

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 delineates the reimbursement guidelines for the use of nucleic acid (DNA or RNA) assays to detect Sexually Transmitted Infections (STIs) identified by CPT (Current Procedural Terminology) codes 87491, 87591, 87661, or 87801 on both 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, whereas facility charges pertain to those submitted on a UB-04 Claim Form or its electronic equivalent.

Applicable Single STI CPT Codes:

- 87491 – Detection of infectious agents by nucleic acid (DNA or RNA), chlamydia trachomatis, amplified probe technique
- 87591 – Detection of infectious agents by nucleic acid (DNA or RNA), Neisseria gonorrhoeae, amplified probe technique
- 87661 – Detection of infectious agents by nucleic acid (DNA or RNA), trichomonas vaginalis, amplified probe technique

Applicable Comprehensive CPT Code:

- 87801: Detection of infectious agents by nucleic acid (DNA or RNA), multiple organisms; amplified probe technique

Reimbursement Guidelines

The reimbursement guidelines for services related to Sexually Transmitted Infections (STIs) in both men and women are outlined below. 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 apply:

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

Additionally, there is a Comprehensive Test represented by procedure code 87801, used 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 based on the rate for



procedure code 87801. This code, 87801, is comprehensive as it covers the detection of multiple infectious organisms. Regardless of the number 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
WA	Applies to Claims with Service codes: 87590, 87591, 87800, 87850, 0353U (effective 10/2022) Claims must have the following Diagnosis code combination for gonorrhea/chlamydia testing services: For non-pregnant women/men Z11.3 (MUST BE SUBMITTED WITH) And any of Z72.89, Z72.51, Z72.52, Z72.53 For Pregnant Women Z11.3 (MUST BE SUBMITTED WITH) And any of Z72.89, Z72.51, Z72.52, Z72.53 And one of the following. Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, O09.90, O09.91, O09.92, O09.93

Documentation History

Type	Date	Action
Revised Date	06/03/2024	Added Washington, requirements
Revised Date	12/17/2024	Updated the template and language

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: MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58761)

CODING DISCLAIMER. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.