



Sexually Transmitted Infections Testing

Reimbursement Policy ID: RPC.0079.7100

Recent review date: 03/2025

Next review date: 01/2026

AmeriHealth Caritas Delaware reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Delaware may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy addresses billing and reimbursement for testing of sexually transmitted infections.

Exceptions

N/A

Reimbursement Guidelines

The plan will reimburse for the following single tests for sexually transmitted infections (STIs) in men and women:

- 87491 — Chlamydia trachomatis, amplified probe technique
- 87591 — Neisseria gonorrhoea, amplified probe technique
- 87661 — Trichomonas vaginalis, amplified probe technique

When all three single test codes (87491, 87591, and 87661) are billed separately for the same provider and the same date of service, the reimbursement will be based on the rate for the comprehensive test (87801). Procedure code 87801 is a more comprehensive, multiple organism code for infectious agent detection by nucleic acid.

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

Definitions

N/A

Edit Sources

- I. Current Procedural Terminology (CPT)
- II. Healthcare Common Procedure Coding System (HCPCS)
- III. Centers for Medicaid and Medicare Services
- IV. Medicare Claims Processing Manual Chapter 16 - Laboratory Services

Attachments

N/A

Associated Policies

N/A

Policy History

06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
03/2025	Reimbursement Policy Committee Approval
01/2025	Annual review • No major changes
05/2024	Reimbursement Policy Committee Approval
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas Delaware from Policy History section
01/2023	Template revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section