vaginalis testing.

Also, there is a Comprehensive Test represented by procedure code 87801, designed for detecting infectious agents involving multiple organisms through nucleic acid analysis.



If two or more of the single test codes (87491, 87591, and/or 87661) are billed separately for the same member, by the same provider, and on the same date of service, Molina Healthcare's reimbursement will be calculated based on the rate for procedure code 87801. This code, 87801, is more comprehensive as it covers the detection of multiple infectious organisms. Irrespective of the quantity of units billed for a single code, the payment will be determined based on a single unit of 87801."

Supplemental Information

Definitions

Term	Definition
Sexually Transmitted Infections (STIs)	
Centers for Medicare & Medicaid Services (CMS).	

State Exceptions

State	Exception

Documentation History

Type	Date	Action
Published		
Revised Date		

References

This policy was developed using.

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

State/Agency	Document Name/Description	Link/Document
CMS	Claims Processing Manual, Section 170.1	Chapter 18 Claims Manual
CMS	Billing & Coding Panels, Group 8 Codes	Article - Billing and Coding: MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58761)